

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465066	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER AVALON WEST HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 6246 SOUTH REDWOOD ROAD SALT LAKE CITY, UT 84123	
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 observation, 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. (The facility provided a random sampling of dates and shifts for the facility's Resident Symptom Screen Monitor; 28 of 28 resident records reviewed for 8/14/2020, 52 of 52 resident records reviewed for 8/16/2020). -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. -Ensure staff were performing hand hygiene upon removing gloves. -Ensure staff were performing hand washing in correct sequence. 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 and infectious diseases. Findings include: A. The facility failed to ensure residents, staff, visitors and visiting essential personnel were assessed for all signs and symptoms of COVID-19. During a record review, none of 80 residents, none of 37 staff, and none of four visiting essential personnel were assessed for all signs and symptoms of COVID-19, missing various known CDC symptoms, updated on 5/13/20, i.e fatigue, congestion or runny nose, nausea, and new loss of taste/smell. Review of the (facility name) COVID-19 policy, provided on 8/18/20, last revised 6/4/20 showed, Surveillance Measures 1. respiratory symptoms such as fever, cough, sore throat, and muscle aches & pains. 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 an interview on 8/18/20 at approximately 10:00 AM, the Director of Nursing (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 Electronic Medical Record (EMR), resident screenings are kept in my office. When asked why they were not uploaded to resident chart, the DON stated, The screening tool has multiple residents listed and can't be uploaded due to not being able to maintain privacy. The only thing you will find in the EMR is a change of condition note. The DON then was asked to supply random date and shift resident screenings for COVID-19. The DON supplied completed resident screening sheets for 8/14/2020 & 8/16/2020 as well as initial Staff & Visitor screening tool, dated 3/27/2020 and updated Staff & Visitor screening tool, dated 4/29/2020. The DON stated, We have to keep updating screening tool as things change. During review of (facility) COVID 19 policy, provided by the Nursing Home Administrator (NHA) and DON on 8/18/2020, policy dated 06/04/2020, revealed; KEY CONCEPTS 1) The facility will take specific action to reduce the facility risk regarding COVID-19 . d. screen everyone entering the facility for COVID-19 symptoms. PREVENTION 1)This process may be dynamic, as more information on the transmission of COVID-19 becomes available 3) .The DON and Infection Preventionist review the Infection Prevention and Control Binder routinely to maintain currency and accuracy. SURVEILLANCE MEASURES 1)As part of the facility's surveillance measures, the facility maintains a high vigilance for evidence of residents and employees with respiratory symptoms such as fever, cough, sore throat, and muscle aches and pains. During a subsequent review of Resident Symptom Screen Monitor, 200 Hall for 8/14/20, form creation is undated, 28 residents listed, revealed; Instructions: Ask each resident about the presence of each symptom. Record the Temperature. Every box should be completed with N or Yes (If resident is experiencing the symptom.) If symptomatic, nurse needs to notify Medical Doctor (MD), complete a progress note and add resident to alert charting. When task is completed, return to the licensed nurse/DON. Room number, Resident name, Temperature, O2 Sats (oxygen saturation), Cough, Shortness of Breath, Diarrhea, Vomiting, Headache, Muscle Pain, Repeated Shaking with Chills, Signature of Person checking resident, and Signature of Nurse indicating assessment complete for RSDs with symptoms (if applicable) and progress note in PCC. The RN completing the form indicated N in symptom boxes for residents. For the resident screening information provided to the surveyors, there is no evidence of any resident being screened/assessed for all COVID-19 symptoms; not screening/assessing for nausea, runny nose/congestion, new loss of taste/smell, and fatigue. Review of 100 Hall Resident Symptom Screen Monitor, 100 & 300 Hall resident information noted on form for 8/16/20, 22 residents listed, form creation is undated, revealed; Instructions: Ask each resident about the presence of each symptom. Record the Temperature. Every box should be completed with N or Yes (If resident is experiencing the symptom.) If symptomatic, nurse needs to notify MD, complete a progress note and add resident to alert charting. When task is completed, return to DON. Don't forget to enter vitals into PCC! Room number, Resident name, Temperature, O2 (RA/NC?), Cough, SOB (Shortness of Breath), Diarrhea, Vomiting, Headache, Muscle Pain, Chills, and Signature. The staff member completing the form indicated 0 with line through in symptom boxes for residents. For the resident screening information provided to the surveyors, there is no evidence of any resident being screened/assessed for all COVID-19 symptoms; not screening/assessing for nausea, runny nose/congestion, new loss of taste/smell, and fatigue. Review of 300 Hall Resident Symptom Screen Monitor, 300 Hall resident information noted on form for 8/16/20, 19 residents listed, form creation is undated, revealed; Instructions: Ask each resident about the presence of each symptom. Record the Temperature. Every box should be completed with N or Yes (If resident is experiencing the symptom.) If symptomatic, nurse needs to notify MD, complete a progress note and add resident to alert charting. When task is completed, return to DON. Don't forget to enter vitals into PCC! Room number, Resident name, Temperature, O2 (RA/NC?), Cough, SOB (Shortness of Breath), Diarrhea, Vomiting, Headache, Muscle Pain, Chills, and Signature. The staff member completing the form indicated n in symptom boxes for residents. For the resident screening information provided to the surveyors, there is no evidence of any resident being screened/assessed for all COVID-19 symptoms; not screening/assessing for nausea, runny nose/congestion, new loss of taste/smell, and fatigue. Review of Resident Symptom Screen Monitor, 500 Hall resident information noted on</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>form for 8/16/20, 11 residents listed, form creation dated 05/05/2020, revealed; Instructions: Ask each resident about the presence of each symptom. Record the Temperature. Mark column with a Y (yes) or N (no) in each column to indicate if resident is experiencing the symptom. When task is completed, return to the licensed nurse. Room number, Resident, Temp, Oxygen Saturation, Cough, Shortness of Breath, Diarrhea, Vomiting, Headache, Muscle Pain, Repeated shaking w Chills, Signature of Person checking resident, and Signature of Nurse indicating assessment complete for residents with symptoms and progress note in PCC. The staff member completing the form indicated X in symptom boxes for residents. For the resident screening information provided to the surveyors, there is no evidence of any resident being screened/assessed for all COVID-19 symptoms; not screening/assessing, nausea for runny nose/congestion, new loss of taste/smell, and fatigue. During review of the facility's most current COVID 19 SCREENING TOOL, Employee & Visitor Screening tool, dated, 4/29/2020, provided by the DON on 8/18/2020, revealed; TO BE COMPLETED FOR EVERY PERSON WISHING TO ENTER THE FACILITY AND EACH EMPLOYEE PRIOR TO STARTING A SHIFT 2) do you have any of the following: a) Cough? Y N b) Shortness of Breath or difficulty breathing? Y N 3) Check all that apply, if 2 or more, communicate with NHA/DON/designee a) Fever? Y N b) Headache? Y N c) New Loss of taste or smell? Y N d) Diarrhea Y N e) Chills? Y N f) Sore Throat Y N g) Vomiting Y N h) Muscle pain? Y N i) Repeated shaking with chills? Y N Review of the facility's Employee & Visitor Screening tool revealed no evidence of staff, visitors, and visiting essential personnel being screened for all COVID-19 symptoms; not screening for fatigue, body aches, and nausea. B. The facility failed to ensure staff were performing hand hygiene upon removing gloves and were performing hand washing in correct sequence. On 8/18/20 at approximately 10:15 AM, observed Housekeeper 1 (HK1) exit resident's room with gloves on and then removed the gloves and discarded in the trash, and without hand hygiene, housekeeper 1 donned a clean pair of gloves as she reached for the mop and went into the resident's room. On 8/18/20 at 10:20 AM, HK1 returned the mop to the housekeeping cart, she then removed the gloves and entered another resident's bathroom, dispensed soap with left hand and turned faucet on with right hand, then HK1 proceed to rub hands with soap, without rinsing first. HK1 turned faucet off with her wet hands and then reached for the paper towel. No signage above sink to indicate the correct sequence for washing hands. An interview followed the observation, when asked about not doing hand hygiene before or after the removal of gloves, the HK1 acknowledged. When asked the sequence of hand washing, she acknowledge and says she like to use the resident's bathroom to wash hands. When repeated the sequence she used, she acknowledged it was not the correct sequence. On 8/18/20 10:40 AM, in an interview with Housekeeping Manager, when shared the observation of HK1, Housekeeping Manager (HK MGR) states this is her second day. When shared HK1 did not speak English well, and there were no signs illustrating the correct sequence for washing hands, HK MGR reports she has training on washing hands, we tell them and they do return demonstration. When asked was the training in Spanish, the HK MGR reports I don't know if it is written in Spanish. Review of the policy entitled, Handwashing/Hand Hygiene dated 05/2020, under subtitled Intent reads, To provide guidance for hand hygiene which plays a major role in the control of infections. Under subheading Guidelines Number 8 reads, Alcohol-based hand rub (ABHR) containing at least 60% alcohol may be used in many situations, including, but not limited to: (e). Before donning sterile gloves; (l). After removing gloves; No procedural steps are listed for the correct sequence for handwashing. The CDC recommends wetting hands with water before applying soap, and drying hands first before turning faucet off. Reference: https://www.cdc.gov/handwashing/when-how-handwashing.html The CDC has hand washing signage and procedures written in Spanish. Reference: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html On 8/19/20 at 1:18 PM, in an interview with the DON, when shared observations of HK1 with the DON, the DON stated she prefers hand hygiene after and before glove use, and she prefer staff use the correct sequence of washing hands. When asked why there are no signs above the sink in the resident's room, the DON states, I try to limit the signs in resident's room because it is their home and it is an infection control concern .residents like to touch signs. When asked do you expect staff to wash their hands in the resident's room, the DON replied, Yes, if they want to or they can go to the break room, behind the nursing desk, or the employee bathroom. When asked if you expect the staff to use the resident's bathroom to wash their hands should there be signage to remind them how to wash their hands, the DON replied, No, it is the resident's home, trying to keep it from being like an institution. On 8/19/20 at 3:10 PM, in an interview with the NHA, when shared observations and the policy does not list the sequence of steps for handwashing, the NHA says the HK1 had training and the steps are listed in the training. Review of Competency Check Hand Washing dated 3/9/20, indicated HK1 passed the correct sequence for hand washing.</p>		