

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Lowry Hills Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 10201 E 3rd Ave Aurora, CO 80010	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48458</p> <p>Based on observations, record review and interviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of disease.</p> <p>Specifically, the facility failed to ensure:</p> <ul style="list-style-type: none"> -A clean location was provided for wound care supplies; and, -Enhanced barrier precautions (EBP) and proper hand hygiene were followed for wound care activities. <p>Findings include:</p> <p>I. Professional reference</p> <p>According to the Centers for Disease Control and Prevention (CDC), Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDRO)'s, (4/2/24), retrieved on 4/23/25 from https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html,</p> <p>Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employ target gown and glove use during high contact resident activities.</p> <p>EBP may be indicated (when contact precautions do not otherwise apply) for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO (multidrug resistant organism) colonization status and infection or colonization with an MDRO.</p> <p>Examples of high contact resident care activities requiring gown and glove use for EBP include: dressing, bathing/showering, transferring, providing hygiene changing linens, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheotomy/ventilator), wound care (any skin opening requiring a dressing).</p> <p>According to the CDC Clinical Safety, Hand Hygiene for Healthcare Worker (2/17/24), retrieved on 4/23/25 from https://www.cdc.gov/clean-hands/hcp/clinical-safety,</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Know when to clean your hands: immediately before touching a patient, before performing an aseptic task such as placing an indwelling device or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or patient's surroundings, after contact with blood, body fluids or contaminated surfaces and immediately after glove removal.</p> <p>II. Facility policy and procedures</p> <p>The Clean Dressing Change policy, revised 4/21/25, was provided by the nursing home administrator (NHA) on 4/21/25 at 5:05 p.m. It read in pertinent part,</p> <p>Set up clean field on the overbed table with needed supplies for wound cleaning and dressing application. If the table is soiled, wipe clean. Place a disposable cloth or linen saver on the overbed table. Establish area for soiled products to be placed.</p> <p>Wash hands and put on clean gloves. Place a barrier cloth or pad next to the resident, under the wound to protect the bed linen and other body sites. Loosen the tape and remove the existing dressing. Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. Wash hands and put on gloves. Cleanse the wound as ordered, taking care not to contaminate other skin surfaces or other surfaces of the wound. Pat dry with gauze. Wash hands and put on clean gloves. Apply topical ointments or creams and dress the wound as ordered. Secure dressing. [NAME] with initials and date. Discard disposable items and gloves into appropriate trash receptacle and wash hands.</p> <p>The Enhanced Barrier Precautions policy, undated, was provided by the NHA on 4/21/25 at 5:05 p.m. The policy read in pertinent part,</p> <p>Enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. All staff receive training on high-risk activities and common organisms that require enhanced barrier precautions. High contact resident activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use and wound care.</p> <p>III. Observations</p> <p>During an observation of Resident #9's wound care on 4/21/25 at 10:45 a.m., the following was observed:</p> <p>Certified nurse aide (CNA) #2 and CNA #3 donned (put on) gloves and assisted licensed practical nurse (LPN) #2 with repositioning Resident #9 on his side to replace a wound dressing which had fallen off the sacrum (base of spine).</p> <p>-However, CNA #2 and CNA #3 failed to don a gown prior to high contact care for Resident #9.</p> <p>During the dressing change, CNA #2 left Resident #9's bedside, took the resident's roommate's water pitcher out of the room and filled it, assisted the roommate to drink water and then returned to Resident #9 during wound care.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-However, CNA #2 did not change her gloves or use hand hygiene after she provided water to the roommate.</p> <p>LPN #2 cleaned Resident #9's wounds and applied a new wound dressing to the sacrum and left ischium (near hip joint), and the upper shin of the left leg. LPN #2 changed her gloves four times during wound care, after wounds were cleaned and prior to application of the new dressings.</p> <p>-However, LPN #2 did not use hand hygiene after she removed her gloves and before applying new gloves.</p> <p>During an observation of Resident #3's wound care on 4/21/25 at 12:55 p.m., the following was observed:</p> <p>LPN #3 placed dressing change supplies on Resident #3's bedside table.</p> <p>-However, LPN #3 did not clean the table and create an area on the table for the wound care supplies. The supplies were placed next to a peanut butter jar and cereal bowl on the table, amongst several other personal items of Resident #3.</p> <p>Resident #3's wound dressing had been removed prior to wound care, as it was soiled. LPN #3 donned a gown and gloves for Resident #3's left ischium wound care. She cleaned the wound and reapplied a dressing to the wound.</p> <p>-However, LPN #3 did not change her gloves or perform hand hygiene throughout Resident #3's wound care, specifically when she removed several soiled four by four inch gauzes which had been used to clean the wound.</p> <p>During an observation of Resident #8's wound care on 4/21/25 at 1:45 p.m., the following was observed:</p> <p>CNA #5 donned gloves and assisted the infection preventionist (IP) with repositioning Resident #8 onto her side.</p> <p>-However, CNA #5 failed to don a gown prior to high contact care for Resident #8.</p> <p>CNA #6 later entered the room to assist during the dressing change. CNA #6 donned gloves.</p> <p>-However, CNA #6 failed to don a gown prior to high contact care for Resident #8.</p> <p>IV. Staff interviews</p> <p>LPN #2 was interviewed on 4/21/25 at 12:23 p.m. LPN #2 said she changed her gloves each time after cleaning wounds and prior to applying clean dressings. LPN #2 said she changed her gloves four times during Resident #9's wound care and should have used hand hygiene when she changed her gloves each time. She said there was no hand sanitizer in the room. She said there was a sink in the room, but sometimes there were no paper towels to dry her hands. She said those were not sufficient reasons to not perform hand hygiene. LPN #2 said the use of hand hygiene would help to prevent infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The director of nursing (DON) and the clinical resource (CR) were interviewed together on 4/21/25 at 5:16 p.m. The DON said the CNAs should have donned gowns when they repositioned residents with wounds and during wound care. The DON said a clean area for wound care supplies should be provided and the nurse should not have placed Resident #3's dressing supplies on the soiled bedside table mixed in with Resident #3's personal food items. The DON and the CR both said the nurses should have changed gloves and used hand hygiene each time they transitioned between dirty and clean, such as after cleaning the wounds.</p> <p>The treatment nurse (TN) was interviewed on 4/22/25 at 4:58 p.m. The TN said a gown should be worn for all wound care. The TN said she had provided education to the CNA staff which included the need to wear gowns during wound care. The TN said gloves should be changed and hand hygiene performed after touching soiled dressings and after cleaning wounds.</p>