

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER STONEHENGE OF RICHFIELD		STREET ADDRESS, CITY, STATE, ZIP 125 EAST 600 NORTH RICHFIELD, UT 84701	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility did not initiate droplet precautions for a resident with a new cough and suspected COVID-19 infection while the resident was symptomatic. Resident identifier: 1. Findings include: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/24/2020 at approximately 9:00 AM, an observation was made of room [ROOM NUMBER]. There was no PPE outside the room and no signage near room [ROOM NUMBER] that stated the resident had droplet precautions. Additional observations were made that no residents in the facility had PPE carts outside their room and no signs of isolation. On 6/24/2020 at approximately 9:15 AM, an interview was conducted with a Licensed Practical Nurse (LPN) 1. LPN 1 stated that there were six residents who were new or who had been out of the facility who were on isolation precautions. LPN 1 stated that resident 1 had been out of the facility, so she was on isolation precautions. LPN 1 stated that no residents had signs or symptoms of COVID-19. A record review was completed on 6/24/2020 for resident 1's electronic medical record. On 6/12/2020 at 11:27 AM, a nurses note revealed that resident 1 had a new onset cough. Staff reported that they contacted the physician, who ordered a chest x-ray (CXR) and COVID-19 test. The note stated that resident 1 had diminished breath sounds in the lower lobes of her lungs. Resident 1 reported to the nurse that she is not feeling well. On 6/13/2020 at 12:24 PM, a recreation therapy note revealed that resident 1 remained in a semi-private room with a roommate. Activities staff assisted resident 1 with in-room activities. On 6/15/2020 at 2:38 PM, the physician examined the resident. A new order was entered to report to physician any increased oxygen needs. On 6/16/2020, lab results were provided for resident 1 that indicated [DIAGNOSES REDACTED]-CoV-2 was not detected. A note written on the page stated received verbal results 6/13/20. A note on the results stated Negative results do not preclude [DIAGNOSES REDACTED]-CoV-2 (aka COVID-19) infection and should not be used as the sole basis for treatment or other patient management decisions On 6/17/2020 at 4:54 PM, a social worker's note revealed that the social worker educated resident 1 about the restrictions regarding COVID-19 isolation. On 6/18/2020, a Written Notice of Room or Roommate Change revealed that resident 1 was moved to a private room because of COVID isolation recommendations. On 6/18/2020 at 9:04 AM, a social work note revealed that resident 1 was moved to a private room to accommodate CDC recommendations of 14 day isolation following a leave of the facility. PT (patient) at (a local hospital) on 6/12/20 for a CXR. She will be on isolation until 6/26/20. On 6/18/2020 at 10:34 AM, a nurses note revealed that resident 1 continues to be on isolation precautions r/t (related to) CDC (Centers for Disease Control) guidelines. On 6/18/2020 at 11:23 AM, a new order for cough medicine was obtained from the facility's medical director (MD). On 6/18/2020 at 3:49 PM, a social work note revealed that resident 1 is aware that because she had a chest CXR on (6/12/2020) that she falls under this recommendation. She has had a room change. Patient aware that she is on contact precautions The note revealed that family was contacted because resident 1 was on contact precautions and isolation per this recommendation from CDC. (Family member) voiced his understanding of this as well. He stated awareness that the social worker reeducated patient on COVID and provided her with educational material from CDC On 6/24/2020 at 9:04 AM, a nurses note revealed that resident 1 continued to have a cough. Resident 1 also had diarrhea. On 6/24/2020, documentation provided to surveyors stated that We currently do not have any residents with presumed/positive COVID On 6/24/2020 at 10:30 AM, an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated that staff wore masks and goggles for each resident, and put on gloves when providing resident cares. CNA 1 stated that the gloves were located inside the restrooms in each of the resident's rooms. CNA 1 stated that she did not wear a gown. CNA 1 stated that she had not been told of any residents who had symptoms of COVID-19. CNA 1 stated that if there was a resident with suspected COVID-19, staff would wear gowns, face shields, N95 masks and gloves. CNA 1 stated that all this PPE was available. On 6/24/2020 at approximately 10:40 AM, CNA 2 was interviewed. CNA 2 stated that isolation rooms were labeled and had signs outside the doors. CNA 2 pointed to the signs outside of rooms [ROOM NUMBERS]. CNA 2 stated that if a resident was tested for COVID-19, they would be moved to those rooms that included all PPE, including gowns, masks, face shield and gloves. CNA 2 stated that any resident with suspected COVID-19 would be roomed in one of those two rooms so that staff could utilize full PPE when caring for the resident to avoid spreading [MEDICAL CONDITION]. CNA 2 stated that 6 residents were on isolation because they left the building, but staff did not need to wear gowns unless they had symptoms of COVID. CNA 2 stated that she was not aware of any residents who had symptoms of COVID-19. On 6/24/2020 at 11:10 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that if a resident had suspected COVID-19, they would be moved to one of the isolation rooms which had full PPE, which included gowns, face shields, masks and gloves. The resident would have droplet precautions as recommended by the CDC. On 6/30/2020 at 1:45 PM, an interview was conducted with the DON. The DON stated that resident 1 continued to have a cough. The DON stated that the facility made the determination not to burn through our PPE until we have COVID in the building. The DON stated that for Quarantines, we decided not to utilize our gown stock. We don't use the droplet precautions if they're asymptomatic. The DON was unable to state what guidelines the facility was following, but acknowledged that the CDC and State Epidemiology Department guidelines required droplet precautions for persons with suspected COVID, which included gowns. The DON stated that droplet precautions were not implemented for resident 1. The DON stated that the chest x-ray results were obtained on 6/12/2020 or 6/13/2020. The DON stated that it took longer to obtain results for the COVID test, but resident 1 was not isolated while waiting for the outcome of the test. On 6/30/2020 at approximately 1:40 PM, the Administrator (ADM) stated that the facility's policies were to initiate droplet precautions for residents with suspected COVID-19. The following policies and procedures were reviewed: An information letter titled COVID-19 updates 6/11/20 was distributed by the DON to the staff. If a resident exhibits s/s (signs/symptoms) COVID, they must immediately be moved to an isolation room (126) and air borne precautions implemented. This room has (been) set up and is ready, in case we need it. You will need to observe all droplet precautions (mask, eye protection, gown, gloves). There is a cheat sheet on correct donning/doffing posted outside and inside the rooms. COVID-19 documentation titled Updates 3/25/20 stated: Just as a reminder if you have a resident that is symptomatic for COVID-19, our current process is to place them on droplet precautions Updates 4/9/2020 revealed. If a resident is symptomatic for COVID-19 he/she needs to be isolated and placed on droplet precautions until test results are received. (gown, N95 mask, goggles/face shield, gloves). On 4/24/2020, another resident who was being tested for COVID-19 was placed on droplet precautions. A twice daily resident screening form revealed that residents were screened for diarrhea, cough, new SOB (shortness of breath), and sore throat. At the bottom of the screening form it stated **If a resident has any of these symptoms are marked Yes, we need to move them to isolation** In the policy for Disaster and Emergency Response - Infectious Disease Threat Response, Infectious Disease Threat, Infection Control Measures During the policy interpretation and implementation, section 1, g. stated Strict adherence to appropriate transmission-based precautions; A document titled Personal Protective Equipment - Contingency and Crisis Use of Isolation Gowns (COVID-19 Outbreak) provided by the facility staff, revealed that for Contingency Capacity,</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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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>(continued... from page 1)</p> <p>.2. Shift gown use toward cloth isolation gowns A policy that includes Droplet Precautions was provided by the facility.</p> <p>.4. Gloves, gown and goggles should be worn if there is risk of spraying respiratory secretions. The CDC policy for transmission based precautions, found at https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#:~:text=Use%20personal%20protective%20equipment%20(PPE,is%20done%20to%20contain%20pathogens.,stated%20Use%20personal%20protective%20equipment%20(PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.</p>		