

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE PARK HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2700 WEST 5600 SOUTH ROY, UT 84067	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to establish an infection prevention and control program designed to prevent the development and transmission of COVID-19. Specifically, observations were made of staff not wearing a face mask correctly and not changing gloves between resident contact. Additionally, an interview with staff revealed that resident care equipment was not being cleaned between resident use and staff were not aware of the wet time required for the cleaning agent to be effective. Findings include: 1. On 7/15/2020 at 10:32 AM, an observation was made of Certified Nurse Assistant (CNA) 1. The CNA was observed to be walking down the resident hallway on the C unit with their surgical mask down below the nose. The CNA was observed to perform hand hygiene at the nurse's station with the mask remaining in the same position. An immediate interview was conducted with the CNA. The CNA stated that she donned a surgical mask and face shield upon entrance into the building and then applied a gown before entering the assigned resident hallway. The CNA stated she had been provided education by the facility on isolation precautions, donning and doffing Personal Protective Equipment (PPE), and how a mask should be worn. CNA 1 stated that she was aware that the mask should cover both the nose and mouth, but stated it always slides off. The CNA stated that when this happened she would adjust the mask by wiggling her face. CNA 1 demonstrated moving her nose and mouth to adjust the mask to cover the nose. The mask was observed to slide off CNA 1's nose again. CNA 1 stated that the mask does not stay in place and always slides down to uncover the nose. CNA 1 stated that crimping the nose piece did not help the mask to stay in place. It should be noted that during the entire time CNA 1 was interviewed the face mask was positioned below the nose. Review of the facility education for donning PPE stated that for mask usage the mask was to fit the flexible band to the nose bridge and fit snug to face and below the chin. 2. On 7/15/2020 at 10:54 AM, an observation was made of the Physical Therapy (PT) staff exiting room [ROOM NUMBER] on the C hallway. The PT staff member was observed wearing gloves and pushing a resident walker from the bed closest to the window. The PT staff was observed to immediately enter room [ROOM NUMBER] while still wearing the gloves from room [ROOM NUMBER].</p> <p>The PT staff was observed to talk to the resident and touch the resident's TV in room [ROOM NUMBER]. An immediate interview was conducted with the PT staff upon exiting room [ROOM NUMBER]. The PT staff stated that he was on his way outside to do therapy with a resident who was currently smoking. The PT staff stated that he touched a walker in room [ROOM NUMBER] after applying new gloves then exited the room and entered room [ROOM NUMBER] where he touched the resident's TV remote control with the same gloves on. The PT staff stated that he was provided education on isolation precautions and how to don and doff PPE. The PT staff stated that he should have applied new gloves in between each resident contact. 3. On 7/15/2020 at 11:10 AM, an interview was conducted with CNA 1. CNA 1 stated that all the vital sign (VS) equipment, including blood pressure cuff and pulse oximeter, were cleaned before and after use on residents who were on isolation precautions. CNA 1 stated for all other residents the VS equipment was cleaned after all the residents on the hallway had their VS taken. It should be noted that the resident census on the C hallway was 20 with 3 of those residents on contact/droplet isolation precautions. CNA 1 stated that she wiped down the equipment with a bleach wipe. When asked what the recommended wet time was for the bleach wipe CNA 1 replied, what's a wet time? CNA 1 stated she did not know the recommended wet time for the bleach wipes and that she would leave it for 20 minutes. CNA 1 stated that the mechanical lifts were cleaned daily by the night shift CNA, and were not cleaned after each resident use unless they looked really dirty. CNA 1 stated that the sit to stand mechanical lift sling was thrown in the laundry every once in a while, but not after every shift. CNA 1 stated that the sling and the grab bar on the sit to stand were not cleaned between resident use. CNA 1 provided the tub of bleach wipes that was utilized in cleaning resident care equipment. The instructions on the label of the germicidal bleach wipes, Environmental Protection Agency (EPA) number -1, stated to allow to remain wet for 30 seconds except for 1 minute with Trichophyon and 3 minutes with [MEDICAL CONDITION]. The germicidal bleach wipes were verified on the EPA List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19). CNA 1 stated she was not aware of the wet time instructions on the label. On 7/15/2020 at 11:47 AM, an interview was conducted with the Director of Nursing (DON) who was also the facility infection control nurse. The DON stated that the CNAs should be cleaning all VS equipment including the blood pressure cuff after each resident use. The DON stated that the sit to stand lift should be cleaned after use in an isolation room and then one time per shift unless it was visibly soiled or dirty.</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.