

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER The Lodge at Red Rocks		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Spring St Morrison, CO 80465	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations 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 diseases and infections. Specifically, the facility failed to: -Ensure proper infection control practices were followed for wound care;-Ensure housekeepers cleaned and disinfected the residents' rooms in a hygienic manner; -Ensure housekeepers performed hand hygiene while cleaning resident rooms; and, -Ensure catheters were not stored on the floor.</p> <p>Findings include:</p> <p>I. Wound care</p> <p>A. Facility policy and procedure</p> <p>The Clean Dressing Change policy, dated 6/1/25 was received from the nursing home administrator (NHA) on 1/16/26 at 12:12 p.m. It read in pertinent part, The facility is to provide wound care in a manner to decrease potential for infection and/or cross-contamination.</p> <p>Set up a clean field on the overbed table with needed supplies for wound cleansing and dressing application: a. If the table is soiled, wipe clean. b. Place a disposable cloth or linen saver on the overbed table. c. Place only the supplies to be used per wound on the clean field at one time (include wound cleanser, gauze for cleansing, disposable measuring guide and pen/pencil, skin protectant products as indicated, dressings, tape).</p> <p>Place a barrier cloth or pad next to the resident, under the wound to protect the bed linen and other body sites.</p> <p>Cleanse the wound as ordered, taking care to not contaminate other skin surfaces or other surfaces of the wound (clean outward from the center of the wound).</p> <p>B. Observations</p> <p>On 1/13/26 at 9:35 a.m. licensed practical nurse (LPN) #1 was providing wound care to Resident #3. LPN #1 collected supplies from the treatment cart outside Resident #3's room. LPN #1 applied personal protective equipment (PPE) consisting of a gown and gloves. LPN #1 said the wound care was a clean procedure and not a sterile procedure to complete. LPN #1 entered the resident's room with all of the supplies tucked into her arms and against her scrub top. LPN #1 moved Resident #3's personal items off the bedside table. The bed side table was visibly soiled with a white residue. LPN #1 went to</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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