

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465108	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER COPPER RIDGE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 3706 WEST 9000 SOUTH WEST JORDAN, UT 84088	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Based on interview and record review, the facility failed to inform residents, their representatives and families of those residing in the facility by 5 PM the next calendar day, of the occurrence of three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Findings include: During an interview on 6/18/20 at approximately 10:00 AM, the administrator stated that he was aware of the regulation to notify residents and their representatives and families when there was an occurrence of three or more residents or staff with new-onset of symptoms occurring within 72 hours of one another. The administrator stated the facility was prepared to make the notifications by telephone to the resident representatives/families on the same day the criteria was met. Review of facility policy titled, Notification of Residents and Family dated 5/8/20 revealed: If there is a positive COVID-19 test on a resident or staff member, or three suspected cases reported in 72 hour period all residents or responsible parties will be notified by 1700 (5 PM) the following day. If required reporting in necessary, the procedure will go as follows: Department Heads will notify the rooms they are assigned to. The assignments are listed on the daily census sheets and provided in morning meeting. The notification will include the resident and responsible POA (Power of Attorney) to include anyone the resident requests to get notified. Notifications are preferred face to face, but family members can be notified by phone and as a last resort email. Review of the Line Item Infection spreadsheets for residents and employees revealed: - Resident 1 symptom onset on 6/12/20 - Resident 2 symptom onset on 6/13/20 - Employee 7 symptom onset on 6/12/20 During an interview on 6/18/20 at approximately 4:15 PM, the administrator stated the facility had not noticed the cluster of three individuals displaying symptoms within a 72 hour period. The administrator stated he thought the separation of surveillance logs by resident and employee may be the cause of the oversight. The administrator stated the facility would complete the notifications according to regulation and facility procedure and make sure to document their efforts. According to 483.80(g) COVID-19 reporting. This information must- (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</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.