

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER The Terrace at MT Ogden		STREET ADDRESS, CITY, STATE, ZIP CODE 400 East 5350 South Ogden, UT 84405	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46232</p> <p>Based on interview and record review, it was determined there was a delay in care for a resident complaining of leg numbness and weakness for 1 of 4 sampled residents. Resident identifier: 1.</p> <p>Findings Include:</p> <p>Resident 1 was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses of wedge compression fracture of the thoracic (t) vertebra of t7-t8 , multiple rib fractures, muscle weakness, cognitive communication deficit, and schizophrenia.</p> <p>On 6/26/2024 at 12:38 PM, a provider documented a cranial nerve exam and neurological exam was conducted on resident 1 due to complaints of being unable to move or feel their legs for the last day. The provider documented no abnormalities were noted. Resident 1 had been able to feel and move their lower extremities at the time of the exam.</p> <p>On 6/29/2024 at 4:48 AM and 11:54 AM, licensed practical nurses documented resident 1 had complained of lower extremity paralysis. There was no provider documentation or communication located to indicate the provider had been made aware of resident 1's change of condition.</p> <p>On 6/30/2024, a registered nurse documented resident 1 had been seen by the provider and sent to the emergency room due to hypoxia, nausea, and new onset paralysis to lower extremities. At 1:30 PM, the provider documented resident 1 had been sent to the emergency room due to a new diagnosis of peripheral neuropathy and no movement to their lower extremities post vertebral compression fracture.</p> <p>It should be noted resident 1 had a 5 day hospital admission with diagnoses including but not limited to Cauda equina compression, epidural abscess, and osteomyelitis of the thoracic vertebra.</p> <p>On 10/7/2024 at 2:19 PM, an interview was conducted with the Administrator (ADM). The ADM stated they were recently made aware that resident 1 had made claims of a fall at the facility and staff had not been taking care of them. The ADM stated there was no documented incident of a fall and there had been no report of a fall.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/7/2024 at 2:42 PM, an interview was conducted with the Nurse Practitioner (NP). The NP stated the last encounter they had with resident 1 was when resident 1 voiced they were unable to move or feel their legs and the NP observed a lack of movement in resident 1's lower extremities. The NP stated they sent resident 1 to the hospital but they were unsure if resident 1 was faking or exaggerating their symptoms. The NP stated they remembered they rounded on resident 1 on a Sunday and immediately sent them out that day due to their symptoms and their past medical history. The NP stated resident 1's lumbar back all of a sudden got worse and they were unable to move their legs and with their history, they knew this was going to happen eventually.</p> <p>On 10/8/2024 at 9:48 AM, a follow up interview was conducted with the ADM. The ADM stated they were unable to provided further documentation to show the provider had been notified of resident 1's condition on 6/29/2024.</p>