

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Rocky Mountain Care - Hunter Hollow		STREET ADDRESS, CITY, STATE, ZIP CODE 4090 West Pioneer Parkway West Valley City, UT 84120	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview, observation, and record review, it was determined that the facility failed to adhere to its established infection prevention and control program. Specifically, a staff member was observed not to wash or sanitize their hands between resident rooms. On June 26, 2025 at 10:50 AM, the surveyor observed certified nursing assistant (CNA) 1. CNA 1 exited a resident's room designated by posted signage for enhanced barrier precautions. The displayed signage required hand hygiene upon entry and exit, as well as the use of gowns and gloves for high-contact resident care, including tasks such as dressing, bathing, transferring, linen changes, hygiene, and toileting assistance. CNA 1 was observed to be carrying a bag of garbage, which appeared to be soiled briefs or linens, and a water mug. After CNA 1 handed the mug to another staff member and discarded the garbage, CNA 1 did not perform hand hygiene. Subsequently, CNA 1 entered a different resident's room without sanitizing hands prior to entry. The surveyor interviewed CNA 1 on June 26, 2025, at 1:05 PM. CNA 1 stated that the room with enhanced barrier precautions was for a resident with a wound, and CNA 1 stated that the wound had healed and she did not think the resident required the enhanced barrier precautions. CNA 1 stated that she did not wear a gown or gloves when providing cares to the resident in that room. The surveyor interviewed the Director of Nursing (DON) on June 26, 2025, at 1:30 PM. The DON stated that the resident in the room with enhanced barrier precautions had a wound, so if staff were to enter the room and provide cares, the staff member should be wearing a gown and gloves. The surveyor reviewed the facility's Enhanced Barrier Precaution policy, which was last updated in April of 2025. The policy stated that enhanced barrier precautions are initiated for residents with wounds. The policy stated that all staff are expected to comply with all designated precautions. The surveyor reviewed the facility's Hand Hygiene Policy, which was last updated in April of 2025. The Hand Hygiene Policy stated that staff must either clean their hands with soap and water or an alcohol based hand rub between resident contacts, after handling contaminated objects, and before and after handling clean or soiled dressings.</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
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