

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Riverdale Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 2311 E Bridge St Brighton, CO 80601	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, record review and interviews, the facility failed to store, prepare, distribute and serve food in a sanitary manner in the main kitchen. Specifically, the facility failed to serve the residents meals at appropriate temperatures. Findings include: I. Professional reference The Colorado Retail Food Establishment Rules and Regulations, revised 3/16/24, was retrieved on 4/28/26. It revealed in pertinent part, Time/Temperature control for safety food shall be maintained at 135 degrees F (Fahrenheit) or above and 41 degrees F or less. (3-501.16) II. Facility policy and procedure The Food Preparation and Service policy, revised November 2022, was provided by the nursing home administrator (NHA) on 4/22/26 at 6:11 p.m. The policy read in pertinent part, When verifying food temperatures, staff use a thermometer which is both clean, sanitized, and calibrated to ensure accuracy. The danger zone for food temperatures is above 41 degrees F and below 135 degrees F. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness. The longer foods remain in the danger zone the greater the risk for growth of harmful pathogens. Therefore, potentially hazardous food (PHF) must be maintained at or below 41 degrees F or at or above 135 degrees F. Proper hot and cold temperatures are maintained during food distribution and service. Foods that are held in the temperature danger zone are discarded after four hours. The temperatures of foods held in steam tables are monitored throughout the meal service by food and nutrition services staff. III. Observations During a continuous observation of the lunch meal service on 4/22/26, beginning at 10:45 a.m. and ending at 12:01 p.m., the following was observed: At 10:48 a.m. four plates were already assembled with salad chicken and hawaiian roll each ready to be placed on the meal cart. At 10:49 a.m. the dietary manager (DM) started checking temperatures of food lined up on the steam table ready for the meal service. The following temperatures were recorded: -The chicken salad was 55 degrees F -The soft and bite chicken salad was 55 degrees F -The pureed chicken salad was 45 degrees F At 10:53 a.m. cook (CK) #1 placed the four plates assembled onto the meal cart. At 10:54 a.m. CK #1 resumed assembling meal plates with wedge chicken salad and a hawaiian roll. -CK #1 continued assembling meal plates with wedge chicken salad at an inappropriate holding temperature. IV. Resident interview Resident #1 was interviewed on 4/22/26 at 9:45 a.m. Resident #1 said he ate his meals in his room and they were always cold when delivered. Resident #1 said he did not eat them and tried to buy food from outside of the facility. V. Record review Review of the April 2026 food temperature log revealed the following; -Temperatures were not documented during breakfast service on 4/1/26, 4/2/26, 4/3/26, 4/4/26, 4/5/26, 4/6/26, 4/7/26, 4/11/26, 4/12/26, 4/18/26 and 4/19/26 -Temperatures were not documented during lunch service on 4/1/26, 4/2/26, 4/3/26, 4/4/26, 4/5/26, 4/6/26, 4/7/26, 4/11/26, 4/12/26, 4/18/26 and 4/19/26 -Temperatures were not documented during dinner service on 4/5/26, 4/6/26, 4/7/26, 4/12/26, 4/13/26, 4/14/26 and 4/19/26. VI. Staff interviews CK #1 was interviewed on 4/22/26 at 3:55 p.m. CK #1 said she checked the food temperatures after cooking. She said she verified the temperatures on the steam table prior to meal service to ensure the food remained at proper holding temperatures. CK #1 said she documented the temperature checks in the food temperature log. She said the holding temperature should be 38 degrees F or lower for cold food and 165 degrees F or (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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>higher for hot food. CK #1 said if the food was not the proper temperature, she would reheat the hot food and put the cold food in the fridge. She said to maintain proper holding temperatures at the steam table, she ensured there was enough ice in the pan for cold food. For hot food, she ensured the water level was properly maintained so the pan remained submerged in water. CK #1 said she should not have served the wedge chicken salad at a holding temperature of 55 degrees F due to the potential risk of foodborne illness to residents. She said she placed ice in the pan but the room was very hot without adequate ventilation. The DM was interviewed on 4/22/26 at 4:05 p.m. The DM said the cook checked the food temperatures after removal from the oven and prior to the meal service. He said hot food such as chicken and turkey should be held at 165 degrees F or higher, and beef at 155 degrees F or higher. The DM said cold food should be held at 40 degrees F or below. He said the wedge chicken salad should not have a holding temperature of 55 degrees F. The DM said the April 2026 food temperature log was not consistently completed correctly as cooks sometimes forgot to fill it out. The DM said he had provided education to the cooks regarding proper temperature monitoring and documentation.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>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 infection. Specifically, the facility failed to:-Contact the physician for clarification on what type of precaution Resident #3 needed; and,-Communicate the precautions to the staff clarify and communicate Resident #3's isolation precautions. I. Facility policy and procedure The Multidrug-Resistant Organisms policy, dated December 2024, was received from the nursing home administrator (NHA) on 4/22/26 at 6:11 p.m. It read in pertinent part, Multidrug-resistant organisms (MDROs) are bacteria and other microorganisms that have developed resistance to one or more classes of antimicrobial drugs. Infection means the organism is present and is causing illness. Colonization means that the organism is present in or on the body but is not causing illness. The following strategies are based on current recommendations for MDRO prevention and control: Implement systems to designate residents known to be colonized or infected with a targeted MDRO and to notify receiving healthcare facilities or personnel prior to transfer of such residents within or between facilities. Implement Contact Precautions (CP) routinely for all residents colonized or infected with a targeted MDRO. When active surveillance cultures are obtained as part of an intensified MDRO control program, implement contact precautions until the surveillance culture is reported negative for the targeted MDRO. Implement Enhanced Barrier Precautions for certain MDRO-colonized/infected residents whose site of colonization or infection can be appropriately contained and who can observe good hand hygiene practices.II. Record reviewReview of Resident #3's April 2026 computerized physician orders (CPO) revealed the following physician's orders:-Isolation Precautions: Isolation with: Contact precautions related to MDRO (GI), ordered on 3/23/36.-Enhanced Barrier Precautions (EBP): Gown and Glove use during all high-contact resident care or activities due to MDRO, ordered 3/26/26. Review of Resident #3's comprehensive care plan did not reveal what type of isolation precautions the resident was on. The communication note, documented on 4/22/26 at 6:14 p.m. revealed the director of nursing (DON) contacted the physician. The note revealed Resident #3 had a history of respiratory MDRO and the physician said enhanced barrier precautions (EBP) were sufficient at that time.-The facility failed to contact the physician for clarification on what type of precaution the resident needed when there were two different physician ordered precautions and failed to communicate the precautions to the staff.III. ObservationsOn 4/22/26 at 2:26 p.m. Resident #3's room was observed. There was not an EBP or contact precaution signs on the door or surrounding area.On 4/22/26 at 4:29 p.m. Resident #3's room was observed. There was not an EBP or contact precaution signs on the door or surrounding area. -Interviews revealed it was the facility's process to place a sign on the resident's door to indicate what precautions the resident was on (see interviews below)IV. Staff interviewsCNA #2 was interviewed on 4/22/26 at 1:56 p.m. CNA #2 said the staff used to have to wear a gown and gloves in Resident #3's room. She said Resident bt #2 did not have MDRO anymore, so the staff did not need to wear PPE. CNA #2 said staff were told they only had to worry when Resident #2 had a cold. CNA #2 said a previous nurse, who was no longer at the facility, said the MDRO was in Resident #3's feces and urine. -However, Resident #3 still required EBP.Licensed practical nurse (LPN) #1 was interviewed on 4/22/26 at 2:19 p.m. LPN #1 said it was not required to wear PPE when providing care to Resident #3. LPN #1 said she was not aware of any infection he had. LPN #1 said if residents required contact precautions, there would be an order for it in the system.CNA #1 was interviewed on 4/22/26 at 4:42 p.m. CNA #1 said Resident #3 moved rooms at some point. CNA #1 said earlier that day (4/22/26), Resident #3 was then moved back to his original room. CNA #1 said that when Resident #3 first got to the facility, he had isolation precautions and PPE hanging on the outside of his door for staff to put on before going into the room. CNA #1 said once Resident #3 moved to his new room, she did not know what happened to the signs and PPE that he previously had on his door. CNA #1 said she did not know whether or not Resident #3 had contact (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 - Few</p>	<p>or EBP precautions signs or PPE on his door at the time of the interview. CNA #1 said she thought Resident #1 had MDRO in his urine. CNA #1 said she wore a gown and gloves when assisting Resident #3 in the bathroom. LPN #1 was interviewed again on 4/22/26 at 4:22 p.m. LPN #1 said she looked at the order and saw there were two orders which showed both EBP and contact precautions. LPN #1 said normally the medication administration record (MAR) or treatment administration record (TAR), would alert nurses if residents should have been on precautions. LPN #1 said nothing popped up on the MAR or TAR to notify her that Resident #3 had isolation precautions so she was not aware he needed them. LPN #1 said no one told her about required precautions in morning report. LPN #1 used the computer and navigated to Resident #3's orders. LPN #1 said there were two orders for isolation precautions. She said the order directed staff to utilize EBPs and one called for contact precautions related to MDRO (GI). LPN #1 said she did not know which to use so she would follow up with the director of nursing (DON) and physician to figure out what to do. LPN #1 said she was not sure who implemented precautions at the facility. LPN #1 said she had not reached out to the physician or the DON at that point. The DON and regional clinical resource were interviewed together on 4/22/26 at 6:20 p.m. The DON said the housekeeping director was responsible for placing isolation signage and PPE equipment on resident's doors. The DON said once the housekeeping director was made aware of a new admission who required PPE, they would place signage and PPE on the resident's door to be used. The DON said if a resident had isolation precautions, there should be a care plan related to that topic. The DON said if the resident moved rooms, the signage and PPE equipment should still be implemented at the new room. The DON said in order for precautions to be discontinued, there would need to be a physician's note indicating that the resident no longer had symptoms or required isolation precautions. The DON said negative lab results would also be needed to discontinue precautions. The DON said the electronic medical record indicated Resident #3 had MDRO in the sputum. The DON said staff should have been wearing PPE during cares for Resident #3. The DON said CNAs were informed about precautions through shift change and reports to one another. The DON said nurses were made aware of precautions through doctor's orders. The regional clinical resource said nurses also received reports from one another and the MAR also alerted nurses of precautions. The DON said she clarified with the medical director and concluded that Resident #3 should be on EBP precautions. The DON said the contact precautions order was discontinued. The DON said they checked to see what precautions were on Resident #3's door and said unfortunately there was no PPE or signage indicating Resident #3 was on precautions. The DON said there should have been signs on the door and that is how the facility identified isolation precautions. The DON said staff would immediately implement EBPs. The DON said the facility would also create a care plan related to Resident #3's MDRO and EBPs.</p>		