

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/31/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465067	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Rocky Mountain Care - Clearfield		STREET ADDRESS, CITY, STATE, ZIP CODE  1481 East 1450 South Clearfield, UT 84015	
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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19354</p> <p>Based on interview and record review, the facility did not immediately inform a resident's representatives after an accident, which resulted in injury and required physician intervention for 1 of 12 sampled residents. Specifically, when a resident had a fall, sustained a femur fracture, and required hospitalization , staff did not attempt to notify additional resident representatives when the primary contact did not answer the telephone. Resident identifier: 3.</p> <p>Findings included:</p> <p>Resident 3 was readmitted to the facility on [DATE] after a brief hospital stay from December 4, 2024 to December 9, 2024 related to pneumonia.</p> <p>The licenser reviewed Resident 3's medical record, and the following entries were observed:</p> <p>On December 13, 2024, at 9:23 PM, staff member (SM) 1 documented in a progress note that resident 3 was writhing in pain. An assessment of the left lower extremity was conducted, and Resident 3 was grimacing in pain with movement, touch, and abduction. The provider was contacted, and an order was received to obtain an X-ray of the left lower extremity from the hip to the ankle.</p> <p>On December 13, 2024 at 11:05 PM, SM 1 documented in a progress note that resident 3's x-ray was completed and that resident 3 had a displaced fracture to the left femur. The provider was notified and gave instructions to contact the family to determine what the family's wishes for treatment were. SM 1 documented that multiple attempts to contact the sident ' s POA were made but that he was not able to get a hold of the family. Resident 3 was transferred to the emergency department on December 13, 2024 at 11:58 PM.</p> <p>The licenser conducted an interview with Administrative staff member (ASM) 2 on March 25, 2025, at 10:45 AM. ASM 2 was asked what the expectation would be if the facility was unable to contact the primary emergency contact when a critical incident had occurred. ASM 2 stated that the staff would be expected to notify other emergency contacts within five minutes if the primary emergency contact had not responded to phone calls.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		Event ID:  Facility ID: 465067
		If continuation sheet Page 1 of 2

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F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>The licensor interviewed SM 1 on March 25, 2025 at 11:15 AM. SM 1 stated that he attempted to contact the primary contact (POA) multiple times, calling from a person's cell phone three times and the facility phone twice. When asked if a voice message was left, SM 1 stated, I think so. SM 1 was asked if an attempt had been made to contact other emergency contacts, and SM 1 stated, No. It wasn't a heart attack or a stroke, so SM 1 didn't think it was critical to notify other emergency contacts.</p> <p>The licensor conducted an interview with an emergency contact on March 25, 2025, at 11:23 AM. The emergency contact stated that the hospital notified the family that resident 3 was admitted to the hospital on December 13, 2024, at midnight, but that resident 3's family was not notified of the hospitalization and fractured femur until December 15, 2024.</p>		