STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065376	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookdale Greenwood Village	6450 S Boston St Greenwood Village, CO 80111

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure one (#2) of three residents received the highest practicable treatment and care in accordance with professional standards of practice of seven sample residents.Specifically, the facility failed to ensure all prescribed medications including medications to treat cirrhosis of the liver (scarred and damaged liver that prevents it from working properly), high blood pressure, and a chronic mental health disorder were ordered and obtained from the pharmacy to administer to the resident upon admission. Findings include:I. Facility policy and procedureThe admission Process policy and procedure, revised April 2025, was provided by the nursing home administrator (NHA) on 9/22/25 at 11:31 a.m. The policy read in pertinent part, Admissions will follow a process so that the community can appropriately meet the clinical and financial needs of residents. Once the community gives verbal acceptance of a resident, the admission Department will notify the appropriate department managers to ensure necessary clinical services and room arrangements are anticipated. The Admission/Nursing Department will obtain the state-specific transfer form so that proper discharge orders from the previous community were obtained.The admission Data Collection and Orders policy and procedure, revised September 2025, was provided by the NHA on 9/22/25 at 11:31 a.m. The policy read in pertinent part, The nursing department is responsible for recording specific clinical data in the medical record upon a resident's admission to the community. The designated pharmacy should be notified of the new admission and order confirmation of pharmacy supplied items.The Medication Management Overview policy and procedure, revised April 2025, was provided by the NHA on 9/22/25 at 10:30 a.m. It read in pertinent part, Medicine shall be administered as prescribed by the health care provider. Medication management services include but are not limited to:-Delivering medications to residents within acceptable time parameters.-Maintaining written or electronic records of medication orders and administration.II. Resident #2A. Resident statusResident #2, age [AGE], was admitted to the facility on [DATE] and discharged on 6/4/25. According to the June 2025 computerized physician orders (CPO), diagnoses included cirrhosis of the liver, hypertension, bipolar disorder (mental illness) and diabetes mellitus.The 6/3/25 minimum data set (MDS) assessment revealed the resident was cognitively intact with a brief interview for mental status (BIMS) score of 13 out of 15 and no behavioral issues. B. Record reviewReview of the June 2025 CPO revealed the following physician's orders:-Rifaximin oral tablet 550 milligrams (mg) with instructions to give one tablet by mouth two times a day, for cirrhosis of the liver, ordered 5/29/25.-Risperidone oral tablet 4 mg with orders to give one tablet by mouth at bedtime for bipolar disorder, ordered 5/29/25.-Midodrine oral tablet 10 mg with instructions to give one tablet by mouth three times a day for hypotension, ordered 5/29/25.Review of May 2025 and June 2025 medication administration records (MAR) revealed the facility did not have all medications on hand to administer them to the resident, as ordered by the resident's physician.Resident #2 was not administered the following ordered medications:-Rifaximin on 5/29/25 or 5/30/25 because the medication was not available.-Risperidone on 5/29/25 at bedtime because it was not available.-Midodrine on 5/29/25 because it was not available.Review of Resident #2's progress notes confirmed that the medications as listed above were not provided because they were unavailable. A physician assistant's note, dated 6/9/25, documented the resident had multiple comorbidities requiring medication management that required frequent clinical evaluations. The note documented without regular monitoring and management, the resident was at moderate to high risk of symptom exacerbation and complications resulting in hospitalization or death. The resident required multiple medications (polypharmacy), which required close monitoring to avoid any drug related adverse events.C. Resident representative interviewResident #2's representative was interviewed on 9/23/25 at 12:52 p.m. The representative said she visited the resident at the facility daily with a few exceptions, and met regularly with staff. She said the staff did not notify her about changes in Resident #2's care, instead they informed her only after the facts occurred. She said an unidentified registered nurse (RN) on the third floor told her the facility decided to discontinue Rifaximin, a medication Resident #2 had been prescribed for liver disease. She said Rifaximin was prescribed to remove toxins from the resident's body. She said if he did not take it the toxins could go to his brain. The representative said the facility told her they were discontinuing the medication because they were not able to obtain it from the pharmacy. Resident #2's representative said she brought in Resident #2's medications from home to the facility including the Rifaximin because she suspected the resident missed prescribed medications. The representative said the facility

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure an environment free from risk of accidents and hazards for one (#2) of three residents reviewed for accident hazards/ falls out of seven sample residents. Specifically, the facility failed to:-Ensure Resident #2, who had a history of falls, was appropriately assessed at admission to determine needed interventions to prevent ongoing falls; -Ensure appropriate fall prevention interventions were in place; and,-Ensure all clinical staff were educated on Resident #2's orthostatic hypotension diagnosis (a sudden drop in blood pressure that happens when a resident changes position from lying or seated position to a standing position causes dizziness and/or fainting) which puts the resident at a high risk for falls. Findings include:I. Professional referenceAccording to [NAME] M, [NAME] A, Taraborrelli P, Panagopolous D, Torocastro M, [NAME] R, Lim PB. Orthostatic Hypotension in Older People: Considerations, Diagnosis and Management, 3/21/21. Retrieved on line 11/17/25 from https://pmc.ncbi.nlm.nih.gov/articles/PMC8140709/ Orthostatic hypotension is very common in older people and is encountered daily in emergency departments and medical admissions units. It is associated with a higher risk of falls, fractures, dementia and death, so prompt recognition and treatment are essential. Orthostatic hypotension is defined by a drop of greater than 20 mmHg (millimeters of mercury, a unit of measurement for pressure, to measure blood pressure) in systolic blood pressure (BP) or greater than 10 mmHg diastolic BP after standing for three minutes. Immobility and associated deconditioning, cognitive decline, and dementia are major causes of orthostatic hypotension. It is thus essential that it is identified, and that the consequences are anticipated and managed. Non-pharmacological measures (include but not limited to): -Fluid repletion (hydration); -Physical exercise, leg exercises; -Compressing the venous beds in the abdomen and legs is also effective. Evidence is strongest for abdominal compression. Conclusion: Orthostatic hypotension is a common, persistent and disabling condition which is encountered daily in general medical practice. It drastically impairs quality of life and results in rapid and progressive deconditioning and functional deterioration, often resulting in institutionalization. When orthostatic hypotension co-exists with supine hypertension (high blood pressure when lying down), careful consideration of short- and medium-term risks should be balanced and discussed with the patient. Using simple, effective, practical measures to diagnose, monitor and alleviate it can have a major impact in maintaining independence in older people.II. Facility policy and procedureThe Falls Management policy and procedure, revised August 2025, was provided by the nursing home administrator (NHA) on 9/22/25 at 11:31 a.m. The policy read in pertinent part: Residents should be evaluated for the risk of falling so that interventions may be considered in order to: Promote resident safety, Promote appropriate clinical and interdisciplinary assessment of falls and fall risk factors and coordinate management of acute and recurrent falls. Early identification of risk for falls and reduction of multiple falls may enable residents to maintain their dignity and maximize their level of independence. Fall Risk Data Collection should be completed upon admission, quarterly, and after a significant change of condition. Resident Centered Approaches:1. The IDT (interdisciplinary team) should implement a fall prevention plan to assist with reducing falls related to risk factors and history of falls.2. If the fall risk evaluation identifies several possible risk factors, the IDT may choose to prioritize interventions. (try one or a few at a time, rather than many at once.)3. Initial interventions may include, but are not limited to, room setup, reviewing the resident's balance, footwear review, lighting, call system orientation, personal items within reach, etc.4. If a fall occurs with interventions in place, IDT should review the resident to determine if additional or different interventions should be implemented.III. Resident #2A. Resident statusResident #2, age [AGE], was admitted to the facility on [DATE]. According to the June 2025 computerized physician orders (CPO), diagnoses included orthostatic hypotension, repeated falls, and unsteadiness on the feet.The 6/3/25 minimum data set (MDS) assessment revealed the resident had intact cognition with a brief interview for mental status (BIMS) score of 13 out of 15 and no behavioral issues. The assessment documented the resident was dependent on staff to complete toileting and showering tasks and required maximal assistance where staff completed more than half the effort to complete personal hygiene tasks and lower body dressing. The resident had repeated falls before admission and one fall while a resident of the facility. B. Resident's representative interviewResident #2's representative was interviewed on 9/23/25 at 12:52 p.m. The resident's representative said she visited the facility daily with few exceptions, and met regularly with staff to discuss the resident's care needs. She said staff did not notify her about changes in Resident #2's care. The

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure two (#1 and #4) of three residents who required respiratory care received care consistent with professional standards of practice out of seven sample residents.Specifically, the facility failed to:-Ensure Resident #1 and Resident #4 were provided their physician-ordered continuous positive airway pressure (CPAP) treatment consistently; and, -Ensure Resident #4's CPAP machine was cleaned and stored properly. Findings include:I. Facility policy and procedureThe admission Data Collection and Orders policy, revised September 2025, was provided by the director of nursing (DON) on 9/23/25. It read in pertinent part, The charge nurse who admits the resident is responsible for completing the nursing admission data collection, verifying orders are present for admission, additional corresponding data collections, and reviewing the information sent by the discharging community, hospital, and/or attending physician.The CPAP/BiPAP (bilevel positive airway pressure policy, revised September 2017, was provided by the DON on 9/23/25. It revealed in pertinent part, Review and follow health care provider's orders and manufacturer's instructions for CPAP/BiPAP support, machine setup and oxygen delivery. CPAP therapy is used to improve arterial oxygenation in residents with respiratory (oxygen) insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease. To promote resident comfort and safety. Review and follow the health care provider's orders and manufacturer's instructions for CPAP/BiPAP support, machine setup and oxygen delivery. Use distilled water for the humidification chamber, interior filter, tubing, and mask cushion. Filtered or tap water should not be used. Storage and cleaning: make sure the machine and parts are kept out of direct sunlight. Use mild detergent and a damp cloth to wipe the surface of the machine, then dry it thoroughly with a lint-free towel. Never submerge the machine in water. Wash the mask daily in mild, fragrance-free soap and warm water, then rinse well in warm water and air dry. Soak mask weekly in one part vinegar to three parts water for 20 minutes, followed by a rinse in distilled water. The sturdy plastic or soft fabric part of the mask should be cleaned weekly in warm soapy water.II. Resident #1A. Resident statusResident #1, age less than 65, was admitted on [DATE]. According to the September 2025 computerized physician orders (CPO), diagnoses included metabolic encephalopathy (brain dysfunction caused by metabolic imbalances), end stage renal disease, dependence on renal dialysis, obstructive sleep apnea (OSA), type II diabetes and hypertension (high blood pressure). The 7/2/25 minimum data set (MDS) assessment revealed the resident required substantial assistance for activities of daily living (ADL). The MDS assessment revealed the resident required oxygen use. B. Resident #1's representatives interviewResident #1's representative was interviewed on 9/23/25 at 11:24 a.m. The representative said they saw Resident #1 on 7/10/25 and the resident told the representative that she had not been assisted in using her CPAP machine. The representative said on the day of admission, the staff asked the family to bring in the CPAP machine and did so without delay. The representative said when at home, Resident #1 was compliant about wearing her CPAP at night. C. Record reviewThe preadmission paperwork, dated 6/24/25, indicated Resident #1 was on two liters of oxygen per minute (LPM) and utilized a CPAP machine at home (prior to admission). The hospital referral and Discharge summary, dated [DATE], identified that Resident #1 had a diagnosis of OSA and required the use of CPAP therapy. Review of the June 2025 CPO revealed respiratory orders for oxygen at two LPB via nasal cannula every shift for hypoxia. -However, the June 2025 MAR did not document any order to administer CPAP therapy, although the hospital documentation indicated the use of the CPAP. Review of the July 2025 CPO revealed a physician's order for the use of the CPAP and indicated the settings with oxygen at 14 centimeters (cm) water (H2O) at bedtime for OSA, ordered on 7/8/25. -However, Resident #1 was admitted on [DATE] and the CPAP orders were not implemented until 7/8/25.III. Resident #4A. Resident statusResident #4, age greater than 65, was admitted on [DATE]. According to the September 2025 CPO, diagnoses included arthritis due to other bacteria in the right knee, idiopathic gout (inflamed arthritis), chronic kidney disease and obstructive sleep apnea (OSA).The 9/19/25 MDS assessment revealed Resident #4 was cognitively intact with a BIMS score of 15 out of 15. Resident #4 required a CPAP machine and was dependent on staff for ADLs.B. ObservationsResident #4 was interviewed on 9/22/25 at 2:47 p.m. Resident #4 said the nursing staff assisted him every night and every morning with his CPAP machine. Resident #4 said the staff filled the water reservoir with distilled water in the morning. The resident said if there was water left over, the staff left the water in the machine and topped it off the next morning. During the interview, Resident #4's CPAP mask

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observations, record review and interviews, the facility failed to ensure that food was stored, prepared, distributed, and served in accordance with professional food safety standards in the main kitchenSpecifically, the facility failed to ensure:-The kitchen was kept in a sanitary manner;-Perishable foods were properly labeled, stored, and maintained; and, -The ice machine was maintained in a sanitary condition. Findings include:I. Failure to ensure the kitchen was kept in a sanitary mannerA. Professional referenceAccording to the U.S. Food and Drug Administration Food Code (Effective 2022) retrieved on 10/1/25, The presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests. (3-178) After cleaning and sanitizing, equipment and utensils: Shall be air-dried or used after adequate draining before contact with food. (chapter 4) Physical facilities shall be maintained in good repair. (chapter 6) Physical facilities shall be cleaned as often as necessary to keep them clean. (chapter 6)B. Facility policy and procedureThe Kitchen Cleaning policy, effective July 2024, was provided by the nursing home administrator (NHA) on 9/23/25 at 5:20 p.m. It read in pertinent part, All kitchens and food preparation areas must be cleaned according to federal, state and local regulations. Kitchen areas (walls, cupboard doors, ceiling, lights and vents) are clean, free from dust and in good repair (free of cracks and holes).C. ObservationsThe initial kitchen tour was conducted on 9/22/25 at 10:50 a.m. The following was observed:-The paper towel dispenser over the hand washing sink was soiled with smudges and had white and brown dried debris on it. -The walls behind the handwashing station, and the walls around the walk-in refrigerator had dime sized brown and yellow streaks and splatters across their surfaces.-The drying rack had multiple food storage bins and pans stacked on top of each other, trapping moisture. Between two of the pans on the clean drying rack were unidentifiable food debris.II. Ensure perishable foods were labeled and stored and stored appropriatelyA. Professional referenceAccording to the Colorado Retail Food Establish Regulations (3/16/24) retrieved on 9/25/25, A date marking system that meets the criteria marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded. (chapter 3) Except for containers holding food that can be readily and unmistakablyrecognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. (chapter 3) Food shall be protected from contamination by storing the food: In a clean, dry location; Where it is not exposed to splash, dust, or other contamination; and at least 15 cm (centimeters) (6 inches) above the floor. (chapter 3) A food specified in shall be discarded if it: Is inappropriately marked with a date or day that exceeds a temperature and time combination. (chapter 3) The food in unmarked containers or packages, or marked with a time that exceeds the six (6) hour limit shall be discarded. (chapter 3)B. Facility policy and procedureThe Food Storage policy, revised June 2024, was provided by the NHA 9/23/25 at 5:20 p.m. It read in pertinent part, The storerooms and walk-ins should be maintained free from dirt, dust, insects, rodents or any potential sources of contamination. All foods should be stored on storeroom shelving that is no less than six inches from the floor. Dented cans must be marked with a large X and set aside in a separate area so that theywill not be used.C. ObservationsThe initial kitchen tour was conducted on 9/22/25 at 10:50 a.m. The following was observed in the dry storage area:-An opened bag of chips.-A container of pastries and pies that were uncovered and undated.-A bag of expired popcorn.-A dented can was on the same shelf as non-dented cans.-The flour bin lid had smudges and dried debris on it. There was a use-by date of 8/1/25 written on it. -Boxes of food were on the floor.In the main kitchen the following was observed:-Under the food preparation counter there was a bin of grains that was left open without a lid and did not have a use-by date on it. In the walk-in refrigerator the following was observed:-Food boxes were stacked on the floor in the walk-in refrigerator and dry storage room. -A box of carrots was in the freezer and was left open.-A separate bin of carrots in the walk-in refrigerator was labeled as watermelon and had an expiration date of 8/1/25 on it. III. Ensure the ice machine was maintained in a sanitary conditionA. Professional referenceAccording to the U.S. Food and Drug Administration Food Code (Effective 2022) retrieved on 10/1/25, In equipment such as ice makers, a frequency specified by the manufacturer, or the absence of manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold