STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465186	A. BUILDING _____ B. WING _____	**07/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAPLE SPRINGS SENIOR LIVING	**350 EAST 2200 NORTH NORTH LOGAN, UT 84341**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, 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: D. Ensure staff were appropriately wearing PPE (Personal Protective Equipment). E. Ensure residents admitted /readmitted were quarantined on transmission based precautions (TBP) for 14 days for 1 of 2 records reviewed for Residents (R)19 and R26. F. Encourage residents to wear a mask when they were outside of their rooms. G. Ensure all residents were assessed for all signs and symptoms of COVID-19 including oxygen levels (5 of 5 records sampled and reviewed for R19, R23, R27, R29, and R25). 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), and health-care associated infections. Findings include: D. The facility failed to ensure RN 7 wore a face covering during interactions with other staff members and/or in accordance with the facility's policies. During a tour of the facility on 7/28/20 at 9:45 AM, all staff, except RN 7, were observed wearing a mask in the Lotus, Orchid, Floral, Elements, and Nature hallways and in and around the Therapy gym. At approximately 10:35 AM, the RN 7 was observed with surgical mask down, below nose and chin, with ear loops still connected to ears, wearing other required PPE, and on personal cellular phone while sitting at nurse's station between the Nature hallway and Elements hallway. RN 7 did not appear to have breathing concerns. The RN 7 was sitting in close proximity to CNA 3. The CNA 3 was wearing a surgical mask, face shield, and reusable gown while sitting at desktop computer. Once RN 7 noticed the federal surveyor, she pulled up mask by the center of the mask and placed it back into position, covering nose and mouth and left the nurses' station to answer a resident call bell. RN 7 did not use ABHR after using personal cellular phone or prior to touching surgical mask. After approximately 15 minutes, RN 7 did not return to nurses' station and was unavailable to answer questions regarding mask wearing, mask wearing training or facility policy on mask wearing. During an interview on 7/28/20 at 12:02 PM, the Infection Preventionist (IP) was asked when staff mask removal was appropriate within the facility. The IP stated, Masks are to be worn at all times except when eating or if they are having problems breathing. Review of the (facility name) Re-use and Extended Use of PPE Policy and Procedures, provided on 7/28/20, showed, Purpose: Personal protective equipment (PPE) is used every day by health care workers to protect themselves, patients, and others . Procedures: 1. Staff training: a. Provide training on PPE items b. Provide training on types of precautions . 4. Re-Using/Extending Use of Facemasks: b. Wear same facemask for duration of shift. o If mask is removed while on shift for reasons such as eating and drinking and is not visibly soiled, store mask in a clean, sealable paper bag or a breathable container. Review of the document titled, PPE Education, provided on 7/28/20, showed, When should masks be worn: Surgical masks should be worn at all times when working your shift except when eating. If masks are removed they need to be placed in a brown paper bag . When touching mask always hand sanitize BEFORE and AFTER and make sure you use the loops on the ears to remove and place to avoid touching outside and inside of the mask. Review of the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/20, accessed on 7/29/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html, showed, HCP (health care professionals) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. E. The facility failed to ensure residents admitted /readmitted were quarantined on Transmission Based Precautions (TBP), for 14 days as recommended by the CDC. According to the CDC Preparing for COVID-19 in Nursing Homes (updated 6/25/20), accessed 7/29/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, and revealed: Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Review of the CDC's Responding to Coronavirus (COVID-19) in Nursing Homes (updated 4/30/20), accessed 7/29/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html revealed: Considerations for new admissions or readmissions to the facility - If Transmission-Based Precautions have been discontinued, but the resident with COVID-19 remains symptomatic (i.e., persistent symptoms or chronic symptoms above baseline), they can be housed on a regular unit but should remain in a private room until symptoms resolve or return to baseline. These individuals should remain in their rooms to the extent possible during this time period. If they must leave their rooms, facilities should reinforce adherence to universal source control policies and social distancing (e.g., perform frequent hand hygiene, have the resident wear a cloth face covering or facemask (if tolerated) and remain at least 6 feet away from others when outside of their room). -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 [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 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 an observation and concurrent interview on 7/28/20 at 10:07 AM, the Occupational Therapist (OT) 5 was asked why not all residents are wearing masks? The OT 5 stated, Some residents wear mask per their preference, others don't, except New Admits. New Admits must wear masks outside their room for therapy. During an interview with RN 6 on 7/28/20 at 10:22 AM, the RN 6 states, New admission/readmission residents must have a negative COVID19 test to be accepted to facility, new admission will be on TBP 14 days and only leave room for therapy, residents are masked. Review of the (facility name) COVID-19 Policy & Procedures, provided on 7/28/20, last revision 7/24/20 showed, Symptoms may appear as soon as 2 days and as long as 14 days after exposure. POLICY: .Actions will be taken according to recommendations from the Centers for Disease Control and Prevention (CDC), The World Health Organization (WHO), local and state health departments and the facility medical director. 5. Resident Care: a. Observe all new admits for development of respiratory symptoms and implement appropriate infection prevention practices. 7. Accepting Hospital Admissions: b. Implement the following result-based protocols . If negative, admit to (facility name) and quarantine in room x 14 days. If unknown, assume positive .quarantine in room x 14 days and place on droplet precautions for the duration of in-room quarantine. During a subsequent interview on 7/28/20 at 12:02 PM, the Infection Preventionist (IP) stated, There is no policy allowing

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	(continued... from page 1) New Admits to leave room for therapy. The IP further stated, During one of the quarterly QAPI meetings, the Medical Director determined it was OK that New Admits leave their room for therapy .They are admitted for therapy. However, the IP states, The Medical Director has not written a policy nor has the facility, clarifying the practice. Review of the document titled, PPE Education, provided on 7/28/20, showed, Isolation Rooms. All new residents, or residents who have left the building for appointments, will be placed in quarantine/isolation for 14 days. Residents will have droplet precaution sign on their door.(sic) i) Review of R19's Face Sheet on 7/28/20, revealed R19 was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the Hospital Lab Report revealed, on 7/14/20 R19 was tested for COVID-19 and 7/17/20 result was negative for COVID-19. Further record review revealed: -7/19/20 a physician's orders [REDACTED]. Order summary reveals, Resident is on droplet precautions for new admission until 8/31/2020 .every morning and at bedtime for quarantine until 7/31/2020 23:59 (11:59 PM). -8/3/20 and email received from the Administrator, identified R19 is not receiving therapy services. During a tour of the facility on 7/28/20 at 9:45 AM, a Droplet/Contact Precaution sign was observed on R19's door and a PPE Cart (isolation cart) was placed outside the resident's room. ii) Review of R23's Face Sheet on 7/28/20, revealed R23 was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the Hospital Lab Report revealed, on 7/12/20, R23 had tested negative for COVID-19. Further record review revealed: -7/20/20 a physician's orders [REDACTED]. Order summary reveals, Resident is on droplet precautions for new admission until 8/31/2020 .every morning and at bedtime for quarantine until 7/31/2020 23:59 (11:59 PM). Discontinue date 7/21/20 at 11:16 (AM). The MAR/TAR reveals the order was only acknowledged on only 3 shifts, 7/20-7/21. - 8/3/20 an email from Administrator identifies R23 had been participating in therapy services. There is no evidence R23 had been isolated to her room (per facility policy) with TBP (per CDC guidelines) after admission. During a tour of the facility on 7/28/20 at 9:45 AM, observation revealed a Droplet/Contact Precaution sign on R23's door but no PPE cart outside room. F. The facility failed to encourage residents to wear a mask when they were outside of their rooms. During an observation and concurrent interview on 7/28/20 at 10:07 AM, the Occupational Therapist (OT) 5 was asked why not all residents are wearing masks? There were 5 residents in gym therapy room, 2 residents did not wear masks. The OT 5 stated, Some residents wear mask per their preference, others don't . Review of CDC Preparing for COVID-19 in Nursing Homes (updated 6/25/20), accessed 7/16/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed: Implement Source Control Measures. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Review of (Facility Name) Covid-19 Policy & Procedures dated March 19, 2020 and Revised July 24, 2020, under subheading Policy reads in pertinent part, Actions will be taken according to recommendation from the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), local and state health departments and the facility medical director. G. The facility failed to ensure residents were assessed for all signs and symptoms of COVID-19 to include but not limited to oxygen levels (via O2 saturation), and GI (Gastrointestinal) disturbances. During a record review of 5 sampled resident records, none of the 5 residents were assessed for all signs and symptoms of COVID-19 including oxygen levels. Review of the CDC Preparing for COVID-19 in Nursing Homes, accessed 7/29/20 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed: Evaluate and Manage Residents with Symptoms of COVID-19: - Ask residents to report if they feel feverish or have symptoms consistent with 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. i) Review of R19's -7/18/20 a physician's orders [REDACTED]. The respiratory assessment is performed every shift beginning on the 7/19/20 AM shift. There is no evidence in R19's record of being assessed for all CDC identified symptoms of COVID-19 including oxygen saturation via pulse oximetry. ii) Review of R23's -7/18/20 a physician's orders [REDACTED]. The respiratory assessment is performed every shift beginning 7/19/20 AM shift. There is no evidence in R23's record of being assessed for all CDC identified symptoms of COVID-19 including oxygen saturation via pulse oximetry. iii) Review of R27's record on 7/28/20, a physician's orders [REDACTED]. The respiratory assessment is performed every shift for the month of July. There is no evidence in R27's record of being assessed for all CDC identified symptoms of COVID-19 including oxygen saturation via pulse oximetry. iv) Review of R29's record on 7/28/20, a physician's orders [REDACTED]. The respiratory assessment is performed every shift for the month of July. There is no evidence in R29's record of being assessed for all CDC identified symptoms of COVID-19 including oxygen saturation via pulse oximetry. v) Review of R25's record on 7/28/20, a physician's orders [REDACTED]. The respiratory assessment is performed every shift for the month of July. There is no evidence in R25's record of being assessed for all CDC identified symptoms of COVID-19 including oxygen saturation via pulse oximetry.