

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>465174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FAIRFIELD VILLAGE REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1203 NORTH FAIRFIELD ROAD LAYTON, UT 84041</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 - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<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 observations, interviews, and record reviews, the facility failed to ensure staff were performing protective measures to prevent the transmission of infectious diseases and failed to implement the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Specifically, the facility failed to: Develop and implement policies for care, treatment, and/or equipment maintenance for residents (R) who require respiratory services via respiratory equipment. This failure affects 14 residents (R52, R58, R41, R42, R44, R45, R59, R51, R46, R54, R50, R48, R43, and R57) who are respiratory compromised and receiving Oxygen via various devices ([MEDICAL CONDITIONS], Nasal Cannula). Ensure staff were performing hand hygiene in the correct sequence. Ensure staff was cleaning/sanitizing multiple-use equipment after resident use. These failures place residents and staff at risk of acquiring infectious diseases. On 6/11/20 at 12:22 PM, Immediate Jeopardy was identified for the facility not having policies for care, treatment, and/or equipment maintenance for residents who require respiratory services via respiratory equipment. A removal plan was accepted and Immediate Jeopardy was removed on 6/11/20 at 2:50 PM after the implementation of the plan was verified by the surveyor. After removal of the Immediate Jeopardy, the scope/severity of this citation is level E. The facility provided the following acceptable removal plan on June 11, 2020: Immediate action is taken: Created Policy and Procedure for Multidose Inhalers, Oxygen tube, Humidifiers, [MEDICAL CONDITION], and [MEDICAL CONDITION] into place. Staff was in-serviced on the policy today with all nursing employees on shift at this time and will continue to ensure the nursing staff is aware of the policy and procedures. The Director of Nursing and Assistant Director of Nursing will be responsible for doing the in-servicing. This in-service will be mandatory before the employees begin their tour of duty. The Director of Nursing will monitor. 6/11/2020 at 2:50 PM, the Immediate Jeopardy was removed after the facility staff had verified they have received training on the new policy and procedures for Multidose Inhalers, Oxygen tube, Humidifiers, [MEDICAL CONDITION], and [MEDICAL CONDITION]. Also, the incorporation of the policy and procedure is on the TAR (Treatment Administration Record) of residents who are affected. Findings include: 1. Resident 59 (R59) is 79 yo female admitted on [DATE]. [DIAGNOSES REDACTED]. On 6/11/20 at 9:47 AM, R59 was observed sitting in a wheelchair eating breakfast. Observed [MEDICAL CONDITION] (Continuous Positive Airway Pressure) machine and mask on the counter open to air. When R59 was asked how often is the [MEDICAL CONDITION] mask used, R59 replied, I use it when I sleep .they normally clean it and let it air dry then put it in a bag. When R59 was asked who is the they that cleans it, R59 replied, I don't know. Record review of R59's Physician orders [REDACTED]. Review of R59's Minimum Data Set (MDS) evidenced a BIMS (Brief Interview Mental Status) of 13 (1-15), indicating the resident was cognitively intact. Record review of the resident's care plan evidenced no focus area and plan of care listed for [MEDICAL CONDITIONS] and/or [MEDICAL CONDITION] treatment/therapy. On 6/11/20 at 11:15 AM, when the DON was asked who is responsible for the care, maintenance, and treatment for [REDACTED]. When the DON was asked concerning R59 about how the [MEDICAL CONDITION] is stored and/or cleaned, and the DON replied, We follow the doctor's orders in terms of the setting. When the DON was asked for the policy concerning but not limited to O2 therapy treatment, nebulizers, [MEDICAL CONDITION], and [MEDICAL CONDITION], the DON replied, There is no policy. 2. Review of documentation provided by the facility staff evidenced that fourteen residents (R52, R58, R41, R42, R44, R45, R59, R51, R46, R54, R50, R48, R43, and R57) are respiratory compromised and receiving Oxygen via various devices ([MEDICAL CONDITIONS], Nasal Cannula). The failure to have respiratory policies could negatively affect all these residents. 3. On 6/11/20 at 9:55 AM, an observation was made of CNA1 using the pulse oximeter on a resident receiving oxygen therapy. After using the pulse oximeter, CNA1 places the machine in the hall without sanitizing it. CNA1 then goes into the room and retrieves the breakfast tray and places it in the soiled utility room. CNA1 begins to wash his hands in the sink. After washing his hands, CNA1 uses his hands to turn the faucet off (without using a paper towel). When the faucet is off, CNA1 then reaches for the paper towel. No signage was observed above the sink, indicating the correct sequence to wash and dry hands. When asked CNA1 why he did not use the paper towel to turn the faucet off, CNA1 replied, I forgot. When CNA1 was asked if signage above the sink would help in reminding the sequence for washing and drying hands, CNA1 replied, Yes. When CNA1 was asked what is the expectation after the use of pulse oximeters. The CNA1 replied, We use alcohol, and walked over where the portable blood pressure machine/pulse oximeter was and lifted a clear bottle with no label, and began cleaning the pulse oximeter. When CNA1 was asked how often are you to disinfect the pulse oximeter, CNA1 replied, After each use. When CNA1 was asked why the pulse oximeter was not sanitized after he used it for the resident, CNA1 replied, Yeah, I should have cleaned it after use. On 6/11/20 at 10:28 AM, in an interview, the above observations were shared with the Director of Nursing (DON). The DON acknowledged understanding the concerns. When the DON was asked about why there is no signage above the sink in the utility room, which staff often used to wash their hands, the DON acknowledged verbally. 4. Record review of Policies and Practices - Infection Control page 83, from the Infection Control Policy Manual (Revised May 2009). Under the subtitle, Policy Statement reads, This facility's infection control policies and practices intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage the transmission of diseases and infections. Under the subtitle, Policy Interpretation and Implementation, number two reads, The Objectives of our infection control policies and practices are to a. Prevent, detect, investigate, and control infection in the facility; f. Provide guidelines for the safe cleaning and reprocessing of reusable resident care equipment. 5. Record review of Handwashing/Hand Hygiene page 30, from the Infection Control Policy Manual (Revised May 2009). Under the subtitle Policy Statement reads, This facility considers hand hygiene the primary means to prevent the spread of infection. 6. On 6/12/2020 at 9:30 AM, in an interview with NHA (Nursing Home Administrator), DON, and ADON (Assistant Director of Nursing), when they were asked about the surveillance of hand hygiene, the DON replied, We do audits. When the DON and the ADON were asked the efficacy of the hand hygiene compared to last month, the DON states, I believe we are better. When the DON was asked to quantify the results, the DON replied, We have not done that. Informed the DON, NHA, and ADON, monitoring the effectiveness of hand hygiene require measurements, and you cannot improve what you do not measure. The NHA, DON, and ADON acknowledged, and the DON said she will now quantify the audits.</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.