

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER STONEHENGE OF OGDEN		STREET ADDRESS, CITY, STATE, ZIP 5648 SOUTH ADAMS AVE WASHINGTON TERRACE, UT 84405	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to: -Ensure all residents were assessed for all Centers for Disease Control and Prevention (CDC) signs and symptoms of COVID-19 including oxygen levels daily, none of 32 residents screened for all signs and symptoms of COVID-19. -Ensure all staff and visiting essential personnel were assessed for all signs and symptoms of COVID-19 at the beginning of their shift or upon entry to facility, none of 51 staff and visiting essential personnel. These failures have 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) or other healthcare associated infections. Findings include: A. The facility failed to ensure residents, staff and visiting essential personnel were assessed for all signs and symptoms of COVID-19 daily (residents) or upon entry to the facility (staff and visiting essential personnel). During a review of the COVID MONITORING SHIFT REPORT, (facility name) Employee Screening Form, and COVID 19 ADMISSION SCREENING TOOL, zero of 32 residents, zero of 49 staff, and zero of two visiting essential personnel were assessed for all signs and symptoms of COVID-19. During an interview on 8/18/20 at approximately 12:00 PM, with the Nursing Home Administrator (NHA) and the Director of Nursing (DON), the DON was asked where resident screenings for COVID-19 would be in the resident record, the DON stated, You won't find them in the resident EMR. (electronic medical record) We use a COVID MONITORING SHIFT REPORT, a tool the nurses use each shift, but it isn't uploaded to resident EMR. The only thing you will find in the EMR is a change of condition note. The DON then was asked to supply completed resident screening sheets if available as well as initial Staff & Visitor screening tools. Forms provided by DON are; COVID MONITORING SHIFT REPORT, undated; (facility name) Employee Screening Form, undated; COVID 19 ADMISSION SCREENING TOOL, dated 03/07/2020. Review of the Infectious Disease Threat, Infection Control Measures During, provided on 8/18/20, document undated showed, Policy Interpretation and Implementation i. Displaying signs and or posters .exposed to or have symptoms . j. Screening visitors at facility entry points for symptoms of the infectious disease; and k. Screening employees for symptoms before coming on duty and send any symptomatic employees home. Review of the CDC Symptoms of Coronavirus, accessed 8/18/20, last updated 5/13/20, at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html, revealed: Watch for symptoms People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea Review of the CDC Preparing for COVID-19 in Nursing Homes, accessed 8/18/20, last updated 6/25/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html revealed; Core Practices .Educate Residents, Healthcare Personnel, and Visitors about COVID-19 . Provide information about COVID-19 (including information about signs and symptoms) Regularly review CDC's Infection Control Guidance for Healthcare Professionals about COVID-19 for current information and ensure staff and residents are updated when this guidance changes. Evaluate and Manage Residents with Symptoms of COVID-19: - Actively monitor all residents upon admission and at least daily for fever (T (temperature) 100.0oF) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below. -Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. During a review of facility's resident screening tool, COVID MONITORING SHIFT REPORT, undated, revealed; Name, Hall, Date, Shift Instructions: IF POSITIVE FOR ANY OF THESE QUESTIONS: Make a note acknowledging symptoms and interventions with Provider notification. Did any of your patients/residents have a fever greater than 100.4? _____. If yes, who: _____. Interventions? _____. Did any of your patients/residents have a cough? _____. Dry _____. Productive _____. If yes, who: _____. Did any of your patients/residents have SOB? _____. O2 needed? _____. Baseline oxygen or new need? _____. If yes, who: _____. Did any of your patients/residents have sore throat? _____. Did any of your patients/residents have diarrhea: _____. DO YOU FEEL THAT ANY POSITIVE SYMPTOMS COULD BE RELATED TO INFECTION OR COVID 10 (ex: pt has UTI and has a documented fever or symptoms the provider has addressed) Are the symptoms new onset? New onset symptoms that have not been addressed need to be reported to the provider immediately Are any of your patients/resident on precautions? _____. Why _____. Is this a new order or previously ordered and house providers are aware? _____. Did you place any patient or resident on precautions during your shift? If so, why? _____. Did you perform a head to toe assessment? _____. What signs and symptoms are present? _____. What provider was notified? What are the new orders? _____. Did you document your assessment, interventions and new orders? _____. Did you notify the patient/family of all new orders? _____. All necessary information passed on to oncoming staff? _____. any positive symptoms need to be put on transmission based precautions. If the res has come with a current infection and has similar symptoms related to COVID symptoms we need to perform a thorough assessment to ensure this is a new onset or we believe it is different than current condition. Notify house provider. The facility did not provide any evidence of residents being screened/assessed for all COVID-19 symptoms (noted in the above CDC reference). During a subsequent review of the facility's employee screening tool, (facility name) Employee Screening Form, form creation is undated, revealed; columns for, Date, Time, Employee Name (Print only-First and last name, Temp, Cough/SOB/Diarrhea (Circle one) column answers Yes or No; COVID-19 Exposure column answers Yes or No; and Verified by: Initials. The facility did not provide any evidence of any staff/employees being screened/assessed for all COVID-19 symptoms (noted in the above CDC reference). Review of the COVID 19 ADMISSION SCREENING TOOL, dated 03/07/2020, revealed: TO BE COMPLETED FOR EACH 'ESSENTIAL VISITOR' VISITOR FULL NAME: In the last 14 days, have you traveled to a high risk/restricted country or city within the US? (China, Iran, South Korea, Italy Japan, New York, etc. _____) Yes _____ No _____ Do you have any of the following: a) Fever? Document Temp: _____ b) Cough? Yes _____ No _____ c) Shortness of Breath? Yes _____ No _____ d) Diarrhea Yes _____ No _____ Have you had contact with someone with OR under investigation for [MEDICAL CONDITION] (COVID-19)? Yes _____ No _____ Have you been in another facility (hospital or LTC) since you were last here? Includes as a visitor or patient. a. If yes, Please list facilities where you have been. _____ Yes _____ No _____ Patient Name (if seeing patient): _____ Date: _____ Time: _____ Reason for Visit: _____ Address: _____ Phone Number: _____ Staff Signature: _____ Date: _____ The facility did not provide any evidence of essential visitors being screened for all COVID-19 symptoms (noted above in the CDC reference). Review of subsequent staff education, informational letters, posters and policies supplied by the NHA, DON & Infection Preventionist (IP) revealed; CDC printout titled; Symptoms of Coronavirus (COVID-19), dated April 13, 2020, with known symptoms (Trouble</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>breathing, Persistent pain or pressure in the chest, New confusion or not able to be woken, Bluish lips or face) current as of the date on the printout. Letter titled, Dear (facility) Employees, undated, revealed; Effective Friday, March 13, 2020</p> <p>.all employees must be screened by a nurse at the nurse's station .taking body temperature .answering questions about symptoms and/or travel . Further review of employee training, Inservice Letter to Employees re: COVID-19, document is undated, but stapled to Employee In-service Record In-service: COVID-19 Safety Awareness sign-in sheets dated, 4/10/2020, revealed in pertinent part; 2. symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and or shortness of breath. 8. Overall COVID 19 Employee Safety: . follow screening process. 9. .monitoring vitals to include any early onset of the aforementioned most common COVID-19 symptoms . FACTS ABOUT COVID-19 . Symptoms include: Fever, Cough, Shortness of breath, Rare cases-possible pneumonia, multi-organ failure and in some cases death. Centers for Medicare and Medicaid Services (CMS) QSO-20-29-HN COVID-19 Focused Survey for Nursing Homes, dated and released 5/8/2020,</p> <p>states: 4. Infection Surveillance Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, temperature is taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19. Did the facility provide appropriate infection surveillance? 5. Visitor Entry Did the facility perform appropriate screening, restriction, and education of visitors? 6. Education, Monitoring, and Screening of Staff Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)? How does the facility convey updates on COVID-19 to all staff? Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)? QSO 20-29: Q & A Q: Can you clarify what symptoms CMS is referring to in the requirement to report if three or more residents or staff have respiratory symptoms within 72 hours of each other? A: Respiratory symptoms consistent with COVID-19 are shortness of breath, difficulty breathing, new or change in cough, sore throat, or new loss of taste or smell. To a lesser extent, symptoms have included new sputum production, rhinorrhea (persistent watery discharge from the nose), or hemoptysis (the coughing up of blood). For more information on updated symptoms, please view CDC's webpages: Symptoms of Coronavirus and Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. Review of employee training, Covid-19 Donning, Doffing, and Reusing PPE, document is undated, but stapled to Employee In-service Record In-service: COVID-19 PPE sign-in sheets dated, 5/8/2020 revealed; No noted updates listing all COVID-19 symptoms. Additional review of employee training, MANDATORY ALL-STAFF June 10th 2020, INFECTION CONTROL IN THE COVID-19 ERA, stapled to Employee In-service Record In-service: Infection Control in the COVID-19 ERA sign-in sheets dated, June 10, 2020, revealed; Signs and symptoms . The following symptoms may appear 2-14 days after exposure. Fever, Cough, Shortness of breath, Sore Throat. . For Our Residents: If they develop a fever, signs and symptoms of respiratory illness the resident needs to be put on isolation (Droplet) Precautions immediately. Until further notice. No noted updates listing all COVID-19 symptoms were provided by the facility. Review of the facility's policy, Visitation and Infection Disease Control Policy-SHOG Updated to Address the Coronavirus Disease 2019 (COVID-19), dated 11 Jun 20, revealed; Policy Interpretation and Implementation . 1a. Standard &/or contact &/or droplet precautions . 2b. . signs and symptoms of a respiratory infection while on the job . 2c. Facility will have a process to detect early symptom onset for respiratory infection, to include COVID-19, among current residents and clear communication instructions to when to contact the provider and subsequently notify the local health department and/or state health department. 2c1. .monitoring for s/sx of COVID-19 to include fever, shortness of breath, cough, sore throat, diarrhea, body aches. Review of most recent employee training, Follow Five Steps to Wash Your Hands the Right Way, document is undated, but stapled to Employee In-service Record In-service: Sign in for Covid testing/Inservice sign-in sheets dated, 8/12/2020, revealed; Tips for Social Distancing. No noted updates listing all COVID-19 symptoms were provided to the surveyors. Review of the facility's Infection Prevention and Control Committee, provided on 8/18/20, document undated, showed; Duties of the Committee .21. Maintain access to current CDC, OSHA (Occupational Safety and Health Administration) and State/Federal regulations, guidelines and recommendations relative to infection control issues in healthcare facilities. 2f. The facility monitors the Federal CDC website and state public health sources along with CMS transmissions to understand COVID-19 . 2g. Signs should be posted throughout the facility describing ways to prevent the spread of germs. https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf. This site was accessed on 8/18/20, last updated 8/6/20. Signs posted throughout the facility were dated 4/13/20. A subsequent review of the facility's Monitoring Compliance with Infection Control, provided 8/18/2020, document undated, showed; Policy Interpretation and Implementation .8. Gaps identified in infection prevention and control processes are addressed promptly. Further review of the facility's SECTION V: EMERGENCY RESPONSE, document undated, revealed; 7. All prospective residents and employees should be screened to identify exposure to novel influenza. Screen for fever and respiratory symptoms . 8. Residents, employees, contract employees and visitors should be evaluated daily for symptoms. Employees should be instructed to self-report symptoms and exposure. On 8/19/18 at 4:02 PM, in an exit interview with the NHA and DON the findings of the survey were discussed. The NHA acknowledged.</p>		