STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465084	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Uintah Basin Rehabilitation and Senior Villa	265 North 300 West Roosevelt, UT 84066

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, it was determined that the facility did ensure a written notification of discharge was provided to a resident. Specifically, a resident who was transported to the hospital, and subsequently discharged from the facility, did not receive a written notice of discharge.On April 15, 2026, the surveyor reviewed Resident 2's electronic medical record and confirmed she was sent to the emergency room and discharged from the facility on September 26, 2026. No notice of discharge was present in the record. Hospital documentation from that date indicated the patient could not return to the facility, as the facility could not ensure her safety.The surveyor reviewed the facility's discharge policy and confirmed the policy required written notification to the resident and their representative, including the reason for discharge, the effective date, the discharge location, appeal rights, and contact information for the Ombudsman, and relevant advocacy agencies.On April 15, 2026, the surveyor interviewed the facility Administrator, who acknowledged that while the resident and family were informed verbally, no written notice of discharge was provided.

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