

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Crestwood Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 3665 Brinker Avenue Ogden, UT 84403	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined, for 1 of 40 residents sampled, that the facility did not ensure that prompt efforts to resolve grievances made by the residents were completed, tracked through the conclusion with a summary of the findings, and a statement as to whether the grievance was confirmed or not confirmed with any corrective action taken and the date it was completed. Specifically, the facility did not promptly resolve the grievance made by the resident and the grievance did not contain the investigation, summary of findings, or the conclusion of the investigation with dates. Resident identifier: 1. Findings included: Resident 1 was admitted to the facility on [DATE] with diagnoses which included type II diabetes mellitus, hypertension, anxiety disorder, major depressive disorder, and post-traumatic stress disorder. On 4/19/26 at 2:44 PM, an interview was conducted with resident 1. Resident 1 stated that she told the Resident Advocate (RA) that a Certified Nurse Assistant (CNA) let the door slam on her finger and it cut her finger causing it to bleed. Resident 1 stated that this incident occurred last week. Resident 1 stated that she filled out a grievance report with the RA. Resident 1 stated that the nursing staff put Neosporin and a bandage on the finger after the incident. Resident 1 stated that she did not know the name of the CNA but she worked the night shift. Resident 1 stated that no one should be treating the residents that way. On 4/10/26 resident 1's grievance documented the concerns as Resident Reported that the CNA [name omitted] (NOC) [night shift], does not hold the smoking door open for her and another resident. She stated that the CNA swings the door open and walks away. The form documented that upon initial interview an allegation of abuse or neglect was not identified. The grievance form did not have any documentation of the steps taken to investigate the grievance, a summary of the findings and conclusion, and if the grievance was confirmed or not. The form did not have a written decision date, resident signature, grievance officer signature, or Administrator signature. On 4/22/26 at 3:48 PM, an interview was conducted with the RA. The RA stated that when resident 1 went outside the CNA did not hold the door open for the resident. The RA stated that resident 1 reported that when she went to grab the door she had a small cut that reopened. The RA stated that she reported the incident to the Administrator (ADM) and Director of Nursing (DON). The RA stated that resident 1 presented the incident to her that when she went to stop the door from closing her cut reopened, but not that it was slammed on her. The RA stated that resident 1 mentioned that she felt like the CNA was in a hurry. The RA stated that resident 1 did not mention that she felt like the CNA was intentional in their actions and that the incident was directed at her purposefully. On 4/22/26 at 4:05 PM, an interview was conducted with the ADM, DON, and Regional Nurse Consultant (RNC). The ADM and DON stated that they were not informed of the incident with resident 1. The ADM stated that they would do an investigation and would check the camera footage. The DON stated that they would assess resident 1 for pain and injury. The ADM stated that they would obtain a statement from resident 1 and the employee. The RNC stated that there was nothing filled out on the back of the grievance form which indicated that it was still in progress. The ADM stated that if the form indicated that it was not an allegation of abuse then it should have been resolved within a couple of days of submission. The ADM stated that with this grievance being initiated on 4/10/26 it should have been resolved by now.</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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