

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 46A058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER FAIRVIEW CARE CENTER EAST		STREET ADDRESS, CITY, STATE, ZIP 455 SOUTH 900 EAST SALT LAKE CITY, UT 84102	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to provide evidence of process surveillance to ensure staff were implementing infection control policies and failed to ensure personnel processed linens by drying resident clothing in a manner that would prevent the spread of infection. These failures had the potential for the transmission of microorganisms that cause infections to all residents. Findings include: A. Review of the Infection Control Surveillance documentation revealed no evidence of process surveillance to ensure staff were being monitored for compliance to infection control policies such as hand hygiene, COVID-19 surveillance, transmission based precaution, personal protective equipment, environmental cleaning, and/or the proper processing of linens to prevent the spread of infection. During an interview on 4/14/20 at approximately 1:30PM, the Infection Preventionist (IP) stated she had been monitoring staff for compliance to hand hygiene but she had not documented these audits. The IP stated she would ensure the infection control program included documentation of the process surveillance activities. The Administrator, who was present during the same interview, stated he would also make sure the infection control program included documentation of staff compliance with the facility's infection control policies and procedures. B. An observation of the laundry rooms on 4/14/20 at approximately 1:45PM, revealed laundry items found in four rooms of the Administration building (which is separate from the resident building). The first room (dryer room) was entered from the east outside door and included one dryer and wall shelves. The second room (washer room) was entered from the dryer room (to the south) and included three wash machines and wall shelves. The third room (linen storage) was entered from the dryer room (to the west) and included clean clothes on hangers, wall shelves and table tops. The fourth room (storage) was entered from the linen storage room (to the south) and included a hand sink and wall shelves. During the observation, clean clothes were seen laying on top of tables and on top of supplies on the wall shelves in the dryer room, the linen storage room and the storage room. During a tour of the laundry rooms and concurrent interview on 4/14/20 at approximately 2:15PM with the Maintenance Director, the director stated he was responsible for the laundry at the facility. The Maintenance Director stated two of the three dryers were being repaired and re-installed later that day. The Maintenance Director stated that with only one dryer it had been difficult to dry all the clothes. The Maintenance Director stated the clothes were not being dried in a manner to prevent the spread of infection and that he would make sure the clothes were re-washed. During an interview on 4/14/20 at approximately 2:45PM, the Administrator stated the clothes should not be drying on top of surfaces that were not clean.		
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.