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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465171 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/10/2020 |
| NAME OF PROVIDER OF SUPPLIER LEGACY VILLAGE REHABILITATION | | STREET ADDRESS, CITY, STATE, ZIP 3251 WEST 5400 SOUTH TAYLORSVILLE, UT 84129 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, it was determined that the facility did not implement an effective infection prevention and control program (IPCP), or establish and maintain an IPCP designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, one staff member was observed not following proper hand hygiene, and staff members did not wear personal protective equipment (PPE) to maintain infection control. Findings include: 1. On 6/10/2020 at 9:43 AM, an observation was made of a Physical Therapy Assistant (PTA) washing hands before work at the nurses' station. The PTA washed, then turned off the faucet with a bare hand. The PTA stated that he was nervous due to being questioned about his name and occupation, and forgot to use a paper towel to turn off the water. The PTA stated that the proper procedure would be to wash again, and proceeded to wash a second time. 2. On 6/10/2020 at 9:45 AM, the facility's Administrator (ADM) was observed wearing a surgical mask. The mask was not pressed against the cheeks and nose, causing a gap in the masks' fit. The mask was observed to move on the ADM's face while the ADM moved or spoke. The ADM stated that he was one of the staff members who had contact with a Certified Nursing Assistant (CNA) who was positive for COVID-19. The ADM stated that the National Guard would be testing all staff members that day to determine if any were positive after exposure. On 6/10/2020 at approximately 9:49 AM, an interview was conducted with the infection preventionist (IP). The IP stated that she taught the staff proper use of surgical masks covering both the mouth and nose, and ensured an understanding of the use of other personal protective equipment (PPE). The IP stated that extra PPE was located in the Admission's Office, and demonstrated that there was additional PPE located there. The IP stated that hand washing should take at least 20 seconds and the faucet should be turned off using a paper towel. On 6/10/2020 at approximately 9:52 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that masks should be worn in the building at all times by the staff members. The DON stated that residents were also encouraged to wear masks while in the common areas of the facility. The DON stated that she had completed spot checks for proper use of PPE and hand hygiene but did not produce requested documentation.</p> <p>3. On 6/10/2020 at approximately 9:30 AM, an observation was made of dietary staff member in the kitchen wearing a cloth mask over her mouth but exposing her nose. The dietary manager was immediately interviewed and stated that kitchen staff members do not have direct contact with residents. 4. On 6/10/2020 at approximately 9:40 AM, an observation was made of the laundry room. A laundry staff member (LSM) was observed to be sorting soiled clothing. She was wearing a full face mask and gloves. She was not wearing a gown and there were no gowns observed in the room. The LSM was immediately interviewed and stated that she did not think that gowns were needed. The LSM stated that she did not have a gown. On 6/10/2020 at approximately 9:50 AM, an interview was conducted with the maintenance director (MD). The MD stated that he provides maintenance to the assisted living side of the facility as well as the long term care side. The MD stated that he had recently exposed to a CNA working on the assisted living side of the building that tested positive for COVID-19. The MD stated that he did not wear a gown when entering the long term care area, but sprayed the disinfectant, Microban, on his clothing for protection from COVID-19.</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.