

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465066 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/03/2026 |
| NAME OF PROVIDER OR SUPPLIER Monument Healthcare Taylorsville | | STREET ADDRESS, CITY, STATE, ZIP CODE 6246 South Redwood Road Salt Lake City, UT 84123 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|--|
| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility did not store food in accordance with professional standards for food service safety. Specifically, the residents personal food fridge had two food containers that were not labeled with a date. Findings included: On 1/28/26 at 9:59 AM, an observation was made of the resident personal food fridge. On the front of the fridge was a sign that indicated, Resident Personal Food Fridge Put residents name & date on ALL items. Items must be covered and will be thrown out after 3 days from the date. Inside the refrigerator there was one large container that had a cloudy, brown, soup-like liquid in it with brown meat-like substance. Another styrofoam container was located in the fridge that contained vegetables. Both containers were not labeled with a resident name or date. A concurrent interview was conducted with Licenced Practical Nurse (LPN) 6. LPN 6 stated the two unlabeled food containers should be thrown away because they were not labeled with a resident name and date. On 2/3/26 at 10:44 AM, an interview was conducted with the Director of Nursing (DON) who stated that she was the one who checked the fridge for expired food or food not labeled with a date and discarded them. The DON stated food was supposed to be thrown away after three days of being in the fridge.</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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