| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33215<br><br>Based on interview and record review, the facility did not exercise reasonable care for the protection of the resident's property from loss or theft. Specifically, for 1 out of 50 sampled residents, a resident who was missing a personal item did not have the missing item located or replaced in a timely manner. Resident identifier: 65.<br><br>Findings included:<br><br>Resident 65 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included, but were not limited to, chronic respiratory failure with hypoxia, malignant neoplasm of larynx, emphysema, hypertensive heart disease with heart failure, major depressive disorder, generalized anxiety disorder, chronic pain syndrome, tracheostomy status, and acquired absence of larynx.<br><br>On 6/24/24 at 3:03 PM, an interview was conducted with resident 65. Resident 65 stated that he had an issue with the housekeeping staff coming into his room and stuff would go missing. Resident 65 stated that he had a jacket that went missing and other items but resident 65 could not remember what other items had gone missing. Resident 65 stated that his personal papers had been put in the trash by the housekeeping staff.<br><br>Resident 65's medical record was reviewed on 6/25/24.<br><br>The Grievance Log was reviewed from February 2024 to current. There were no lost items or grievances filed by resident 65.<br><br>An Inventory List was unable to be located for resident 65.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 6/27/24 at 12:03 PM, an interview was conducted with the Resident Advocate (RA). The RA stated if a resident was missing an item the process would usually depend on the item that was missing. The RA stated that she would look in the laundry room and the laundry room lost and found for the missing item. The RA stated that she also had a lost and found in her office for items that were found around the facility with no name on them. The RA stated that a grievance form could be filled out if the missing item was not found. The RA stated the facility would replace the missing item but it would depend on what the missing item was. The RA stated the Certified Nursing Assistants (CNA) would complete an inventory list for the residents upon admission. The RA stated that she would check the resident's inventory list to see if the missing item was on the list. The RA stated that resident 65 had reported that he was missing a zip up jacket. The RA stated that resident 65 told the prior Administrator about the missing item and it was passed to her. The RA stated that herself and the prior Administrator were trying to figure out if resident 65's missing item was actually at the facility. The RA stated that herself and the prior Administrator were discussing if they were going to replace resident 65's missing item. The RA stated that resident 65's missing jacket was at a stand still with the new Administrator starting at the facility a few weeks ago.<br><br>On 6/27/24 at 12:40 PM, a interview was conducted with resident 65. Resident 65 stated that when the jacket went missing he had reported it to the laundry staff but they did not do anything. Resident 65 stated the laundry staff had looked for the jacket for a while and then gave up. Resident 65 stated the laundry staff were trying to tell him that it was a cheap windbreaker jacket that he had lost. Resident 65 stated the laundry staff told him to tell the Administrator. Resident 65 stated that it was the prior Administrator that he reported the missing jacket to. Resident 65 stated that he could not remember an exact date when he reported the missing jacket but it was a long long time ago.<br><br>On 6/27/24 at 1:21 PM, a follow up interview was conducted with the RA. The RA stated that a grievance form was not completed for resident 65's missing item because the missing item was discussed in the morning meeting and everyone was working on looking for the missing item. The RA stated usually the CNA would have the resident complete a grievance form for a missing item if the RA was not available or if the missing item was not immediately found. The RA stated that sometimes she was present when the missing item was reported and she would just go find the item. The RA stated with resident 65 she believed they were all looking for the item and completing a grievance form just slipped her mind.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 6/27/24 at 1:47 PM, an interview was conducted with the Housekeeping and Laundry Supervisor. The Housekeeping and Laundry Supervisor stated that if there was a missing item the resident would usually give laundry a description of the item and the laundry staff would start looking for the item. The Housekeeping and Laundry Supervisor stated there was a room within the laundry room where items without names were stored. The Housekeeping and Laundry Supervisor stated if the resident's lost item could not be found the laundry staff would start looking in resident rooms with similar names. The Housekeeping and Laundry Supervisor stated if the resident's lost item was not found after two or three weeks she would get with the RA to replace the item. The Housekeeping and Laundry Supervisor stated that resident 65 had reported to her that he was missing a jacket. The Housekeeping and Laundry Supervisor stated that resident 65's jacket was reported missing maybe two or three weeks after resident 65 admitted to the facility. The Housekeeping and Laundry Supervisor stated that resident 65 was on the A hall at the time the jacket was reported missing. The Housekeeping and Laundry Supervisor stated that after resident 65 reported the missing jacket to her she went to the A hall and started asking the CNAs that admitted resident 65 if they had seen resident 65 in a jacket or seen the jacket. The Housekeeping and Laundry Supervisor stated that she was told by the CNAs that resident 65 would not let them do an inventory list. The Housekeeping and Laundry Supervisor stated that she was told by the CNAs that they had never seen resident 65 with any jacket like resident 65 had described. The Housekeeping and Laundry Supervisor stated that maybe three or four weeks after looking for the jacket resident 65 came to the laundry room and asked if the jacket was found and the Housekeeping and Laundry Supervisor stated that she told resident 65 they had not seen the jacket. The Housekeeping and Laundry Supervisor stated that she reported resident 65's missing jacket to the RA and was told by the RA that maybe they would replace the jacket. The Housekeeping and Laundry Supervisor stated this all happened with the prior Administrator.<br><br>On 6/27/24 at 3:25 PM, an interview was conducted with the Administrator. The Administrator stated if a resident was missing an item we would get together and discuss it in the Interdisciplinary Team meeting, look in the resident rooms, laundry, and forward the missing item to the RA. The Administrator stated that he was aware of resident 65's missing jacket. The Administrator stated that resident 65 refused to fill out an inventory list upon admission. The Administrator stated he had contacted the facility that resident 65 was at prior to see if they had an inventory list and resident 65 refused to complete a list at the prior facility also.<br><br>On 7/1/24 at 12:26 PM, an interview was conducted with the RA. The RA stated that she found out that resident 65's jacket was missing on 3/12/24, and she started to look into the missing jacket. The RA stated that resident 65 had refused to complete the inventory list upon admission. The RA stated that resident 65 had changed the missing jacked from a zip up jacket to a winter jacket. The RA stated they kept trying to get resident 65 to complete an inventory list. The RA stated on 4/16/24, she noted to replace the jacket and talk with the prior Administrator. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38031<br><br>Based on observation, interview, and record review, the facility did not ensure that the resident had the right to be free from abuse, neglect, misappropriation of property and exploitation. Specifically, for 5 out of 50 sampled residents, three female residents had incidents of sexual abuse by two male residents. Resident identifiers: 12, 33, 42, 52, 63, 85, and 167.<br><br>Findings included:<br><br>1. A. Resident 63 was admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease, dementia, mood disorder, anxiety disorder, chronic pain, lumbar region intervertebral disc degeneration, and dysphagia.<br><br>Resident 63's medical record was reviewed from 6/24/24 through 7/2/24.<br><br>On 12/6/23, resident 63's quarterly Minimum Data Set (MDS) assessment documented that a Brief Interview for Mental Status (BIMS) score was not conducted due to resident 63 being rarely or never understood. The assessment documented that resident 63 was dependent and the helper did all the effort for oral hygiene, toileting hygiene, shower/bathing hygiene, upper and lower body dressing, and personal hygiene.<br><br>Resident 63's progress notes revealed the following:<br><br>a. On 2/11/24 at 6:48 PM, the nurse note documented, We found her hugging and kissing a male resident. There was no tongue action just their lips were touching. It was a slow kiss and they both had their eyes closed when I found them. They weren't moving much. They both had their clothes on and were not touching each other inapropriatley [sic]. We seperated [sic] them immediately [sic]. No distress was noted. Notified the unit manager. Will continue to monitor.<br><br>b. On 2/11/24 at 6:50 PM, the nurse note documented, Contacted their emegerncy [sic] contact on file, [name omitted], about the kissing but they did not answer the phone.<br><br>c. On 2/12/24 at 6:41 PM, the incident note documented, Upon Further investigation, with staff, it was stated that, when resident was removed and both residents were separated, it was noted that the male resident had bowel movement noted to his hand's. Bowel movement was noted to be from this resident.<br><br>d. On 2/12/24 at 6:41 PM, the incident note documented, Administrator, SW [Social Worker], and DON [Director of Nursing] notified of incident of 2/11/24, incident was reported and a report was sent in.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | e. On 2/12/24 at 6:41 PM, a late entry incident note documented, Resident was assessed post res [resident] to res incident from 2/11/24, she is alert and oriented x [times] self only, she will states noncoherent speech or words. She is forgetful and confused per baseline. Resident is unable to state what led to res to res incident. She is ambulating on her own, and appears to be smiling and interacting with staff and other residents with no distress noted. Resident shows no behavior of upset episodes, no crying episodes, no agitated episodes, no changes in mood or behaviors. Resident shows no changes in mood towards staff or other residents. Resident shows no injuries. Resident is redirected by staff and assisted with all cares. Resident shows no changes at this time. Nurse on Unit Description: We found her hugging and kissing a male resident. There was no tongue action just their lips were touching. It was a slow kiss and they both had their eyes closed when I found them. They weren't moving much. They both had their clothes on and were not touching each other inappropriately. We separated them immediately. No distress was noted. Notified the unit manager. Will continue to monitor. Action Taken: Notified the unit manager. NP [Nurse Practitioner] was notified of incident on 2/11/24. Family notified of incident on 2/11/24. Staff to continue to monitor resident for any changes in mood, behaviors or distress.<br><br>f. On 2/25/24 at 11:55 PM, the nurse note documented, No interaction this shift with male peer involved in res/res. Resident smiled often this shift. No s/sx [signs or symptoms] anxiety or distress.<br><br>g. On 2/26/24 at 5:24 PM, the incident note documented,Resident was assessed post resident to resident incident from 2/24/24, she is alert and oriented x self only. She is confused and forgetful per baseline, she needs redirection and reminding to current situation. Resident will state non-coherent words, sheis [sic] unable to state what led to incident or what occurred during incident. Resident is alert, she is self ambulating on her own, she is smiling and giggling with staff and other residents. Resident shows no changes to mood, behaviors, she shows no crying, no agitation, and no distress noted. Resident shows no changes to mood with other resident and staff members. Resident will go up to staff members and attempt to hold their hands or hug them, and does it without sexual intent. Resident shows no changes at this time. Nurse on Unit Description: This resident was in hallway, male residents hands were down her pants. Resident was not visibly upset or fighting. Residents were separated. Proper authorities notified. Action Taken: Residents separated immediately. DON, UM [Unit Manager], provider, administrator and family notified. NP was notified of incident on 2/24/24, no new orders for resident at that time. Family was notified of 2/24/24. Administrator and SW were notified of incident on 2/24/24, incident was reported and a report was sent in. CP [Care plan] Updated: Resident is very physical and will attempt to hold people's hands, go up to people and hug them, attempts to snuggle or gets close to people. Staff to continue to monitor any changes to mood or behaviors.<br><br>h. On 2/26/24 at 11:26 PM, the nurse note documented, No interaction this shift with male peer involved in res/res. Male peer has been moved off of this unit. No s/sx anxiety or distress.<br><br>i. On 4/11/24 at 1:28 PM, the nurse note documented, Pt [patient] was ambulating the hallway when a male resident pulled her close and started rubbing her breasts. CNA [Certified Nursing Assistant] witnessed the incident and immediately removed her from the situation. This nurse assessed female resident for injuries and/or distress. Resident did not appear in any pain or distress at this time. Will continue to monitor.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | j. On 4/11/24 at 11:18 PM, the nurse note documented, No further interaction with male peer involved in res/res. Staff kept them at opposite ends of the hallway from each other. No s/sx distress or anxiety this shift. Resident smiled often.<br><br>k. On 4/12/24 at 5:48 PM, the incident note documented, Resident was assessed post resident to resident incident from 4/11/24, she is alert and oriented x to self only. Resident is confused and forgetful per baseline and needs much redirection and reminding from staff. Resident is unable to state what led incident or what occurred during incident. Resident is self ambulating on the unit, and wanders through the unit on her own. Resident is smiling and mumbling words but doses [sic] not make sense, she shows no new distress or changes in mood, or any anger, upset episodes noted. Resident has all needs anticipated by staff and is assisted with ADLs [Activities of Daily Living] and cares with extensive assistance from staff. Resident has not had changes in behaviors towards staff when assisting them. Resident shows no new issues today, no changes in mood or behaviors towards male or female residents. Nurse on Unit Description: Pt was ambulating the hallway when a male resident pulled her close and started rubbing her breasts over her clothes. CNA witnessed the incident and immediately removed her from the situation. This nurse assessed female resident for injuries and/or distress. Resident did not appear in any pain or distress at this time. Will continue to monitor. Action Taken: CNA witnessed the incident and immediately removed her from the situation. This nurse assessed female resident for injuries and/or distress. Resident did not appear in any pain or distress at this time. Will continue to monitor. NP was notified of incident on 4/11/24, no new orders at this time. Administrator, SW, and DON notified on 4/11/24, and a report was sent in on 4/11/24. Family was notified on 4/11/24. Staff will continue to monitor resident's behaviors and mood for any changes.<br><br>l. On 4/12/24 at 11:48 PM, the nurse note documented, No interaction this shift with male peer involved in res/res incident. Staff vigilant to keep them apart. No s/sx distress or anxiety this shift. Resident smiled often.<br><br>m. On 4/14/24 at 11:14 PM, the nurse note documented, No s/sx distress or anxiety this shift. Resident smiled and laughed often. No interaction this shift with male peer involved in res/res incident. Staff vigilant to keep them apart.<br><br>Review of resident 63's incident reports revealed the following:<br><br>a. On 2/11/24 at 3:00 PM, the incident report documented, We found her hugging and kissing a male resident. There was no tongue action just their lips were touching. It was a slow kiss and they both had their eyes closed when I found them. They weren't moving much. The both had their clothes on and were not touching eachother [sic] inappropriately. We seperated [sic] them immediately [sic]. No distress was noted. Notified the unit manager. Will continue to monitor.<br><br>b On 2/24/24 at 3:28 PM, the incident report documented, This resident was in hallway, male residents hands were down her pants. Resident was not visibly upset or fighting. Residents were separated. Proper authorities notified.<br><br>c. On 4/11/24 at 1:02 PM, the incident report documented, Pt was ambulating the hallway when a male resident pulled her close and started rubbing her breasts over her clothes. CNA witnessed the incident and immediately removed her from the situation. This nurse assessed female resident for injuries and/or distress. Resident did not appear in any pain or distress at this time.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Review of the facility investigation documentation for resident 63 revealed the following:<br><br>a. The facility initial investigation, form 358, documented that the Resident Advocate (RA) was interviewing staff on the D hall about resident 167's sexual behaviors. CNA 2 reported to the RA that she witnessed resident 167 and resident 63 kissing on the couch. CNA 2 reported that when she and CNA 3 separated the residents they witnessed resident 167 pull his hands out of resident 63's pants and it had feces on it. CNA 2 reported that she escorted resident 63 back to her room and cleaned her up. The report documented that the alleged incident occurred on 2/11/24 at 3:00 PM.<br><br>The facility final investigation summary, form 359, documented that the conclusion of the investigation was that the allegation was inconclusive. The form documented, Facility is able to substantiate that [resident 167] did have his hands inside the upper area of [resident 63's] backside/buttocks. However, facility is unable to substantiate (inconclusive), any additional interaction(s) outside of this and conclude, anything else unlikely happened due to the position of the residents and time frame allotted prior to staff intervening.<br><br>On 2/16/24 at 5:25 PM, the DON interviewed Registered Nurse (RN) 3. The interview documented in response to any sexually inappropriate behaviors with resident 167, He has come up behind [resident 63] and given her bear hugs. We quickly redirect him.<br><br>On 2/16/24 at 5:40 PM, the RA interviewed CNA 2. The interview documented, Yea, the other day [CNA 3] and I had to separate [resident 63] and [resident 167] while they were on the couch kissing. When they separated I watched [resident 167] pull his hand out of the back of her pants and he had poop on his hand. I brought [resident 63] back to her room to change her and clean her up.<br><br>On 2/16/24 at 5:45 PM, the RA interviewed RN 2. The interview documented, The other day he [resident 167] was kissing [resident 63] on the couch and I asked the two CNAs to separate them immediately. They separated easily no one was in distressed, and there were no behavior or mood changes. I notified family and staff. I did see [resident 167] walk pass with poop on his hand.<br><br>On 2/16/24 at 5:50 PM, the RA interviewed CNA 3. The interview documented, When I worked last I was coming off of break and [RN 2] asked me to separate [resident 63] and [resident 167]. They were laying on the couch together kissing. When we asked them to separate I watched [resident 167] take his hand out of [resident 63] pants. He had poop on his hands so I took him to his room to clean up. Yes, his hand was down the back of her pants.<br><br>b. The facility initial investigation, form 358, documented that on 2/24/24 at 2:30 PM, it was reported that resident 63 was walking away from the nurse's station when resident 167 followed behind her and began to put his hands down the top of her pants on her back side. Staff was present and were able to separate the residents. The report documented that the facility implemented a one on one (1:1) monitoring for resident 167 for 72 hours.<br><br>The facility final investigation summary, form 359, documented that the facility investigation concluded that the allegation was verified. The form further documented that the corrective action taken was that resident 167 was removed from the memory unit to another hallway away from resident 63. His meds [medications] have been adjusted accordingly by provider. He will only have male caregivers and they will continue cares in pairs.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 2/25/24, a hand written statement documented, I was walking out of the linen room I saw that [resident 167] had his hands down [resident 63] pants playing with her. I separated the two of them and went and found a nurse to tell them what happened. The statement was signed but the signature was not legible.<br><br>c. The facility initial investigation, form 358, documented that on 4/11/24 at 1:20 PM ,CNA 5 reported that resident 12 was across from the nursing station and resident 63 was walking past him. [Resident 12] reached out and held both of [resident 63's] hands and she walked closer to him, sitting in his wheelchair. He then reached up and grabbed her right breast and started rubbing it (over the clothes). The form documented that CNA 5 witnessed the incident and intervened by stating, No, you cannot do that [name of resident 12 omitted]. The form documented that the residents were separated.<br><br>On 4/11/24, the RA interviewed two male residents and one female resident post incident. All residents reported feeling safe and had no concerns with any other resident.<br><br>On 4/11/24 at 1:57 PM, the RA interviewed RN 4. RN 4 reported that resident 12 had not displayed any behaviors like this recently, No, he's been doing so good.<br><br>The facility final investigation summary, form 359, documented the conclusion of the investigation as verified. Allegation was substantiated d/t [due to] witnesses seeing and intervening. The form documented that the provider was notified and resident 12 was placed on Depakote 250 milligrams by mouth two times a day for sexual behaviors. The form documented the other corrective action was that staff would redirect resident 12 away from other female residents.<br><br>On 3/19/24, resident 63 had a care plan initiated for had the potential to demonstrate physical behaviors related to being very physical, attempting to hug and hold people's hands, and attempting to snuggle or get close to people due to dementia. Interventions identified included to document observed behavior and attempt interventions; give as many choices as possible about care and activities; and intervene as necessary to protect the rights and safety of others.<br><br>On 6/24/24 at 2:15 PM, an interview was attempted with resident 63 and a Spanish speaking interpreter with the State Survey Agency. Resident 63 was asked if she had any problems with any male residents and the resident was not able to reply. Resident 63 was mumbling nonsensical words.<br><br>B. Resident 12 was admitted to the facility on [DATE] with diagnosis which included Alzheimer's disease, dementia, congestive heart failure, chronic kidney disease, type 2 diabetes mellitus, morbid obesity, atrial fibrillation, dysphagia, anxiety disorder, major depressive disorder, and cognitive communication deficit.<br><br>Resident 12's medical record was reviewed from 6/24/24 through 7/2/24.<br><br>On 6/8/23, resident 12's admission MDS assessment documented a BIMS score of 9 out of 15, which would indicate a moderate cognitive impairment.<br><br>Resident 12's progress notes and incident reports revealed the following:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | a. On 11/25/23 at 10:31 PM, the nurse note documented, Resident attempting to grab female peer's breasts several times. Staff had to immediately intervened. Staff vigilant to keep resident's away from each other.<br><br>b. On 1/12/24 at 12:00 AM, the encounter note documented, Per nursing report pt has been sexually inappropriate towards other female pts and staff.<br><br>c. On 1/12/24 at 6:51 PM, the note documented, Resident has been having inappropriate behaviors and attempting to grab at females. NP assessed his behaviors and ordered: NO [New Order]: PROzac Oral Capsule (Fluoxetine HCl [hydrochloride]), Give 10 mg [milligrams] by mouth one time a day.<br><br>d. On 1/21/24 at 9:05 AM, the note documented, New orders per NP: Continue with Fluoxetine 10mg po [by mouth] qd [every day] for behaviors and depression. Resident has had improved behaviors since beginning Fluoxetine.<br><br>e. On 2/15/24 at 4:42 PM, the note documented, New order per NP: D/c [discontinue] Metformin, d/c Fluoxetine, and increase Zoloft to 100mg po qd. No reasoning given.<br><br>f. On 2/19/24 at 8:34 AM, the nurse note documented, A speech therapist on the hall reported that this resident hugged a female resident and kissed one of their breasts. They were both fully clothed at the time of this incident and during the incident. The speech therapist reports that they immediately separated both residents. No distress is noted. This resident is calm and watching television at this time. Notified the unit manager, DON, and facility administrator. Will continue to monitor.<br><br>g. On 2/19/24 at 11:22 PM, the nurse note documented, Resident's wife came in this evening to eat dinner with resident. Day nurse told wife about the incident. Wife stated later to this nurse he used to do this type of thing all the time at his old facility. Resident has had no further contact with female peer involved in res [resident]/res. Staff vigilant to keep him away from female peers.<br><br>h. On 2/20/24 at 2:01 PM, the note documented, New order per NP: Titrate Zoloft from 100mg qd to 50 mg qd for 3 days then d/c order and add Paxil 10mg po qd for sexual behaviors.<br><br>i. On 2/20/24 at 3:52 PM, the social service note documented, [Resident 12] is alert to name and situation with some confusion. He recently was dc'd from Paxil and he was found hugging another resident and then kissed her breast. Families, providers, ombudsman and APS [Adult Protective Services] were notified, abuse report was made. The residents were separated immediately and neither resident was in distress. This was the only new behavior and he has not had any since. SS [Social Service] will continue to follow and support throughout his stay at [name of facility omitted].<br><br>j. On 2/20/24 at 6:16 PM, the incident note documented, Administrator, SW, and DON notified of incident of 2/11/24, incident was reported and a report was sent in.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | k. On 2/20/24 at 6:16 PM, the incident note documented, Resident was assessed post resident to resident incident from 2/19/24, resident is alert and oriented x self and family, he is confused and forgetful and needs much redirection and reminding from staff. Resident is unable to state what led to incident or what occurred during incident, resident answers very simple questions and states very simple needs. Resident has all needs anticipated. Resident is assisted with all cares, ADLs, transfers and repositioning. Resident maneuvers in manual WC [wheelchair] on his own. Resident shows no new behaviors, no changes in mood. Resident has not attempted any type of sexual behaviors towards staff or other female residents. Resident has not made any sexual statements. Resident shows no distress. No changes to mood or behaviors. Nurse on Unit Description: A speech therapist on the hall reported that this resident hugged a female resident and kissed one of their breasts. They were both fully clothed at the time of this incident and during the incident. The speech therapist reports that they immediately separated both residents. No distress is noted. This resident is calm and watching television at this time. Notified the unit manager, DON, and facility administrator. Will continue to monitor. Action Taken: Notified the unit manager. NP was notified of incident on 2/19/24. Family was notified of incident on 2/19/24. CP Updated: Provider to assess psychotropic medications for sexual behaviors. Staff to continue to monitor behaviors towards staff and other residents, and female residents.<br><br>l. On 3/5/24 at 11:57 PM, the nurse note documented, Resident took hold of female peer's forearm this shift and said, 'come here' Staff immediately separated female peer from him.<br><br>m. On 3/6/24 at 9:26 AM, the nurse note documented, Res continues to attempt to grab at female residents. A female resident walked up to this Pt and he reached out c [with] both hands to grab her breasts, but this nurse was right next to him and was able to intervene before any touching occurred. NP notified of behaviors. New order per NP to increase Paxil to 20mg Po QD. Orders updated.<br><br>n. On 3/17/24 at 6:02 PM, the nurse note documented, Res was talking in the hallway c a female resident and this nurse was watching them closely. After about 2 minutes of conversation [resident 12] grabbed the female peers' hands and started to pull her close while opening his mouth and moving towards her breast as to either bite her breast or suck on it. This nurse intervened and separated the residents before any contact was made.<br><br>o. On 4/2/24 at 2:13 PM, the nurse note documented, While placing tubigrips on patient this shift he purposely kicked my breasts several times saying 'Oops' each time. Pt was redirected and reminded that he is not too touch females inappropriately.<br><br>p. On 4/11/24 at 1:20 PM, the nurse note documented, Pt was sitting in the hallway just outside the bathroom door. A female resident walked up to him and he grabbed her arms and pulled her to him. This resident began to rub her breasts. Staff intervened and removed the female resident away. The incident report documented that the incident occurred at 1:02 PM and that the inappropriate touching occurred over the clothes.<br><br>q. On 4/11/24 at 11:57 PM, the nurse note documented, No new falls this shift. No s/sx pain or discomfort. No interaction this shift with female peer involved in res/res incident. Staff careful to keep them apart and distant from each other. Resident told another female peer how pretty she looked, staff quickly separated them.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | r. On 4/12/24 at 3:37 PM, the nurse note documented, NP notified that resident touched another residents' breasts. New order per NP to administer Depakote 250mg PO BID for DX [diagnosis]: Sexual behaviors.<br><br>s. On 4/14/24 at 11:50 PM, the nurse note documented, No interaction with female peer involved in res/res. Staff keeping resident away from female peers. Resident wheeled over to another female peer picked up her hand and started to bring it to his mouth. This nurse immediately intervened and separated them. Resident stated she was pretty, and he wanted to kiss her hand. Nurse told him it was inappropriate, and he was not to do that.<br><br>t. On 4/24/24 at 2:00 PM, the mental health consultation note documented, LCSW [Licensed Clinical Social Worker] reviewed resident's mental health history and current symptoms. Resident would benefit from engaging in a rec [recreation] therapy program to address and improve mental health symptoms. LCSW met with resident to discuss goals. Resident made some comments about 'admiring me'. Staff report he has a history of making inappropriate sexual comments.<br><br>Resident 12's Kardex documented the following:<br><br>a. Under the heading Falls/Safety the guidance was Redirect resident away from females.<br><br>Redirect resident out of rooms to high sight areas.<br><br>b. Under the heading Medication Management the guidance was Monitor/record occurrence of sexually inappropriate behaviors for target behavior symptoms and document.<br><br>Review of resident 12's Treatment Administration Record (TAR) documented monitoring for episodes of depression as evidenced by sexually inappropriate behaviors every shift. The April 2024 TAR documented three episodes of the sexually inappropriate behaviors. It should be noted that on 4/11/24, the date of the incident with resident 63, no episodes of sexually inappropriate behaviors was documented.<br><br>On 3/19/24, resident 12 had a care plan initiated for behavior problem related to Alzheimer's with history of sexual behaviors. Interventions identified included administer medications as ordered; approach in a calm manner; document behaviors and response to interventions; intervene as necessary to protect the rights and safety of others; provide a program of activities of interest; and redirect the resident away from females.<br><br>On 6/26/24 at 7:24 AM, an observation was made of resident 12 seated outside of the main dining room. Resident 63 was seated in her wheelchair behind resident 12 and was not within reaching distance of each other.<br><br>On 6/26/24 at 1:23 PM, an interview was conducted with CNA 7 and CNA 8. CNA 7 stated that resident 12 could propel himself in his manual wheelchair. CNA 8 stated that the resident 12 did not have any behaviors, he's always nice, he's a sweetheart. CNA 8 stated that there were no residents on the hallway that they were supposed to keep separated.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 6/26/24 at 1:41 PM, an interview was conducted with CNA 8. CNA 8 stated that they did not have any residents with inappropriate sexual behaviors, and she had never seen resident 12 behave sexually inappropriate towards other female residents. CNA 8 stated that she was never informed of him having those behaviors and she was not aware of any monitoring for those behaviors.<br><br>On 6/26/24 at 1:30 PM, an observation was made of resident 12 seated in his wheelchair in the activity room listening to music. No staff were present. A resident was observed wandering throughout the room.<br><br>On 6/27/24 at 7:41 AM, an interview was conducted with the CNA Coordinator. The CNA Coordinator stated that there were no known residents on the D hallway that staff should be monitoring for sexual behaviors. If there were, staff should be watching for any potential touching, and report any incidents. The CNA Coordinator stated that staff should be aware of any known residents with past sexual behaviors for safety of the residents. The CNA Coordinator stated that staff should be monitoring and watching the distance between the residents, and all staff should be aware, informed, and monitoring. The CNA Coordinator stated that the purpose of monitoring was to prevent any further incidents from occurring. The CNA Coordinator stated that it should be care planned and documented in the Kardex. The CNA Coordinator stated that the CNAs had access to the Kardex and it would show them the resident behavior monitoring. The CNA Coordinator stated that the CNAs should chart behavior monitoring in the task section of the electronic medical record. It should be noted that the behavior monitoring was reviewed for resident 12 on 6/27/24, for the last 30 days, and no documentation was noted for sexually inappropriately behaviors.<br><br>On 6/27/24 at 8:15 AM, an interview was conducted with RN 3. RN 3 stated that resident 63 had been involved in a couple of incidents with sexual behaviors. RN 3 stated that resident 63 was a handsy person. RN 3 stated that there were no male residents that they were monitoring for sexual behaviors. RN 3 stated that he should be aware of any residents with a history of sexual behaviors to monitor at all times. RN 3 stated that they should document monitoring in the communication charting, progress note, and an incident report. RN 3 stated that if a resident had an incident of sexual behaviors they should start every 15 minute checks. RN 3 stated that resident 63 was involved in incidents with a male resident who was no longer at the facility. RN 3 stated that they currently had no residents that they were monitoring for sexual behaviors or trying to keep separate. RN 3 stated that they took incidents with sexual behaviors very seriously.<br><br>On 6/27/24 at 8:24 AM, an interview was conducted with CNA 6. CNA 6 stated that she had seen sexually inappropriate behaviors from resident 12. CNA 6 stated that resident 12 would make inappropriate comments during incontinence care such as, Oh there is a pretty girl touching me. CNA 6 stated that she was not aware of any sexual behaviors directed toward other female residents by resident 12. CNA 6 stated that she was not aware of any history of sexual behaviors with resident 12 and any current female residents. CNA 6 stated that they did not have any current residents on monitoring for sexual behaviors, and she was not aware of any residents that they had to keep separate for sexual behaviors. CNA 6 stated that the Kardex should document any monitoring for sexual behaviors.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 6/27/24 at 8:35 AM, RN 3 was observed looking up incident reports for resident 63. RN 3 stated that resident 63 had incidents with a male resident in February where he grabbed resident 63's breast and had his hands down her pants. RN 3 stated that resident 63 also had an incident with resident 12. RN 3 stated that resident 63 was friendly and some males took advantage of it. RN 3 stated that he should have been aware of the incident between resident 63 and resident 12 prior to the State Survey Agency asking. RN 3 stated that resident 12 was still a resident at the facility and was involved in an incident with resident 63 where he was rubbing her breast. RN 3 stated that resident 12 was also involved in another incident with resident 42 in February where he kissed one of her breasts. RN 3 stated that resident 12 was able to propel himself in his wheelchair. Resident 12 was observed self propelling in a manual wheelchair down the hallway. RN 3 stated that they should be monitoring resident 12 for any sexual behaviors and keep him in line of sight. RN 3 stated that all staff should be made aware of it so they could monitor for it. RN 3 stated he should have known about these incidents. RN 3 stated he was not sure how the CNAs would find this information in the electronic medical record. RN 3 stated they should have some type of 15 minute checks for resident 12, and he was on them for three to four days right after the incidents occurred. RN 3 stated that both incidents with resident 12 and other female residents were on the outside of clothing and as soon as you see him he says oh I'm sorry. RN 3 stated interventions for his sexual behaviors would be to keep vulnerable women away from him and keep resident 63 away. An observation was made of resident 12 exiting resident 33's room. It should be noted that resident 33 was a female resident. Resident 33 was observed in bed sleeping. Resident 33's bed was in the lowest position, and resident 33 was turned towards the wall. Resident 33 was covered by a blanket, and the bedding did not appear to be disrupted.<br><br>On 6/27/24 at 9:02 AM, an observation was made of resident 12 seated in his wheelchair across from the nurse's station and outside of resident 33's room. Resident 12 was observed dozing on and off. Resident 33 and her roommate were observed in their room sleeping.<br><br>On 6/27/24 at 11:00 AM, a follow-up interview was conducted with RN 3. RN 3 stated that they would like to prevent any incidents of sexual behavior before it had an opportunity to happen. We have a couple of female residents that go room to room and we try to keep them out of that. RN 3 stated that he would document any sexual behaviors in a progress note. RN 3 stated that the short [TRUNCATED] |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47432<br><br>Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than two hours after the allegation was made if the events that cause the allegation involve abuse or result in serious bodily injury. Specifically, for 3 out of 50 sampled residents, the facility did not report an allegation of mental/verbal abuse until seven days after the incident occurred, the facility did not report an allegation of sexual abuse until five days after the incident occurred, and the facility did not report an additional allegation of sexual abuse to Adult Protective Services (APS) or the police within two hours of the allegation being made. Resident Identifiers: 21, 63, 85, and 167.<br><br>Findings Included:<br><br>1. Resident 85 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified dementia of unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety.<br><br>On 3/17/24 at 10:28 AM,a facility initial notification, form 358, was submitted to the State Survey Agency (SSA). The form documented an incident of sexual abuse. The form documented that staff had become aware of the incident on 3/17/24 at 8:00 AM. The form documented that the incident was reported by Certified Nursing Assistant (CNA) 13 to Registered Nurse (RN) 7 that another resident had reached inside resident 85's shirt.<br><br>Documentation shows that APS was notified on 3/20/24, that police were notified on 3/18/24 at 8:30 AM, and the Ombudsman was notified on 3/19/24, and again on 3/22/24.<br><br>On 6/26/24 at 2:59 PM, a telephone interview was conducted with RN 7. RN 7 stated that the CNA reported the incident to her right away. RN 7 stated that she immediately messaged the Director of Nursing, the Administrator, and the Unit Manager. RN 7 stated the facility went over abuse training at every staff meeting with all of the staff, nurses meetings, and twice a month.<br><br>38031<br><br>2. Resident 21 was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses which included of Alzheimer's Disease, dementia, cerebral infarction, dysphagia, type 2 diabetes mellitus, chronic kidney disease, and mood disorder.<br><br>On 12/27/23 at 12:04 PM, a facility initial notification, form 358, was submitted to the SSA. The form documented an incident of mental/verbal abuse. The form documented that staff had become aware of the incident on 12/20/23 at 12:00 PM. The form documented that it was reported by CNA 10 that resident 21 had asked CNA 12 to stop showering him and CNA 12 replied back in Spanish, No porque paeta a mierda which translates to no because you stink like poop. It should be noted that the initial SSA notification occurred seven days after the incident occurred.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | No documentation could be found to indicate that APS was notified of the allegation of abuse.<br><br>3. Resident 63 was admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease, dementia, mood disorder, anxiety disorder, chronic pain, lumbar region intervertebral disc degeneration, and dysphagia.<br><br>a. On 2/16/24 at 6:46 PM, the facility initial notification, form 358, was submitted to the SSA. The form documented an incident of sexual abuse. The form documented that staff had become aware of the incident on 2/11/24 at 3:00 PM. The form documented that it was reported by CNA 2 that they had witnessed resident 167 kissing resident 63 on the couch and that resident 167 had his hand down resident 63's pants.<br><br>On 2/16/24 at 6:44 PM, the Report of Suspected Dependent Adult/Elder Abuse report was submitted to APS.<br><br>It should be noted that the initial SSA and APS notification occurred over five days after the incident had occurred.<br><br>b. On 2/25/24 at 3:32 PM, the facility initial notification, form 358, was submitted to the SSA. The form documented an incident of attempt at Physical affection/contact. The form documented that staff became aware of the incident on 2/24/24 at 2:30 PM. The form documented that RN 3 witnessed resident 167 put his hands down the top of resident 63's pants on her back side. It should be noted that the initial SSA notification occurred over 24 hours after the incident occurred.<br><br>No documentation could be found to indicate that APS was notified of the allegation of abuse.<br><br>On 6/26/24 at 11:28 AM, an interview was conducted with CNA 13. CNA 13 stated that the Administrator was the abuse coordinator. CNA 13 stated the facility provided training about abuse. CNA 13 stated abuse training came up during meetings, and staff were to report abuse to the Administrator within an hour or two so the Administrator could do the paperwork within the timeline. CNA 13 stated that most often anything we see would be reported to the nurse directly. CNA 13 stated she had not gone to the Administrator herself.<br><br>On 7/1/24 at 9:51 AM, a telephone interview was conducted with the Previous Administrator (PADM). The PADM stated that the goal was to report to the SSA and APS within two hours of all allegations of abuse. The PADM stated that all the staff were aware of the timeframe for reporting and knew to report to him. The PADM stated that they had conducted extensive education on abuse with the types of abuse and the timeframe for reporting. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0640<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47432<br><br>Based on interview and record review, the facility did not electronically transmit encoded, accurate, and complete Minimum Data Set (MDS) data to the Centers for Medicare & Medicaid Services (CMS) system within 14 days of completing a resident's assessment. Specifically, for 1 out of 50 sampled residents, the facility did not transmit a resident's completed discharge MDS assessment to CMS. Resident Identifier: 95.<br><br>Findings Included:<br><br>Resident 95 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including end stage renal disease, type 2 diabetes mellitus with diabetic chronic kidney disease, chronic obstructive pulmonary disease, and acute and chronic respiratory failure with hypoxia.<br><br>Resident 95's medical record was reviewed from 6/24/24 through 7/2/24.<br><br>A Death in Facility MDS assessment was completed on 3/8/24. Question A0140 of the assessment had the response, Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State. The assessment submission information stated, Do not submit to CMS.<br><br>On 6/26/24 at 10:20 AM, an interview was conducted with the MDS Coordinator. The MDS Coordinator stated that the MDS assessment for resident 95 should have been transmitted to CMS, but the option for the assessment to be transmitted had not been selected in the electronic medical record. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38031<br><br>Based on observation, interview, and record review, the facility did not ensure that the resident environment remained as free of accident hazards as was possible; and each resident received adequate supervision and assistance devices to prevent accidents. Specifically, for 2 out of 50 sampled residents, a resident sustained a burn after spilling coffee on himself and a resident eloped from the facility. Resident identifiers: 21 and 166.<br><br>Findings included:<br><br>1. Resident 21 was admitted to the facility on [DATE] with diagnoses which included Alzheimer's Disease, dementia, cerebral infarction, dysphagia, type 2 diabetes mellitus, chronic kidney disease, and mood disorder.<br><br>Resident 21's medical record was reviewed from 6/24/24 through 7/2/24.<br><br>On 2/26/24, resident 21's annual Minimum Data Set (MDS) assessment documented a Brief Interview for Mental Status (BIMS) score of 1 out of 15, which would indicate a severe cognitive impairment. The MDS assessment also documented that resident 21 required partial to moderate assistance for eating.<br><br>On 4/28/24 at 11:45 AM, resident 21's incident report documented, Resident was feeding self in dining room and spilled coffee on his leg. Resident has burn to L [left] upper thigh. Blister still intact. No treatment done up to this moment. The incident report documented that the Nurse Practitioner (NP), Unit Manager (UM), and Director of Nursing (DON) were notified.<br><br>Resident 21's physician orders revealed the following:<br><br>a. On 4/30/24, an order for Apply BG [bordered gauze] dressing to burn on L upper thigh. every 72 hours for Burn like wound to L upper thigh was initiated. The order was discontinued.<br><br>b. On 4/30/24, an order for LEFT UPPER THIGH: Apply Surprep to blisters and may cover if needed. every shift was initiated. The order was discontinued.<br><br>c. On 5/17/24, an order for left upper thigh: cleanse with wound cleanser, pat dry, paint wound with betadine, leave OTA [Open to Air]. every day shift was initiated. The order was discontinued.<br><br>Resident 21's progress notes revealed the following:<br><br>a. On 4/28/24 at 11:45 AM, the nurse note documented, Resident was feeding self in dining room and spilled coffee on his leg. Resident has burn to L upper thigh. Blister still intact. No treatment done up to this moment.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | b. On 4/29/24 at 5:14 PM, the incident note documented, Resident was assessed post skin alteration incident from 4/28/24, he is alert and oriented x [times] self only, he is confused and forgetful and needs redirection and reminding from staff to current situation. Resident speak Spanish. He is unable to remember what occurred or that he had spilled his coffee. Resident is laying in bed, he appears comfortable, no S/Sx [signs and symptoms] of pain noted, he stated no new pain. Resident has an intact blister to his upper left thigh, area shows no redness, no S/Sx of infection noted to site, area is covered with a bordered dressing in place. Resident is able to self feed himself and able to hold items. No changes to dexterity, he is able to move extremities with ROM [range of motion]. No other skin issues noted at this time. Nurse on Unit Description: Resident was feeding self in dining room and spilled coffee on his leg. Resident has burn to L upper thigh. Blister still intact. No treatment done up to this moment. Action Taken: NP, UM, DON and wound care made aware. NP was notified of skin alteration on 4/28/24, no new orders at that time. Emergency Contact notified on 4/28/24. CP [Care Plan] Updated: May have a lid to his coffee mug.<br><br>c. On 4/30/24 at 1:56 PM, the note documented, New order per NP: Silvadene applied to L upper thigh Qd [daily] x3 days. and apply BG dressing to area Q3 [every three] days until healed.<br><br>d. On 4/30/24 at 7:07 PM, the skin/wound note documented, Resident acquired a burn to left upper thigh from coffee. Area assessed today. treatment order placed the day incident happened. 1. left upper thigh, burn/blister, (IN): 2.0cm [centimeter] L [length] x5.5cmW [width] xUTD [unable to determine] cmD [depth]. wound bed: intact fluid filled blister. wound edges: attached to base. periwound: intact. drainage: none. odor: none. culture: no. pain: 0/10. will continue with current treatment. resident tolerated assessment well. no acute concerns. will continue to monitor.<br><br>e. On 4/30/24 at 11:08 PM, the nurse note documented, Res [resident] continues to be treated and monitored for coffee burn to L upper thigh. Site remains red and blistered. Silvadene cream applied as ordered with dressing covering for protection. Res tolerated treatment with no signs or verbalizations of pain.<br><br>f. On 5/2/24 at 11:45 PM, the nurse note documented, Dressing in place to left thigh coffee burns. Resident resting with eyes closed in bed. No s/sx pain or discomfort.<br><br>g. On 5/3/24 at 5:13 PM, the skin/wound note documented, It was reported that blister to left upper thigh popped. this nurse in to assess today. 1. left upper thigh, burn/blister, (IN): 1.5cmLx5.0cmWx0.1cmD. wound bed: 100% light pink granulation tissue. wound edges: attached to base. periwound: intact. drainage: scant/min, serous. odor: none. culture: no. pain: 0/10. will continue with current treatment. resident tolerated dressing change well. no acute concerns. will continue to monitor.<br><br>h. On 5/7/24 at 6:20 PM, the skin/wound note documented, skin to left upper thigh assessed today. wound is healing well, almost resolved. 1. left upper thigh, burn/blister, (IN): 1.0cmLx1.5cmWx0.1cmD. wound bed: 100% light pink granulation tissue. wound edges: attached to base. periwound: intact. drainage: none. odor: none. culture: no. pain: 0/10. will continue with current treatment. resident tolerated dressing change well. no acute concerns. will continue to monitor.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | i. On 5/16/24 at 6:49 PM. the skin/wound note documented, skin to left upper thigh assessed today. wound remains stable, scabbing noted today. 1. left upper thigh, burn/blister, (IN): 1.0cmLx1.5cmWxUTDcmD. wound bed: 80% scab, 20% epithelialization. wound edges: attached to base. periwound: intact. drainage: none. odor: none. culture: no. pain: 0/10. treatment order updated as follows: left upper thigh: cleanse with wound cleanser, pat dry, paint wound with betadine, leave OTA. resident tolerated dressing change well. no acute concerns. will continue to monitor.<br><br>j. On 5/22/24 at 6:32 PM, the skin/wound note documented, skin to left upper thigh assessed today. wound remains stable, wound continues to be scabbed. 1. left upper thigh, burn/blister, (IN): 1.0cmLx1. 5cmWxUTDcmD. wound bed: 100% scab. wound edges: attached to base. periwound: intact. drainage: none. odor: none. culture: no. pain: 0/10. will continue with current treatment no acute concerns. will continue to monitor.<br><br>k. On 5/31/24 at 10:42 AM, the skin/wound note documented, skin to left upper thigh assessed today. wound remains stable and scabbed. almost resolved. 1. left upper thigh, burn/blister, (IN): 0.5cmLx1. 0cmWxUTDcmD. wound bed: 100% scab. wound edges: attached to base. periwound: intact. drainage: none. odor: none. culture: no. pain: 0/10. will continue with current treatment no acute concerns. will continue to monitor.<br><br>l. On 6/6/24 at 9:10 AM, the skin/wound note documented, skin to left upper thigh assessed today. wound resolved. 1. left upper thigh, burn/blister, (IN): RESOLVED. treatment discontinued. no acute concerns. will continue to monitor as needed for any acute concerns.<br><br>On 6/24/24, the skin evaluation documented, No new issues noted, skin is clean dry and intact. Pressure reducing devices in place per facility protocols and assessments.<br><br>On 4/20/24, resident 21 had a care plan created for had the potential for pressure ulcer development related to diabetes mellitus, peripheral vascular disease, incontinence, impaired mobility, and edema. The care plan documented a history of a burn/blister to the left upper thigh. Interventions identified included to administer supplements to promote wound healing; administer treatments as ordered and monitor for effectiveness; assess/record/monitor wound healing; call light in reach, diabetic shoes; educate resident and family on importance of taking care during ambulation and mobility; encourage to turn and reposition, provide assistance as necessary; inform resident/family of any new area of skin breakdown; monitor nutritional status; monitor/document/report any changes in skin status; notify nurse immediately of any new skin breakdown; wound specialist to evaluate and treat; pressure relieving device on bed/chair; and weekly head to toe skin assessment.<br><br>On 4/28/24, resident 21 had an intervention of May have a lid to his coffee mug added to the care plan for nutritional problems.<br><br>On 4/28/24, resident 21 had May have a lid to his coffee mug added to the resident's Kardex.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 7/1/24 at 1:11 PM, an interview was conducted with Certified Nurse Assistant (CNA) 13. CNA 13 stated that resident 21 required a one to two person assistance for cares. CNA 13 stated that resident 21 could stand a bit with help, was incontinent of bowel and bladder, and on good days could sit on the toilet. CNA 13 stated that more frequently resident 21 was more tired and sleepy, His wakeful periods aren't as long and he wants to be more asleep. CNA 13 stated that resident 21 had a mark on the upper left thigh that would leave a bit of a scar. CNA 13 stated that the injury was from coffee when resident 21 burned himself. CNA 13 stated that she was present the day that resident 21 burned himself. CNA 13 stated that resident 21 was served coffee without a lid. CNA 13 stated that they were still putting lids on the coffee cups and he was given the coffee cup without a lid. CNA 13 stated that resident 21's hands shook and he spilled on himself and then he dropped the rest of the coffee. CNA 13 stated that since the injury they had changed resident 21's cup that had a handle with a lid and the lid completely covered the top. CNA 13 also stated that they now only fill resident 21's cup half full. CNA 13 stated that prior to the burn resident 21's cups did not have lids. CNA 13 stated that they had identified a day or so prior to the injury that they needed to put lids on resident 21's cups. CNA 13 stated that they noticed that resident 21's hands were starting to tremble, and it was a new tremor. CNA 13 stated that most of the time the coffee coming out of the kitchen was too cold, and that day was a freak accident.<br><br>30563<br><br>On 7/2/24 at 10:35 AM, an interview was conducted with Dietary Aide (DA) 1. DA 1 stated the coffee was brewed between meals and for snacks. DA 1 stated she was working on making coffee right then. DA 1 stated she did not know who obtained temperatures of the coffee.<br><br>On 7/2/24 at 10:36 AM, an interview was conducted with DA 2. DA 2 stated she started brewing coffee for lunch at 10:15 AM. DA 2 stated the coffee was sent to the dining rooms about 11:25 AM. DA 2 stated she documented the coffee temperatures before sending the coffee to the hallway. DA 2 stated coffee was to be below 165 degrees. [Note: All temperatures were in degrees Fahrenheit.]<br><br>A form titled Food Temperature log was reviewed and revealed coffee to be served between 140 to 155. The temperatures for the coffee at breakfast on 7/1/24, was 140 and the coffee for lunch was 155.<br><br>On 7/2/24 at 11:25 AM, an observation was made of the coffee temperature in the D hallway dining room. The coffee was on a wheeled cart outside the dining room. The coffee temperature was 164.3.<br><br>On 7/2/24 at 11:31 AM, a follow up interview was conducted with DA 2. DA 2 stated that the temperature of the coffee was 174 before it was transported to the D dining room.<br><br>On 7/2/24 at 11:33 AM, an observation was made of the coffee being taken into the dining room from the hallway. At 11:38 AM, resident 21 was served a red colored beverage. There was a lid with a straw on the cup.<br><br>On 7/2/24 at 11:41 AM, a staff member was observed to remove the lid from resident 21's red colored beverage.<br><br>On 7/2/24 at 11:46 AM, an observation was made of the coffee in the D hallway dining room. The coffee temperature was 162.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 7/2/24 at 11:47 AM, an interview was conducted with CNA 9. CNA 9 stated some of the residents in the D hallway dining room liked coffee. CNA 9 stated some of the residents had shaky hands and could spill. CNA 9 stated she did not give hot coffee to anyone on the assisted table. Resident 21 was observed to be at the assisted dining table. CNA 9 stated a year ago there was an incident when the resident spilled hot beverages on the table and the staff did not want that to happen again.<br><br>On 7/2/24 at 11:49 AM, an interview was conducted with CNA 8. CNA 8 stated none of the residents at the assisted dining table were provided coffee. CNA 8 stated that resident 21 liked chocolate milk. CNA 8 stated she did not remember any residents sustaining a burn from hot liquids.<br><br>On 7/2/24 at 11:52 AM, an interview was conducted with CNA 12. CNA 12 stated she had not been provided instructions regarding serving hot liquids to residents with dementia. CNA 12 stated if a resident asked for coffee, then the resident was aware the liquid was hot. CNA 12 stated no residents at the assisted table were served coffee. CNA 12 stated residents that required assistance were offered juices to get them hydrated because they rarely drank fluids and residents drank juices more than coffee. Resident 21 was observed to have a cup with a red substance and a straw to drink. CNA 12 stated resident 21 started to loose a lot of his cognition, so not sure why he had a cup with a lid and straw. CNA 12 stated resident 21 liked coffee in a mug, but since he had a cognitive decline he was not drinking coffee. CNA 12 stated she was not aware of any residents that sustained a burn from hot liquids.<br><br>On 7/2/24 at 11:57 AM, an interview was conducted with the Dietary Manager (DM). The DM stated that coffee was brewed and depending on the time of day, the coffee was out for an hour before it was served to the residents. The DM stated the coffee was transported on a drink cart to the dining rooms in a thermal pot. The DM stated coffee should not be served above 160.<br><br>A form titled Food Temperature Log was provided by the Dietary Manager for 4/28/24. The Coffee temperature was 140 at breakfast, 145 at lunch and 155 at dinner.<br><br>On 7/2/24 at 12:57 PM, an interview was conducted with the DON. The DON stated the policy and procedure was for coffee to be served between 140 to 160. The DON stated there were no residents with actual burns. The DON stated that residents had complained of the coffee being too hot. The DON stated she did remember the incident on 4/28/24, and resident 21 was feeding himself, spilled, and sustained a burn to his upper left thigh. The DON stated there was an intact blister. The DON stated there were no signs and symptoms of infection. The DON stated resident 21 was able to hold items and was assessed for dexterity and there was no change. The DON stated resident 21 was able to feed himself in April and did not require assistance. The DON stated she did not know what temperature the coffee came out of the kitchen on 4/28/24. The DON stated resident 21 had cognitive impairments and poor safety awareness. The DON stated she was not aware of the temperature that could cause a third degree burn. The DON stated after the incident the facility added lids to the coffee in the secured unit.<br><br>46232<br><br>2. Resident 166 was admitted to the facility on [DATE] and discharged on [DATE] with the following diagnoses of unspecified dementia with agitation and anxiety, unsteadiness on feet, generalized muscle weakness, repeated falls, and mild cognitive impairment.<br><br>Resident 166's medical record was reviewed on 6/25/24.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 11/14/23, a MDS assessment documented that resident 166 had a BIMS score of 5 which indicated severe cognitive impairment.<br><br>On 10/31/23, an elopement/wandering evaluation documented resident 166 was a high wander risk and documented resident had dementia and they were alert and oriented. The elopement history for the last six months documented resident 166 had no history of elopement. It noted that resident 166 had a history of wandering but had not exhibited wandering behavior and their wander did not place resident 166 at a significant risk of getting in a potentially dangerous place.<br><br>On 10/31/23, an annual smoking assessment documented, Resident is supervised at this time due to having a wanderguard in place. Resident is safe to smoke.<br><br>Resident 166's wander guard care plans were reviewed and documented the following:<br><br>a. A care plan focus area initiated on 10/31/23 and resolved on 11/3/23, documented [Resident 166] has a Wanderguard r/t [related to] Wandering.<br><br>b. A care plan focus area initiated on 11/20/23, documented [resident 166] is elopement risk/wanderer r/t History of attempts to leave facility unattended. Documented interventions included: 1. Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. 2. Document wandering behavior and attempted diversional interventions.<br><br>Resident 166's physician orders were reviewed and documented the following wander guard orders:<br><br>a. An order with a start date of 10/31/23 and an end date of 11/1/23, documented Wander guard. one time only for 1 Day.<br><br>b. An order with a start date of 10/31/23 and an end date of 11/3/23, documented Monitor placement and functioning of wander guard QS [every shift] (+)=in place and function correctly (-)=not working and replaced. every shift.<br><br>Resident 166's progress notes and facility documentation were reviewed and documented the following:<br><br>a. On 10/31/23, a previous facility history and physical documented that on 6/5/22, resident 166 was pink sheeted and brought to the emergency when they had been found wandering outside the facility. The facility administrator stated, they felt they were unable to care for resident 166 since they frequently left the facility and needed to be chased down several blocks while running into oncoming traffic secondary to confusion.<br><br>b. On 10/31/23 at 10:42 PM, a nurse note documented, Resident arrived to this facility via house transport. He came with his daughter. Pt [patient] came from [facility name removed] in [name of city removed]. Family wanted pt closer to them. Pt has a Hx [history] of dementia. He is A&O [alert and oriented] x 2-3 [person, place, and time]. He is pleasant and cooperative. Daughter states that he may get lostfinding [sic] his room and may need directing. Pt ambulates independently, He is a smoker and a wanderer. A wander-guard was placed on pt's left wrist at time of arrival. Pt is a supervised smoker.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | c. On 11/1/23 at 1:00 AM, an encounter note documented, . Patient is a [AGE] year-old male a known history of dementia who lives in skilled nursing facility who was brought to the emergency department on a pink sheet psychiatric hold when he was found wandering outside this facility. Patient states he was trying to go to his girlfriend's has there is someone who lives demonstrate that he wants to marry. Reportedly patient was to transfer to [name of facility removed] in [name of city removed] tomorrow, however after he was found wandering his current facility did not want to bring him back.<br><br>d. On 11/2/23 at 5:40 PM, a nurse note documented, Resident has been agitated and asking for wander guard to be taken off. Since nurse was explaining he has to keep it on, resident went off and started cussing. Went back to room after he came back out asking for smokes and it wasn't time he went off on the staff again and became very agitated again. Resident ambulating well with no issues noted. Eating meals in his room. Taking AM pills well with no problems. Continues with supervised smoking sessions.<br><br>e. On 11/3/23 at 6:47 PM, a nurse note documented, Resident has not shown any attempts of trying to elope, he remains on the unit and is now oriented to the unit. Resident appears to be more agitated with the wanderguard in place, and gets easily upset. Wanderguard was removed, his sister- [name removed] was present while it was removed. No new issues noted.<br><br>f. On 11/5/23 at 9:49 AM, a nurse note documented, Resident appears to be adjusting well to facility. Takes meds [medications] without problems. Goes out to smoke and does well without supervision. Ambulates independently around facility. Able to make needs known.<br><br>g. On 11/7/23 at 2:26 PM, a nurse note documented, Resident becomes confused with time and is constantly reminded about smoking times. He comes and asks staff for his cigarettes. No attempts of elopement up to the moment.<br><br>h. On 11/25/23 at 10:37 AM, a nurse note documented, Resident managed to get outside this morning and was seen in the parking lot. When it was discovered that resident was missing, CNA coordinator got in her car and drove down the road and was able to find him walking down to the [name of local gas station removed]. He stated he was going to get a cheap pack of cigarettes and a beer. Once resident was returned to hallway a wandergard [sic] was applied to his left ankle. Sister was notified of incident. Will continue to monitor.<br><br>i. On 11/27/23 at 6:42 PM, an incident note documented, Resident was assessed post elopement incident from 11/25/23, he is alert and oriented x self and family only, he answers simple questions, and is confused and forgetful to current situation, he is unable to state what city he is in. Resident is unable to remember incident due to forgetfulness. Resident out on the hall and will go to his room and back to the hall and ask what time it is so he can go out to smoke, or will ask if he can get a beer. Resident told this nurse 'I have been here for three years and you guys should know the routine', this nurse reminded him that he had been at the facility for about a month, and he stated 'you're stupid'. Resident can get very agitated or upset when staff ask him questions or want to work with him. Resident has not attempted to elope again, and has not made statements about leaving. He has maintained himself on the hall. Resident forgets he has cigarettes and has to be reminded that he has plenty of cigarettes. Resident had a wanderguard placed and resident has left the wanderguard in place and has not cut it off, he agrees to the wanderguard and showed it to this nurse without stress noted. Resident shows no new issues at this time. CP Updated: Place wanderguard to alert staff of resident possibly elopement.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | A form titled exhibit 358 was submitted to the State Survey Agency (SSA) on 11/29/23 at 9:40 AM. The form documented an allegation of elopement had been made and the resident involved was resident 166. It documented staff had become aware of the incident on 11/25/23 at 10:20 and the administrator was informed at 10:45 AM. The form documented the steps taken to protect residents included, [Resident 166] was found within approx [approximately] 15 mins [minutes] of last known location. Wander Guard placed and 15 mins checks established.<br><br>A form titled exhibit 359 was submitted to the SSA on 11/29/23 at 10:30 AM. The form 359 documented resident 166 was found walking down the street from the facility towards a gas station to buy cigarettes and beer. A witness interview summary documented, CNA coordinator found resident 166 walking down the street. She states that she saw him outside when she first arrived at the facility. Staff mentioned that he wanders and was missing. CNA coordinator got in her care [sic] and went down the street where she found him. He told her he was going to get cigarettes. She reminded him he already had some at the facility and was able to get him back to the facility. A written witness statement by the CNA coordinator documented, On Sat. [Saturday] Nov [November] 25, 23, I answered a call from the community about a resident in the parking lot. I went to check the parking lot seen the resident went and grabbed the nurse to go with me in the parking lot. Nurse [name removed] and I didn't see the resident. I then got on the radio asking all halls to check for the fall residents. C hall responded right away what resident it was. Myself and a CNA [CNA 1] went to drive looking for resident. [CNA 1] and I found resident over the via duct walking on the sidewalk. [CNA 1] approached resident and was able to bring resident back to facility. Resident wanted a beer and ciggerettes [sic]. The provided investigation summary documented resident 166 had a diagnosis of dementia and he often needed redirection. A wander guard was place when resident 166 returned to the facility. The conclusion of the investigation verified resident 166 had eloped.<br><br>On 6/26/24 at 2:26 PM, an interview was conducted with Registered Nurse (RN) 5. RN 5 stated if there was a resident with frequent wandering behavior, they needed to be in the locked unit for safety. RN 5 stated if a resident had a diagnosis of dementia, behaviors were monitored to see if they needed more supervision or needed a wander guard. RN 5 stated the Unit Managers were notified of resident behaviors. RN 5 stated if a resident had been moved from the locked unit to the C hall, staff observed if the resident was trying to leave the hall or the building. RN 5 stated if a resident was considered a high elopement risk, they needed to be monitored every 15 minutes. RN 5 stated the doors alarmed when a resident with a wander guard got too close to the doors. RN 5 stated a resident was considered to elope if they were outside the building.<br><br>On 6/26/24 at 2:48 PM, an interview was conducted with the CNA Coordinator. The CNA Coordinator stated if a new admission had behaviors such as trying to get out of the building, they were considered a high elopement risk, and the unit manager was notified. The CNA Coordinator stated if a resident wandered, they were able to do a one-on-one supervision with the resident or applied a wander guard. The CNA Coordinator stated they recalled the CNAs in the hall were observing resident 166 walk around. The CNA Coordinator stated when it was noticed resident 166 was not located, they called a code for a missing resident. The CNA Coordinator stated resident 166 had not been considered an elopement risk at that time. The CNA Coordinator stated resident 166 was seen walking to the top of the viaduct and notified CNA 1. The CNA Coordinator stated CNA 1 drove and picked resident 166 up and brought them back to the facility.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | On 6/27/24 at 11:29 AM, an interview was conducted with UM 1. UM 1 stated an initial assessment was conducted when resident's were admitted to the facility. UM 1 stated one of the assessments done was the elopement assessment which consisted of five questions. UM 1 stated if a resident scored a 0 to 9 on the elopement assessment, they were considered a low elopement risk. UM 1 stated if a resident had scored as a high elopement risk, then a care plan was added. UM 1 stated it was possible for a resident to be considered a low elopement risk and have a cognitive impairment. UM 1 stated they monitored residents for wandering or exit seeking behavior such as them stating they wanted to go home. UM 1 stated if behaviors were exhibited, they considered if the resident needed a wander guard. UM 1 stated the wander guard was checked daily to make sure it was functional. UM 1 stated the doors alarmed and locked if a resident with a wander guard got too close. UM 1 stated the wander guard was care planned and they did not need a doctor's order for it. UM 1 stated resident 166 was diagnosed with dementia, had a short-term memory deficit, and they were assessed as a high elopement risk. UM 1 stated resident 166's family had requested a wander guard needed to be placed on them due to something that happened at a previous facility. UM 1 stated resident 166 was refusing the wander guard and progress notes stated he was agitated and upset by it. UM 1 stated before removing a wander guard staff attempted to change the location of the wander guard, but UM 1 stated they were unsure if this had been done before it had been removed. UM 1 stated they expected resident 166 to be on 15 minute checks since they had cognitive deficits.<br><br>On 6/27/24 at 1:33 PM, an interview was conducted with the DON. The DON stated resident 166 came to the facility because the family wanted them closer to home. The DON stated when resident 166 was admitted , they were aware of his elopement history which happened a long time ago. The DON stated resident 166 was considered a high elopement risk at admission. The DON stated resident 166 had orders for a wander guard from their previous facility. The DON stated resident 166 initially agreed to the placement of a wander guard but then it caused them more agitation and they wanted it off. The DON stated resident 166's family was present when they removed the wander guard. The DON stated they gave resident 166 a try without the wander guard and it had worked well for a few weeks. The DON stated they monitored resident 166 for a few days after the wander guard had been removed and resident 166 had made no attempts to elope. The DON stated resident 166 had been doing well without the wander guard since they were responding better to people and resident 166's quality of life had been better since they were happier. The DON stated they did not believe staff were doing specific 15 minute checks, but staff were watching resident 166 closer and they had increased monitoring in place since they had removed the wander guard. The DON stated resident 166 had been placed on alert charting for at least three days after the wander guard had been removed and noticed resident 166's behavior had improved, and they were more calm and pleasant. The DON stated resident 166 had not made any prior attempts to elope. The DON stated at the previous facility, resident 166 had a wander guard in place and when they refused to wear it, the previous facility had documented 15 minutes checks and monitoring. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate pain management for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30563<br><br>Based on observation, interview, and record review, the facility did not ensure that pain management was provided to residents who required such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals preferences. Specifically, for 1 out of 50 sampled residents, a resident was observed to complain about pain and pain medications were not available. Resident identifier: 9.<br><br>Findings included:<br><br>Resident 9 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included paraplegia, cirrhosis of liver, hepatic encephalopathy, psychosis, and hypertension.<br><br>On 6/24/24 at 1:58 PM, an interview was conducted with resident 9. Resident 9 stated that he was in pain and that he did not want to complete the interview because he was in a lot of pain. Resident 9 was observed to have rested his head in the palm of his hand. Resident 9 was observed to have facial grimacing.<br><br>On 6/27/24 at 8:11 AM, an observation was conducted of resident 9. Resident 9 was observed at the medication cart waiting for the Medication Technician to prepare the medications. Resident 9 was observed to have facial grimacing, was crying, and was rubbing his right leg.<br><br>Resident 9's medical record was reviewed on 7/1/24.<br><br>A quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed resident 9 had scheduled and as needed pain medication for the previous five days. There were no non-medical interventions used. The MDS assessment revealed resident 9 reported pain almost constantly. In addition, resident 9 reported pain effected his sleep and day-to-day activities. The MDS assessment revealed resident 9 had intensity of a pain level of 10 out of 10.<br><br>A care plan dated 9/14/22, revealed [Resident 9] has acute/chronic pain r/t [related to] left femur fx [fracture], chronic pain syndrome, neuropathy, muscle spasm, mood d/o [disorder]. The goal was Will not have an interruption in normal activities due to pain through the review date. The interventions included Administer analgesia medication as per orders. Give 1/2 hour before treatments or care; Anticipate need for pain relief and respond immediately to any complaint of pain; Follow the pain scale to medicate as ordered; Monitor/document for side effects of pain medication. Observe for constipation; new onset or increased agitation, restlessness, confusion, hallucinations, dysphoria;<br><br>nausea; vomiting; dizziness and falls. Report occurrences to the physician; Monitor/record pain characteristics: Quality (e.g. sharp, burning); Severity (1 to 10 scale); Anatomical location; Onset; Duration (e. g., continuous, intermittent); Aggravating factors; Relieving factors; and Monitor/record/report to Nurse any s/sx [signs and symptoms] of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow); Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0697<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A physician's order dated 3/26/24, revealed Cyclobenzaprine HCl [hydrochloride] tablet. Give 5 mg [milligrams] by mouth at bedtime for pain.<br><br>The progress notes revealed on 6/27/24 at 7:52 PM, 6/28/24 at 7:06 PM, 6/29/24 at 7:15 PM, and 6/30/24 at 7:15 PM, Cyclobenzaprine HCl Oral Tablet. Give 5 mg by mouth at bedtime for Pain. Waiting on medication from pharmacy.<br><br>On 7/2/24 at 9:43 AM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated if medications were unavailable, it depended on the medication and if the medication was in the emergency supply. RN 1 stated if it was an antibiotic or pain medication that could be used from the emergency medication supply, then the emergency supply was used. RN 1 stated when a resident was out of medications the nurse was to call the pharmacy, notify the resident's physician, and get guidance from the physician. RN 1 stated nurses should never write the medication was not available because the resident needed their medication, so the nurse needed to follow up.<br><br>On 7/2/24 at 11:00 AM, a follow-up interview was conducted with RN 1. RN 1 was observed to review resident 9's Medication Administrator Record. RN 1 stated resident 9 was not administered the muscle relaxer on 6/27/24 through 6/30/24. RN 1 stated a resident could have increased pain if the pain was coming from tense muscles. RN 1 stated resident 9 was up and down with his pain from moment to moment. RN 1 stated resident 9 was usually at his medication cart at 6:00 AM, for his medication but had not been recently. RN 1 stated resident 9 had been experiencing a decline and the physician was aware. RN 1 stated resident 9 had not been waking up until about 10:00 AM, because mornings had been harder for him. RN 1 stated resident 9 maybe in a little more pain in the morning but there were other psychological issues and a recent urinary tract infection that was contributing to it.<br><br>On 7/2/24 at 11:05 AM, an interview was conducted with the Director of Nursing (DON). The DON stated if a resident did not have medications available, the nurse was to contact the pharmacy. The DON stated there was a direct order system to the pharmacy through the medical record system. The DON stated she would need to check into resident 9's medications.<br><br>On 7/2/24 at 1:06 PM, a follow-up interview was conducted with the DON. The DON stated medications should be re-ordered three to four days prior to when the medications were going to run out. The DON stated resident 9 was not administered the Cyclobenzaprine. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30563<br><br>Based on observation, interview, and record review, the facility did not provide pharmaceutical services which included procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals to meet the needs of each resident. Specifically, for 2 out of 50 sampled residents, a resident did not have Cyclobenzaprine available and another resident did not have Seroquel available for administration. Resident identifiers: 9 and 111.<br><br>Findings included:<br><br>1. Resident 9 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included paraplegia, cirrhosis of liver, hepatic encephalopathy, psychosis, and hypertension.<br><br>On 6/24/24 at 1:58 PM, an interview was conducted with resident 9. Resident 9 stated that he was in pain and that he did not want to complete the interview because he was in a lot of pain. Resident 9 was observed to have rested his head in the palm of his hand. Resident 9 was observed to have facial grimacing.<br><br>On 6/27/24 at 8:11 AM, an observation was conducted of resident 9. Resident 9 was observed at the medication cart waiting for the Medication Technician to prepare the medications. Resident 9 was observed to have facial grimacing, was crying, and was rubbing his right leg.<br><br>A quarterly Minimum Data Set assessment dated [DATE], revealed resident 9 had scheduled and as needed pain medication for the previous five days. There were no non-medical interventions used.<br><br>A care plan dated 9/14/22, revealed [Resident 9] has acute/chronic pain r/t [related to] left femur fx [fracture], chronic pain syndrome, neuropathy, muscle spasm, mood d/o [disorder]. The goal was Will not have an interruption in normal activities due to pain through the review date. The interventions included Administer analgesia medication as per orders. Give 1/2 hour before treatments or care; Anticipate need for pain relief and respond immediately to any complaint of pain; Follow the pain scale to medicate as ordered; Monitor/document for side effects of pain medication. Observe for constipation; new onset or increased agitation, restlessness, confusion, hallucinations, dysphoria; nausea; vomiting; dizziness and falls. Report occurrences to the physician; Monitor/record pain characteristics: Quality (e.g. sharp, burning); Severity (1 to 10 scale); Anatomical location; Onset; Duration (e.g., continuous, intermittent); Aggravating factors; Relieving factors; and Monitor/record/report to Nurse any s/sx [signs and symptoms] of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow); Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing).<br><br>A physician's order dated 3/26/24, revealed Cyclobenzaprine HCl [hydrochloride] tablet. Give 5 mg [milligrams] by mouth at bedtime for pain.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | The progress notes revealed on 6/27/24 at 7:52 PM, 6/28/24 at 7:06 PM, 6/29/24 at 7:15 PM, and 6/30/24 at 7:15 PM, Cyclobenzaprine HCl Oral Tablet. Give 5 mg by mouth at bedtime for Pain. Waiting on medication from pharmacy.<br><br>The June 2024 Medication Administrator Record (MAR) revealed Cyclobenzaprine was not administered on 6/27/24, 6/28/24, 6/29/24, and 6/30/24.<br><br>On 7/2/24 at 9:43 AM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated if medications were unavailable, an emergency medication supply was available. RN 1 stated when a resident was out of medications the nurse was to call the pharmacy, notify the resident's physician, and get guidance from the physician. RN 1 stated nurses should never write the medication was not available because the resident needed their medication, so the nurse needed to follow up.<br><br>On 7/2/24 at 11:00 AM, a follow-up interview was conducted with RN 1. RN 1 was observed to review resident 9's MAR. RN 1 stated resident 9 did not have the muscle relaxer available. RN 1 stated a resident could have increased pain if the pain was coming from tense muscles. RN 1 stated resident 9 was up and down with his pain from moment to moment. RN 1 stated resident 9 was usually at the medication cart at 6:00 AM, for his medication but has not been recently. RN 1 stated resident 9 had been experiencing a decline and the physician was aware. RN 1 stated resident 9 had not been waking up until about 10:00 AM, because mornings had been harder for him. RN 1 stated resident 9 was maybe in a little more pain in the morning but there were other psychological issues and a recent urinary tract infection that was contributing to it.<br><br>On 7/2/24 at 11:05 AM, an interview was conducted with the Director of Nursing (DON). The DON stated if a resident did not have medications available, the nurse was to contact the pharmacy. The DON stated there was a direct order system to the pharmacy through the medical record system. The DON stated she would need to check into resident 9's medication.<br><br>On 7/2/24 at 1:06 PM, a follow-up interview was conducted with the DON. The DON stated medications should re-ordered three to four days prior to when the medications were going to run out. The DON stated Medicaid provided 120 pills for the whole month and a lot of times the facility paid out of pocket when the payer source was long term Medicaid. The DON stated depending on which Medicaid program the resident had, the doctors had to order certain medications that were on the formulary provided. The DON stated that February was the only time that the medications lasted the whole month. The DON stated depending on what type of medications were on the formulary, the physician had to submit information. The DON stated usually the medication ordering process could be delayed because of the Medicaid system. The DON stated resident 9 was not administered the Cyclobenzaprine.<br><br>46232<br><br>2. Resident 111 was admitted to the facility on [DATE] with the diagnoses of amyotrophic lateral sclerosis, acute respiratory failure with hypoxia, type 1 diabetes mellitus without complications, post-traumatic stress disorder, interstitial emphysema, anxiety disorder, mild neurocognitive disorder due to known physiological condition with behavioral disturbance, and mood disorder due to known physiological condition with depressive features.<br><br>Resident 111's medical record was reviewed on 7/2/24.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A physician's order with a start date of 5/17/24, documented QUEtiapine Fumarate Oral Tablet 25 MG (Quetiapine Fumarate). Give 25 mg enterally two times a day for psychoses, frontal temporal dementia.<br><br>On 6/17/24 at 6:44 AM, an electronic (e)Mar- Medication Administration Note documented, QUEtiapine Fumarate Oral Tablet 25 MG. Give 25 mg enterally two times a day for psychoses, frontal temporal dementia. out of medication - will notify hospice<br><br>On 6/17/24 at 7:46 PM, an eMar- Medication Administration Note documented, QUEtiapine Fumarate Oral Tablet 25 MG. Give 25 mg enterally two times a day for psychoses, frontal temporal dementia. Reordered, not received. Will administer when available/delivered.<br><br>On 6/18/24 at 9:29 AM, an eMar- Medication Administration Note documented, QUEtiapine Fumarate Oral Tablet 25 MG. Give 25 mg enterally two times a day for psychoses, frontal temporal dementia. med [medication] unavailable, ordered.<br><br>On 6/18/24 at 9:03 PM, an eMar- Medication Administration Note documented, QUEtiapine Fumarate Oral Tablet 25 MG. Give 25 mg enterally two times a day for psychoses, frontal temporal dementia. medication unavailable, reordered and not delivered at this time.<br><br>It should be noted resident 111 did not receive their quetiapine for two days.<br><br>On 7/2/24 at 11:21 AM, an interview was conducted with Licensed Practical Nurse (LPN) 1. LPN 1 stated if a medication supply was noticed to be low, the nurse in charge reordered it in the computer. LPN 1 stated they had multiple ways to reorder medication. LPN 1 stated they were also able to pull the sticker off the medication card and faxed it to the pharmacy but that was the old way of doing it. LPN 1 stated staff were flagged to reorder medication when the remaining pills were in the blue section of the medication card. LPN 1 stated how fast medication was delivered depended on the pharmacy in use. LPN 1 stated they use to get medication delivered the same day but it had slowed down a bit. LPN 1 stated they had two medication deliveries a day. LPN 1 stated if they had not received the medication by the first delivery then they called the pharmacy and notified them. LPN 1 stated the provider was notified if a resident was unable to receive the ordered medication and a progress note was written.<br><br>On 7/2/24 at 11:26 AM, an interview was conducted with LPN 2. LPN 2 stated the computer system sent a notification when it believed it was time to reorder more medication. LPN 2 stated there were multiple ways to reorder medication. LPN 2 stated the electronic way was clicking the reorder button that popped up next to the medication. LPN 2 stated they also ordered medication by printing the prescription and sending it to the pharmacy. LPN 2 stated another way to reorder medication was to pull off the tab from the medication card and send it to the pharmacy. LPN 2 stated depending on when the medication was reordered, it normally arrived by the evening or the next day. LPN 2 stated the pharmacy was called if they knew they did not have the morning dose of the medication. LPN 2 stated a progress note was written if a medication was unavailable. LPN 2 stated if a medication was not available, first they notified the pharmacy and then the provider was notified. LPN 2 stated the provider was notified through a secure conversation and was asked for further instructions on the unavailable medication. LPN 2 stated if the provider replied the resident was fine to miss a dose, then they tried to write a progress note. LPN 2 stated if a medication was ordered, then it needed to be given as ordered by the provider.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/2/24 at 11:38 AM, an interview was conducted with the DON. The DON stated staff were able to reorder medication from the computer when it was due. The DON stated they were also able to fax a request to the pharmacy. The DON stated if the nurse had ordered the medication and noticed they had not received the medication then they needed to call the pharmacy. The DON stated if the nurse did not have the medication available when it was time to be given then they needed to notify the provider. The DON stated provider notification was documented in either the progress notes or the MAR. The DON stated they had two to three pharmacy deliveries a day. The DON stated if a medication had been reordered then it was expected to be here the same day or the following day at the latest.<br><br>On 7/2/24 at 12:45 PM, an interview was conducted with Unit Manager (UM) 1. UM 1 stated based on the pharmacy medication order status, the medication order was submitted on 6/18/24 at 7:08 AM. UM 1 stated it did not look like the medication had been reordered on 6/17/24. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident's drug regimen must be free from unnecessary drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33215<br><br>Based on interview and record review, the facility did not ensure that each resident's drug regimen was free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose; or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Specifically, for 2 out of 50 sampled residents, resident's receiving blood pressure support medication for hypotension did not have the medication held when the systolic blood pressure (SBP) was outside of the physician's ordered parameters. In addition, a resident receiving insulin did not have the medication held when the blood sugar was below the physician's ordered parameters. Resident identifiers: 35 and 65.<br><br>Findings included:<br><br>1. Resident 35 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included, but were not limited to, cerebral infarction, end stage renal disease, type 2 diabetes mellitus, hypertensive chronic kidney disease with stage 5 chronic kidney disease, major depressive disorder, generalized anxiety disorder, dependence on renal dialysis, epilepsy, hepatitis A without hepatic coma, hypotension, low back pain, and insomnia.<br><br>Resident 35's medical record was reviewed on 7/1/24.<br><br>On 1/8/24, a physician's order documented Midodrine HCl [hydrochloride] Oral Tablet (Midodrine HCl) Give 10 mg [milligrams] by mouth three times a day for Hypotension Given if SBP is < [less than] 90. The physician's order documented administration times were 7:00 AM to 9:00 AM, 11:00 AM to 1:00 PM, and 8:00 PM to 10:00 PM.<br><br>A review of the June 2024 Medication Administration Record (MAR) documented when the SBP was greater than 90 and the Midodrine was administered to resident 35 when it should have been held according to the physician's order.<br><br>a. On 6/2/24 at 7:00 AM to 9:00 AM, 103.<br><br>b. On 6/2/24 at 11:00 AM to 1:00 PM, 103.<br><br>c. On 6/2/24 at 8:00 PM to 10:00 PM, 99.<br><br>d. On 6/3/24 at 11:00 AM to 1:00 PM, 110.<br><br>e. On 6/3/24 at 8:00 PM to 10:00 PM, 104.<br><br>f. On 6/5/24 at 7:00 AM to 9:00 AM, 95.<br><br>g. On 6/6/24 at 11:00 AM to 1:00 PM, 142.<br><br>h. On 6/8/24 at 7:00 AM to 9:00 AM, 98.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | i. On 6/8/24 at 11:00 AM to 1:00 PM, 98.<br><br>j. On 6/9/24 at 7:00 AM to 9:00 AM, 97.<br><br>k. On 6/9/24 at 11:00 AM to 1:00 PM, 97.<br><br>l. On 6/19/24 at 7:00 AM to 9:00 AM, 101.<br><br>m. On 6/19/24 at 11:00 AM to 1:00 PM, 101.<br><br>n. On 6/20/24 at 7:00 AM to 9:00 AM, 101.<br><br>o. On 6/21/24 at 7:00 AM to 9:00 AM, 99.<br><br>p. On 6/21/24 at 11:00 AM to 1:00 PM, 99.<br><br>q. On 6/22/24 at 7:00 AM to 9:00 AM, 99.<br><br>r. On 6/22/24 at 11:00 AM to 1:00 PM, 99.<br><br>s. On 6/26/24 at 7:00 AM to 9:00 AM, 106.<br><br>t. On 6/26/24 at 11:00 AM to 1:00 PM, 106.<br><br>u. On 6/28/24 at 7:00 AM to 9:00 AM, 99.<br><br>v. On 6/28/24 at 11:00 AM to 1:00 PM, 99.<br><br>On 1/19/24, a physician's order documented NovoLOG Injection Solution 100 UNIT/ML [milliliters] (Insulin Aspart) Inject 8 unit subcutaneously with meals related to TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE; TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL Hold insulin if blood sugar below 120.<br><br>A review of the June 2024 MAR documented when the blood sugar was below 120 and the Novolog was administered to resident 35 when it should have been held according to the physician's order.<br><br>a. On 6/3/24 at 8:00 AM, 93.<br><br>b. On 6/4/24 at 8:00 AM, 108.<br><br>c. On 6/11/24 at 8:00 AM, 112.<br><br>d. On 6/13/24 at 8:00 AM, 119.<br><br>e. On 6/24/24 at 8:00 AM, 119.<br><br>f. On 6/25/24 at 8:00 AM, 119.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/1/24 at 1:28 PM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated that resident 35 would get one Midodrine in the morning before dialysis and resident 35 would take the noon Midodrine with her to dialysis and the dialysis nurse would determine if resident 35 got the noon dose or not. RN 1 stated that dialysis should have the same parameters as the physician's order. RN 1 stated that he would give the scheduled dose of Midodrine and if the Midodrine was not scheduled he would give the as needed (PRN) dose. RN 1 stated the Certified Nursing Assistant's would check resident 35's vital signs at 3:00 PM, when swing shift started. RN 1 stated the PRN Midodrine was available if resident 35 needed it. RN 1 stated the PRN Midodrine parameters were to give if the SBP was less than 100. RN 1 stated the scheduled medications could be given an hour before or an hour after the scheduled time and the PRN medication should be given outside of those times.<br><br>On 7/2/24 at 10:03 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that resident 35 was on dialysis and if staff were to hold the Midodrine resident 35's blood pressure would drop. The DON stated that resident 35 received dialysis five days a week. The DON stated it was hard to maintain resident 35's blood pressure when dialysis was pulling off water five days a week. The DON stated that resident 35 received regular scheduled vital signs. The DON stated if resident 35 was complaining of symptoms resident 35 could ask for the PRN Midodrine. The DON stated if resident 35 was in dialysis and was dropping, dialysis could call the staff for an extra dose of the Midodrine.<br><br>On 7/2/24 at 1:03 PM, an interview was conducted with RN 1. RN 1 stated that resident 35's Novolog had hold parameters but RN 1 had never noticed resident 35's blood sugar being low. RN 1 stated that resident 35 would refuse the Novolog if her blood sugar was below 150. RN 1 stated that staff should hold the Novolog if resident 35's blood sugar was below 120. RN 1 stated that resident 35 knew how close to meals she was or what she had eaten prior to the administration of the Novolog.<br><br>2. Resident 65 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included, but were not limited to, chronic respiratory failure with hypoxia, malignant neoplasm of larynx, emphysema, hypertensive heart disease with heart failure, major depressive disorder, generalized anxiety disorder, chronic pain syndrome, tracheostomy status, and acquired absence of larynx.<br><br>Resident 65's medical record was reviewed on 6/25/24.<br><br>On 4/10/24, a physician's order documented Midodrine HCl Oral Tablet (Midodrine HCl) Give 2.5 mg by mouth two times a day for Hypotension ***HOLD for SBP > [greater than] 90.<br><br>A review of the June 2024 MAR documented when the SBP was greater than 90 and the Midodrine was administered to resident 65 when it should have been held according to the physician's order.<br><br>a. On 6/6/24 at 7:00 AM, 128.<br><br>b. On 6/21/24 at 7:00 AM, 118.<br><br>c. On 6/26/24 at 7:00 AM, 92.<br><br>d. On 6/28/24 at 7:00 AM, 92.<br><br>e. On 6/29/24 at 7:00 AM, 92.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/2/24 at 1:06 PM, an interview was conducted with RN 1. RN 1 stated that resident 65 would refuse the Midodrine almost every single morning. RN 1 stated staff would check vital signs around 5:00 AM or 5:30 AM, and today resident 65 was 80/50. RN 1 stated that resident 65 had refused the Midodrine from the night nurse. RN 1 stated that he had rechecked resident 65's blood pressure and it was 92/53. RN 1 stated that he eventually talked resident 65 into taking the Midodrine. RN 1 stated that he was unaware if resident 65's Midodrine even had hold parameters. RN 1 stated that resident 65 would usually run low on his blood pressure. RN 1 stated that he would hold the Midodrine if it was below the ordered parameters. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely, quality laboratory services/tests to meet the needs of residents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38031<br><br>Based on interview and record review, the facility did not provide or obtain timely laboratory services to meet the needs of the residents. Specifically, for 1 out of 50 sampled residents, a Depakote lab was not obtained or followed-up on for 10 days and a Complete Blood Count (CBC) was not obtained or followed-up on for seven days. Resident identifier: 55.<br><br>Findings included:<br><br>Resident 55 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included a fracture of the right femur, hypertension, hypothyroidism, depression, hyperlipidemia, dementia, pain right leg, dysphagia, right artificial hip joint, cognitive communication deficit, benign prostatic hyperplasia, thrombocytosis, and anemia.<br><br>Resident 55's medical record was reviewed from 6/24/24 through 7/2/24.<br><br>On 5/6/24, resident 55's physician ordered a Depakote level.<br><br>On 5/8/24, resident 55's physician ordered a CBC.<br><br>Review of the laboratory results revealed the following:<br><br>a. On 5/6/24, the lab report documented, A plasma specimen was received with no test indicated. The report documented that the sample was received on 5/7/24 and reported on 5/9/24. On 5/6/24, the Valproic Acid (Depakote) test documented, Test not performed. Gel barrier tube unsuitable for test ordered. The report documented that the specimen was received on 5/7/24 and reported on 5/20/24. The report had a hand written note that documented that the sample was drawn again on 5/21/24.<br><br>b. On 5/9/24, the lab report documented that the CBC with differential was not performed due to Insufficient specimen to perform or complete. The report documented that the sample was received on 5/10/24 and reported on 5/17/24.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 7/1/24 at 8:38 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that the specimen for the Depakote test was sent on 5/6/24, and the lab responded back with no test indicated. The DON stated that the facility responded to the requisition regarding what test was ordered and the lab did not redo the test. The DON stated that the facility responded to the lab on 5/10/24, with the test that was indicated. The DON stated that the lab then replied back on 5/20/24, that the test was not performed because the gel barrier was unsuitable. The DON stated that the sample was collected again on 5/21/24, and the results were received on 5/22/24. The DON stated that initially they were going to draw the sample again, but the lab informed them that they could still run the old sample. The DON stated she would have to talk to Unit Manager (UM) 1 to see what caused the delay in following up with the lab. The DON stated that UM 1 should have followed up within three days after the sample was sent to the lab. The DON stated that the CBC collected on 5/9/24, was redrawn on 5/16/24, because the facility did not have the results. The DON stated that the facility was informed of the insufficient sample with the original specimen on 5/17/24. The DON stated that the process was for staff to check lab results daily, and if they did not see a result they should call the lab after three days. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>43212<br><br>Based on observation, interview and record review, the facility did not provide food that was palatable, attractive, and at a safe and appetizing temperature. Specifically, for 5 out of 50 sampled residents, residents complained about the food being served cold, the resident council minutes had concerns documented regarding food being served cold, and the food items on the test tray were cold. Resident identifiers: 25, 37, 72, 268, and 274.<br><br>Findings included:<br><br>1. On 6/24/24 at 10:17 AM, an interview was conducted with resident 37. Resident 37 stated that the food was not always as warm as it should be. Resident 37 stated the staff would start passing meal in the dining room and then at the end of the hall. Resident 37 stated that she was almost the last to get her meal but she understood.<br><br>2. On 6/24/24 at 10:32 AM, an interview was conducted with resident 274. Resident 274 stated the food was cold when it was served and the food was not that good.<br><br>3. On 6/24/24 at 12:11 PM, an interview was conducted with resident 25. Resident 25 stated that sometimes the food was cold by the time it got to the hallway.<br><br>4. On 6/25/24 at 8:37 AM, an interview was conducted with resident 72. Resident 72 stated that sometimes the food was cold. Resident 72 stated sometimes the food was good and sometimes it was not.<br><br>5. On 6/25/24 at 9:08 AM, an interview was conducted with resident 268. Resident 268 stated that sometimes the food was cold by the time it reached him at the end of the hallway.<br><br>6. Resident council notes were reviewed between 6/24/24 and 7/2/24. Repeated concerns included:<br><br>a. On 12/6/23, New business included, Food not always hot on hall carts. A response dated 1/3/24, revealed Will continue to monitor time/temp [temperature].<br><br>b. On 1/3/24, Old business included, Food not always hot on hall trays. This item was marked, not resolved.<br><br>c. On 4/10/24, new business included, Food is not always served hot. Action taken revealed, Assure all thermal insulators being used and spot temp. Old business included, Food trays are sitting too long in the C & D dining room before getting served. Action taken was, resolved.<br><br>d. On 5/9/24, old business included, Food is not always served hot. Action taken revealed, kitchen and marked as resolved.<br><br>e. On 6/24/24, new business included, Food not always being served hot.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 7. On 6/27/24 at 12:42 PM, a test tray was requested. At 12:46 PM, the meal cart left the kitchen for the A hallway. At 1:17 PM, the last resident meal was taken from the meal cart and served to the resident. The test tray was taken from the meal cart, temperatures were obtained, and the food was sampled:<br><br>a. Barbeque chicken was 89 degrees Fahrenheit. The chicken was moist, had a good flavor, and was easy to chew.<br><br>b. Pasta salad was 67.5 degrees Fahrenheit. The pasta salad was colorful, had a good flavor with a variety of ingredients.<br><br>c. Mushroom salad was 64.4 degrees Fahrenheit. The mushroom salad did not look appetizing, and was not very flavorful.<br><br>d. Ice cream was 21.2 degrees Fahrenheit. The strawberry ice cream was partially melted.<br><br>On 6/27/24 at 3: 12 PM, an interview was conducted with the Registered Dietitian (RD). The RD stated she did an audit of the kitchen every other month. The RD stated the audit included watching tray line, checking food temperatures, and tasting the food.<br><br>On 7/2/24 at 11:00 AM, an interview was conducted with the Dietary Manager (DM). The DM stated she attended resident council meetings when invited. The DM stated the RD was in the kitchen frequently and if she saw something that needed to be corrected she would notify the DM. The DM stated the RD completed audits quarterly that included tray audits. The DM stated the RD also ate at the facility so she was aware of the taste and temperature of the food. The DM stated to address resident concerns about cold food she had started doing more batch cooking. The DM also stated dietary aids were using plate warmers to ensure food was hot. The DM stated she had tested the temperature of the food and sometimes it is not the hottest, but it is still palatable.<br><br>33215 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>43212<br><br>Based on observation and interview, the facility did not distribute and serve food in accordance with the professional standards of food service safety. Specifically, food items in the dry storage room, walk in refrigerator and walk in freezer were open to air, the kitchen was not clean, and there were broken tiles in the kitchen.<br><br>Findings included:<br><br>On 6/24/24 at 8:26 AM, an initial walkthrough of the kitchen was conducted. In the dry storage room, bulk storage bins were open to air and were not labeled. These included oats, chocolate powder, sugar, flour, cake mix, and potato chips. In the walk-in refrigerator, a box containing bacon was open to air. In the walk-in freezer, a box containing biscuit dough and a box of beef patties were open to air. The floor under and behind the grill was dirty and along the base of the wall, with what appeared to be food pieces under the grill. A tile near the ice cream freezer had a hole in it with what appeared to be dirt and dried food particles in it.<br><br>On 6/27/24 at 12:40 PM, an observation was conducted of the kitchen. Tiles between two ovens were observed to be broken. The floors under and behind the ovens had food bits on the floor, and the baseboard area appeared to be encrusted with crumbs and debris.<br><br>On 7/2/24 at 9:09 AM, a second walkthrough was conducted in the kitchen. The walk-in refrigerator contained a box of gluten free sausage links that was open to air. The walk-in freezer contained a box of frozen peas that was open to air, a box of frozen vegetables that was open to air, tilapia filets in a box were open to air, and a box of sausage links was open to air. Broken tiles between two ovens were observed. The bins in the dry storage room were covered, however, the flour bin, a bin containing a yellow powder, and the potato chips were not labeled. Also a box of gluten free elbow pasta was open to air.<br><br>On 6/27/24 at 3:12 PM, an interview was conducted with the Registered Dietitian (RD). The RD stated she was auditing the kitchen. The RD stated that kitchen audits included sanitation, tray line, food temperature, and taste. The RD stated she conducted the audits every other month and was available for questions throughout the day. The RD stated after she completed an audit, the information went to the Dietary Manager (DM) and the Administrator (ADM).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 7/2/24 at 11:00 AM, an interview was conducted with the DM. The DM stated there were cleaning logs for each shift and many of the tasks needed to be done weekly, so they would be checked off once per week. The DM stated kitchen staff were cleaning behind the ovens once per month. The DM stated floors were mopped throughout the day, and a thorough mopping at the end of each day. The DM stated spills were cleaned up whenever they happened. The DM stated she was not aware of the broken tiles between the ovens. The DM stated if tiles were broken or other maintenance needs were discovered, a request was put into the TELLS system for maintenance. The DM stated maintenance staff were usually very quick to fix things, and within a few days. The DM stated the RD was frequently in the kitchen and would alert her if she observed something that needed to be corrected. The DM stated the RD completed quarterly audits of the kitchen, including tray audits. The DM stated her expectation when food was returned to the refrigerator or freezer would be that food remaining in the box would be wrapped and sealed. The DM stated if the food item was out of the box it should be labeled and dated. The DM stated food items being returned to the refrigerator or freezer could become contaminated or get freezer burn if not wrapped and sealed appropriately. The DM stated the bulk storage bins in the dry food storage room should be labeled and dated. The DM stated that the stickers came off easily. The DM stated that lids to these bins should be labeled with the name of the item and the use-by date. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 465003 | A. Building<br>B. Wing | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Park Healthcare and Rehabilitation | 2700 West 5600 South<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>38031<br><br>Based on observation and interview, the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, for 5 out of 50 sampled residents, a Certified Nursing Assistant (CNA) assisted multiple residents with dining and hand hygiene was not performed when environmental surfaces and resident objects were touched. Resident identifiers: 21, 24, 40, 63, and 84.<br><br>Findings included:<br><br>On 6/26/24, a dining observation was made for the breakfast meal on the D hallway.<br><br>On 6/26/24 at 8:08 AM, CNA 6 was observed to serve a bite of food to resident 84. CNA 6 then handed a stool over the top of the table to another CNA. The stool was passed over resident 24's meal. CNA 6 then cleaned spilled milk off the floor. CNA 6 did not perform hand hygiene.<br><br>On 6/26/24 at 8:13 AM, CNA 6 assisted resident 40, resident 24, and resident 63 with a bite of food. CNA 6 then provided resident 21 with a drink of a beverage while touching the straw and area that came into contact with resident 21's mouth. CNA 6 did not perform hand hygiene.<br><br>On 6/26/24 at 8:21 AM, CNA 6 provided multiple bites of food to resident 84, resident 40, and resident 21 without sanitizing their hands in between. CNA 6 was observed to touch her eyeglasses repeatedly, pushing them up onto her nose, while assisting the residents with their meal.<br><br>On 6/26/24 at 9:03 AM, an interview was conducted with CNA 8. CNA 8 stated that they should be performing hand hygiene in between passing meal trays and in between feeding different residents.<br><br>On 6/27/24 at 7:20 AM, an interview was conducted with the CNA Coordinator. The CNA Coordinator stated that staff should perform hand hygiene when they were serving food if they touched any environmental surfaces that could cross contaminate. CNA 6 stated that the CNAs should wash their hands if they touched a resident's straw that came into contact with the resident's mouth before moving on with assisting another resident with dining. |