

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>465117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTH OGDEN POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5540 SOUTH 1050 EAST OGDEN, UT 84405</b>	
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  <b>Level of harm</b> - Immediate jeopardy  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to ensure 2 of 2 residents admitted in the previous 14 days (Resident (R)1 and R2) were isolated to their room(s) and staff used standard, contact and droplet precautions with eye protection during the care of these residents. This failure had the potential to expose all residents, staff and visiting essential personnel, to COVID-19, a [MEDICAL CONDITION] infection that could lead to serious harm or death. On 6/17/20 at 12:00 PM, an Immediate Jeopardy was identified when the facility failed to implement CMS and Centers for Disease Control (CDC) recommended practices to prepare for COVID-19. Specifically, the facility failed ensure two residents who were admitted /readmitted in the previous 14 days were isolated to their room(s) and staff used standard, contact and droplet precautions with eye protection during the care of these residents. A removal plan was accepted and the Immediate Jeopardy was removed on 6/17/20 at 6:10 PM after the implementation of the plan was verified by the surveyors. After removal of the Immediate Jeopardy, the scope/severity of this citation is level F. The facility provided the following acceptable removal plan on 6/17/20: - R1 and R2 were immediately isolated to their rooms on droplet, contact and standard precautions with eye protection for 14 days from the time of their admission/re-admission. Surveyors verified the implementation of isolation and transmission based precautions (TBP). Specifically, R1 and R2 were isolated to their rooms. Outside of their rooms(s) there were TBP signage (droplet and contact precautions with eye protection) on the door(s), plastic bin(s) filled with supplies (facemasks, eye protection, gowns, and gloves) and garbage can(s). - On 6/17/20 at 6:10 PM, the Immediate Jeopardy was removed after the facility also verified staff from nursing, housekeeping, kitchen, maintenance, therapy and administration were contacted on 6/17/20 and in-serviced in person, phone or via electronic communications regarding the new procedure to immediately isolate and use TBP for 14 days with all admission/re-admissions. Any staff yet to be in-serviced would receive education prior to the beginning of their next shift. - In addition, the administrator/designee would conduct daily audits on all new admissions/re-admissions to ensure isolation and TBP precautions have been implemented and the Director of Nursing (DON) would perform weekly audits to ensure staff from all departments were appropriately putting on and taking off personal protective equipment (PPE) for the isolation rooms. Any identified concerns would be brought to the attention of the administrator immediately. Findings include: 1. Review of the Admission/Discharge report, dated 6/17/20, revealed R1 and R2 were the only two residents that had been admitted /readmitted in the last 14 days. During an initial facility tour on 6/17/20, starting at 9:50 AM, the rooms occupied by R1 and R2 revealed no evidence of isolation or TBP use. Review of R1's medical record on 6/17/20, revealed R1 was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the Hospital Discharge report revealed R1 had tested negative for COVID-19 on 6/2/20. Review of the temperature, vitals and respiratory assessments revealed R1 had not shown any signs or symptoms of COVID-19 since her date of admission. Review of R2's medical record on 6/17/20, revealed R2 was re-admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the COVID-19 Lab Report revealed R2 had tested negative for COVID-19 on 6/2/20. Review of the temperature, vitals and respiratory assessments revealed R2 had not shown any signs or symptoms of COVID-19 since her date of re-admission. Further record review revealed no evidence R1 and R2 had been isolated to their rooms with TBP prior to 6/17/20. During an interview on 6/17/20 at 11:10 AM, the Director of Therapy confirmed that both R1 and R2 had left their rooms to receive therapy in the therapy room since they had been admitted /readmitted. 2. During an interview on 6/17/20 at 9:50 AM, the DON stated the facility would accept new admissions/re-admissions after ensuring the resident had had one negative COVID-19 test while residing at the transferring facility. The DON stated, upon admission, the resident would be placed into a private room with limited resident and staff contact for 14 days. The DON stated the admitted residents were not placed on TBPs and they could leave their room with a mask but they were not to interact with other residents. The DON stated the admitted residents were monitored for fever and respiratory symptoms every shift and would be placed in TBP if symptoms of COVID-19 developed. Review of facility policy titled, Table 1: Accepting Hospital admitted d 3/30/20 revealed for: COVID-19 cases present in the surrounding area or community of your hospital catchment area and the patient (resident) is tested and negative for COVID-19, the facility can: - Admit the patient and - monitor for fever and respiratory symptoms per shift. - limit contact with other residents as much as possible. - limit the number of different staff interacting with a resident as much as possible and limit the number of times each shift enters a resident's room. - cohort in rooms (and wings if possible) with similar residents. Review of facility policy titled, Noval Coronavirus Control Plan updated 5/7/20 revealed: 6. Resident Care: a. Observe new admissions (residents) for development of respiratory symptoms and implement appropriate infection prevention practices for symptomatic residents However, review of the Utah Department of Health, Guidelines for Transferring Patients from Hospitals to Long-Term Care Facilities During the COVID-19 Epidemic dated 5/5/20 revealed: Category 2 - Patients investigated for possible COVID-19 If a patient has a negative COVID-19 test and meets usual clinical criteria for discharge, the patient is acceptable for discharge to LTC (Long-Term Care) or AL (Assisted Living) facilities, while recognizing the potential for a false negative test. The receiving LTC or AL facility should place the patient in an individual room and use Standard Contact and Droplet Precautions for 14 days. Patients requiring Aerosol-Generating Procedures will require additional precautions. For patients with active respiratory symptoms (fever, cough, shortness of breath), retest for COVID-19 if symptoms persist. Continue with Transmission-Based Precautions until: - At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (&lt;100.0 F(Fahrenheit)) without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath); AND, - At least 10 days have passed since symptoms first appeared. In addition review of the CDC's Considerations for new admissions or readmissions to the facility, dated 4/30/20 and accessed at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>, revealed: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. - All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. - Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic (no symptoms) [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile (no fever) and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. During a concurrent interview and policy review on 6/17/20 at approximately 10:10 AM, the DON reviewed the Utah guidelines and the CDC's considerations for new admissions or readmissions and stated the facility had not been following the most recent guidance issued on 4/30/20 (CDC) and 5/5/20 (Utah Department of Health). The DON stated she would immediately isolate and implement all recommended COVID-19 PPE for R1 and R2. During an interview on 6/17/20 at 12:00 PM, the Administrator and DON stated they had not been following the most recent admission/re-admission guidelines and they would make the changes immediately.</p>		
F 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 6/17/20 at approximately 9:20 AM, the administrator stated that he was aware of the new 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 respiratory symptoms occurring within 72 hours of one another. The administrator stated the facility's plan was to notify the residents in person and phone the representatives/families the same day the criteria was met. The administrator stated the facility was ready to use their guardian angel program which meant that each department head was responsible to call a group of people. The administrator stated the calls would be documented in the chart and that the facility would also communicate with families through weekly websites. Review of facility policy titled, Noval Coronavirus Control Plan updated 5/7/20 revealed: 7. Resident/Family/Employee Communication and Operations: a. Conduct resident council meeting to discuss what the facility is doing to help keep residents safe from COVID-19 b. Notify/inform residents, representatives, and families of those residing in facilities: - Following the occurrence of a single confirmed infection of COVID-19 OR - Three or more residents or staff with new onset of respiratory symptoms occurring within 72 hours of each other. This notification should</p>		

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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F 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 1)</p> <p>include all efforts made by the facility to manage the confirmed infection or cluster of symptomatic residents/staff. Notification may be made through e-mail, website posting, and/or telephone message by 5pm the next calendar day after a COVID-19 infection is confirmed or a cluster of symptomatic resident/staff is identified. After the initial notification, updates must be provided when there are new confirmed infections or clusters. If no new cases are identified, weekly updates must be provided until the infections are resolved. (Updated 05/07/20) Review of the Line Item Infection spreadsheets for residents and employees revealed: - Resident 5 symptom onset on 5/13/20 - Resident 6 symptom onset on 5/13/20 - Resident 7 symptom onset on 5/13/20 - Resident 8 symptom onset on 5/13/20 - Employee 3 symptom onset on 5/13/20 During an interview on 6/17/20 at 2:30 PM, the Director of Nursing (DON) stated she had not identified the cluster of three or more individuals displaying symptoms within a 72 hour period. The DON stated each resident and staff had a negative COVID-19 result and most of the resident symptoms had been attributed to allergies [REDACTED]. The DON further stated that moving forward she would make sure to identify when three or more individuals displayed symptoms in a 72 hour period so that the necessary notifications could be made according to Centers for Medicare &amp; Medicaid Services (CMS) regulation and facility policy.</p>		