STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30563 Based on observation, interview and record review it was determined, for 1 of 45 sampled residents, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice. Specifically, a resident was complaining that food was getting caught in a tooth that had been extracted. There was no monitoring documented after the resident had the tooth extraction. Resident identifier: 50. Findings include: Resident 50 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included hemiplegia and hemiparesis, type 2 diabetes mellitus, alcoholic cirrhosis of liver without ascites, chronic respiratory failure, dysphagia, repeated falls, pain in right shoulder, and anxiety. On 9/16/24 at 11:04 AM, an interview was conducted with resident 50. Resident 50 stated food was getting caught where her tooth was. Resident 50 stated she made sure to sweep her mouth out at night before bed. Resident 50 stated she had to brush her teeth a lot. Resident 50 stated she had not told staff that she was having trouble food being stuck in the side of her mouth. Resident 50's medical record was reviewed 9/9/24 through 9/16/24. A dental form revealed a tooth extracted was completed on 7/24/24 for the tooth #31. The form revealed patient tolerated well. A physician's order dated 7/24/24 with a discontinue date of 7/31/24 revealed Norco Oral tablet 5-325 mg (milligrams). Give 1 tablet by mouth every 4 hours as needed for pain due to tooth extraction for 5 days. Resident 50 was administered Norco 16 times during that period of time. Resident 50's nursing progress notes were reviewed. There were no notes located in resident 50's medical record regarding monitoring after a tooth extraction. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/16/24 at 12:25 PM, an interview was conducted with the Director of Nursing (DON). The DON stated if a resident had a tooth extracted the nurse should monitor if the resident was able to eat. The DON stated if the resident was not able to eat or had trouble chewing, then a diet change or alternative foods needed to be provided. The DON stated nursing staff needed to monitor for signs and symptoms of infection and pain control. The DON stated resident 50 usually had high pain scores so the pain scores were not higher after the tooth extraction. The DON stated she thought that the tooth extraction was care planned.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30563 Based on observation, interview and record review it was determined, for 1 of 45 sampled residents, that the facility did not ensure that each resident received adequate supervision and assistive devices to prevent accidents. Specifically, a resident that was assessed as requiring supervision while smoking was observed to be smoking unsupervised. Resident identifier: 50. Findings include: Resident 50 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included hemiplegia and hemiparesis, type 2 diabetes mellitus, chronic obstructive pulmonary disease, alcoholic cirrhosis of liver without ascites, chronic respiratory failure, dysphagia, repeated falls, pain in right shoulder, and anxiety. On 9/9/24 at 12:06 PM, an observation was made of resident 50 asking Registered Nurse (RN) 2 if she could go smoke and RN 2 stated not until 1:30 PM. At 12:22 PM, an observation was made of Certified Nursing Assistant (CNA) 2 reporting to Registered Nurse (RN) 2 that resident 50 got a cigarette from someone else and was smoking. RN 2 was observed to tell CNA 2 okay and continued passing medications. At 12:29 PM, CNA 4 asked RN 2 if resident 50 was outside smoking. RN 2 was observed to say resident 50 was 100% non-compliant. On 9/10/24 at 1:27 PM, an observation was made of resident 50. Resident 50 was observed in the main dining room. At 1:36 PM, an observation was made of resident 50 going to the smoking area. Resident 50 was observed to get a cigarette from resident 8. Resident 50 was observed to put the cigarette in her mouth and leaned to resident 8 and lit the cigarette from resident 8's lit cigarette. On 9/10/24 at 2:15 PM, an interview was conducted with resident 15. Resident 15 stated if a resident asked for a cigarette she was able to share one with the resident. On 9/10/24 at 2:15 PM, an interview was conducted with resident 66. Resident 66 stated he used to give cigarettes to other residents but did not anymore because he did not have enough money. On 9/10/24 at 2:20 PM, an interview was conducted with resident 8. Resident 8 stated he was able to keep his cigarettes and lighter. Resident 8 stated he should not share his cigarettes with anyone because it can cause fights from others not him paying back. Resident 8 stated he gave people cigarettes to others here and there. Resident 8 stated resident 50 was unable to smoke with out supervision. Resident 8 stated he should not give resident 50 cigarettes without staff there. Resident 8 stated resident 50 snuck out to smoke. Resident 8 stated resident 50 paid back any cigarettes she borrowed so he was okay with giving her cigarettes. Resident 8 stated he had not seen any residents smoke with oxygen on and if someone came out with oxygen other residents would tell them to not smoke and would get staff. A list provided upon entrance to the facility revealed resident 50 required full supervision when smoking and the form was updated September 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 50's medical record was reviewed 9/9/24 through 9/16/24. A care plan dated 7/13/23 and revised on 9/13/23 revealed [Resident 50] uses tobacco [Cigarettes] I know to take off my oxygen before going to designated smoking area. I may choose to not smoke with specific individuals d/t personal conflict. The goal was The resident will not suffer injury from unsafe smoking practices through the review date. The interventions included Ensure O2 tank is not on and removed from wchr [wheelchair] when smoking; I may wait to smoke so I can be with the company that I choose to be with when smoking. I will notify staff if I have concerns; Instruct resident about the facility policy on smoking/vaping locations, times, and safety concerns; Notify charge nurse immediately if it is suspected resident has violated smoking policy; and Smoking: I am a supervised Smoker. I can smoke SUPERVISED which was revised on 8/14/24; and The resident should keep smoking paraphernalia secured in the nurse's cart. A Safety Smoking Evaluation dated 8/28/24 revealed resident had a diagnosis of neuropathy or other neurological impairment, history of unsafe smoking practices, non-compliance with smoking policy, and a condition or diagnosis that impairs ability to call for assistance if needed. In addition, resident demonstrated one or more of the following cognitive impairments: poor safety awareness, impaired short-term memory, impulsiveness. Pt [patient] will ask others for cigarettes. Pt sometimes will have the cherry/ash fall onto her lap while smoking. IDT [interdisciplinary team] has reviewed and has deemed that resident requires full supervision with smoking. Resident requires staff to hold onto smoking paraphernalia and requires assistance to and from the smoking area, and supervision while in the smoking area. Attendees: DON [Director of Nursing], ADDON [Assistant Director of Nursing], SSW [Social Service Worker], RA [Resident Advocate]. A Smoking Safety Evaluation dated 9/10/24 and locked on 9/11/24 revealed none of the above checked from the safety evaluation on 8/28/24. The additional documentation revealed Resia [sic] is able to access and exit smoking area with powerchair. She has been deemed safe to smoke independently. A social service progress note dated 9/13/24 at 1:58 PM revealed, The resident has been happy throughout the day, socializing with peers and engaging in activities. Staff reported that she vaped in her room; Admin & ADON notified. No other concerns noted. A nursing progress note dated 9/15/24 revealed Resident alert and oriented to self. Has been on [sic] calm mood since she woke up this morning. Goes out for smoke with constant supervision. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/16/24 at 10:55 AM, an interview was conducted with CNA 2. CNA 2 stated there was a CNA handbook that had information regarding residents who needed to be supervised when smoking and what times there was supervised smoking. CNA 2 stated resident 50 required supervision when smoking. CNA 2 stated resident 50 was supervised because she she might forget to ash her cigarette on her blanket or clothing. CNA 2 stated resident 50 had not had any burns on her skin. CNA 2 stated there was never a time that resident 50 could go out smoking unsupervised. CNA 2 stated resident 50 needed to tell staff when she wanted to go out and then staff were to remind her of the scheduled times. CNA 2 stated resident 50 would tell staff she was going to therapy and then would sneak out to smoke. CNA 2 stated last week resident 50 told staff she was going to therapy and when CNA 2 walked by the smoking area resident 50 was outside smoking. CNA 2 stated another resident gave her a cigarette. CNA 2 stated resident 50 had not had any burns on her skin or clothing. CNA 2 stated she reported it to RN 2. RN 2 stated to CNA 2 that she would speak to resident 50. On 9/16/24 at 10:59 AM, an interview was conducted with CNA 4. CNA 4 stated there was a clip board at the nurses station with the supervised smoking times. CNA 2 stated management went out with the supervised smokers. CNA 4 stated if a resident had to be supervised, then staff had to be outside with the resident. CNA 4 stated resident 50 was recently changed to unsupervised smoking about a week or 2 ago. CNA 4 stated resident 50 was on supervised smoking because she was a fall risk but since getting a new motorized wheelchair she was able to smoke unsupervised. CNA 4 stated nursing staff did an evaluation to make sure resident 50 was able to motorize herself to the smoking area. CNA 4 stated resident 50 was not able to keep her smoking material and they were stored in the nurses cart locked up. CNA 4 stated all residents had to get a lighter from the nurse and were unable to keep their lighters. On 09/16/24 at 11:11 AM, an interview was conducted with resident 50. Resident 50 stated she was able to go smoke by herself. Resident 50 stated that she recently was able to smoke independently. Resident 50 stated she got a new wheelchair that she was able to use to take herself out to smoke. Resident 50 stated she needed supervision because she did not have a wheelchair that she was able to use to get out to the smoking area. On 9/16/24 at 11:31 AM, an interview was conducted with RN 2. RN 2 stated that resident 50 used to be supervision for smoking but currently did not require supervision. RN 2 stated resident 50 required supervision before because she had a fall and staff were worried about resident 50 being outside with out staff. RN 2 stated resident 50 fell before she was admitted and that was why resident 50 had supervision when smoking. RN 2 stated resident 50 was not on supervised smoking for very long. RN 2 stated resident 50 had not had burn holes. RN 2 stated resident 50 was only supervised for about 2 to 3 weeks. On 9/16/24 at 9:59 AM, an interview was conducted with the Administrator (ADM). The ADM stated when a resident who smoked was admitted , an smoking safety assessment and IDT note was completed. The ADM stated if a resident required particle assistance, then staff needed to assist the resident to and from the smoking area. The ADM stated for residents that required supervision, then a staff member needed to be outside in the smoking area with the residents. The ADM stated staff should be watching residents the whole time. The ADM stated there were cameras outside, so she was able to monitor the smoking area from her computer. The ADM stated she was able to watch the cameras if she was sitting at her desk. The ADM stated there was a schedule for residents that required supervision and staff took residents outside to the smoking area to smoke. The ADM stated if staff were available between smoking break time, then staff could take residents out between the smoking breaks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/16/24 at 11:20 AM, an interview was conducted with the ADM. The ADM stated resident 50 was re-assessed last week to determine if the resident was able to smoke independently. The ADM stated resident 50 was to be supervised because she was unable to transport herself to and from the smoking area. The ADM stated now that resident 50 had a power wheelchair she was able to take herself to and from the smoking area. The ADM stated she was not aware the previous smoking assessment was supervised because resident ashed in her lap. The ADM stated resident 50 was caught vaping in her room this weekend, so she would be going back to supervised smoking. On 9/16/24 at 11:57 AM, an interview was conducted with the ADM. The ADM stated resident 50 was ashing on herself so she was placed on supervised smoking. The ADM stated there was an adjustment to pain medications, so resident 50 was placed on supervised smoking. The ADM stated resident 50 came to her last week to re-evaluate her smoking because resident 50 wanted to smoke independently. The ADM stated the DON, ADON, and CNA coordinator monitored resident 50 at different times to determine if she was safe to smoke independently. The ADM stated the IDT met and after assessments were complete resident 50 was taken off of supervised smoking. The ADM stated that resident 50 had an electric wheelchair and was able to transport herself in and out from smoking. A form titled Smoking Monitor Duties provided upon entrance to the facility revealed a section titled Residents Requiring Supervision Smoking. The form revealed the following: The residents requiring assistance will have smoking materials secured in a locked container stored at the nurse's station. Monitor will bring to the designated smoking area. The smoking assistance form will be reviewed and validated necessary adaptive equipment is in use e.g. smoking apron, cigarette extender. Check the smoking assistance form to see if the resident needs assistance or any adaptive equipment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44640 Based on observation, interview, and record review it was determined, for 1 of 45 sampled resident, the facility did not ensure that a resident who was fed by enteral means received the appropriate treatment. Specifically, a resident's tube feeding was not infusing at the prescribed infusion rate. Resident identifier: 51. Findings include: Resident 51 was admitted to the facility on [DATE] with diagnoses which included dysphagia following cerebral infarction, acute respiratory failure with hypoxia, gastrostomy malfunction, permanent atrial fibrillation, dependence on supplemental oxygen, hemiplegia and hemipareses affecting right dominant side, and primary hypertension. The following observations were made of the tube feeding for resident 51: a. On 9/9/24 at 11:45 AM, tube feeding of Jevity 1.2 was infusing at a rate of 90 ml (milliliter)/hr (hour) resident 51 was sitting in the dining room. b. On 9/10/24 at 11:00 AM, tube feeding of Jevity 1.2 was infusing at a rate of 90 ml/hr resident 51 was sitting in the common area by the nurse's station. c. On 9/11/24 at 10:30 AM, tube feeding Jevity 1.2 was infusing at a rate of 90 ml/hr resident 51 was sitting in the common area by the nurse's station. d. On 9/12/24 at 2:26 PM, tube feeding Jevity 1.2 was infusing at a rate of 90 ml/hr resident 51 was in bed in his room. e. On 9/16/24 at 1:10 PM, an observation was made of resident 51. Resident 51 was observed to be in the hallway by the rehab nurses station in a gerichair. Resident 51 was observed to have had Jevity 1.2 infused 1070 mls of formula. Resident 51 had Jevity 1.2 infusing at 90 mls/hr with 100 mls every 4 hours of water. Resident 51's medical record was reviewed 9/9/24 through 9/12/24. A quarterly Minimum Data Set (MDS) dated [DATE] revealed resident 51 had loss of liquids/solids from mouth when eating or drinking, holding food in mouth, cheeks or residual food in mouth after meals and coughing or choking during meals or when swallowing medications. Resident 51 received tubefeeding and mechanically altered diet while a resident at the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A care plan dated 2/1/24 and revised on 2/19/24 revealed [Resident 51] requires tube feeding PEG tube r/t [related to] dysphagia s/p [status post] CVA [cerebral vascular accident]. The goal was Will maintain adequate nutritional and hydration status aeb [as evidenced by] weight stable, no s/sx [signs and symptoms] of malnutrition or dehydration through review date. Interventions included Will remain free of side effects or complications r/t tube feeding through review date; HOB [head of bed] elevated 30-45 degrees during and thirty minutes after tube feed; RD [Registered Dietitian] to evaluate quarterly and PRN [as needed]. Monitor caloric intake, estimate needs. Make recommendations for changes to tube feeding as needed; and The resident is dependent with tube feeding and water flushes. See MD [medical doctor] orders for current feeding orders. A physician's order dated 8/21/24 which revealed Start Feeding Tube via Jtube [jejunostomy] tube @ [at] 2000 [8:00 PM]. Turn off at 1300 [1:00 PM]. Run Jevity 1.2 @ 90ml/hr, with a water flush @ 100 mL Q [every] 4 hrs [hours]. Provide 4 hours of gut rest. A physician's order dated 6/5/24 revealed regular diet, pureed texture, regular consistency. A nutrition dietary note dated 8/27/24 at 7:37 PM revealed, Resident BMI [body mass index] =24.3 gradually increasing. Weight 159.6 recommend trending weight maintenance. Po [oral] intake has increased the past 2 weeks to 50-100% 2-3 meals per day. Recommend decrease tubefeeding to Jevity 1.2 @90ml/hr x18 hour with 100ml water flush Q4 hours. Monitor po intake, weight and Tube feeding. A nutrition/dietary note dated 9/3/24 at 6:27 PM revealed, Resident eating 50-100% of pureed diet. Has been gaining weight with TF and po intake. Recommend change TF to Jevity 1.2 @ 90ml/hr with 100ml water flush Q 4 hours Start TF @ 2000. Turn off TF at 0600. This should provide 1080 kcal, 50g protein, 726ml water flush 600 water flush for 1326ml total water. Monitor intake, weight and TF. Adjust as needed. On 9/12/24 at 4:08 PM, a telephone interview was conducted with the Registered Dietician (RD). The RD stated she was aware of resident 51 as he was the only resident in the facility on a tube feeding. The RD stated there were weight meetings to review the residents but she did not attend those meetings. The RD stated she input her data into the medical record before the meeting so they could refer to it during the meeting. The RD stated the Certified Dietary Manager (CDM) was at the meetings and they would communicate by phone or text if needed. The RD stated she checked the resident's status every week and only went to the facility every other week. The RD stated she would only put new information into the skin and weight note in the medical record if there was a change. The RD stated if she recommended a change it would also be in a progress note and the CDM would relay the changed information to the nursing staff to implement. The RD stated resident 51's most current feeding tube recommendation was Jevity 1.2 to be started at 8:00 PM and turned off at 6:00 AM starting on 9/3/24. The RD stated they had cut it back and turned it off at 6:00 AM to facilitate his oral intake and decrease excessive weight gain. On 9/16/24 at 1:07 PM, an interview was conducted with the Director of Nursing (DON). The DON stated when the RD made a recommendation, the recommendations were emailed to the DON. The DON stated nurse managers inputted the orders into the medical record after talking with the physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)

F 0693

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

On 9/16/24 at 1:15 PM, an interview was conducted with Assistant Director of Nursing (ADON) 2. ADON 2 stated the RD sent nurse managers a form with dietary recommendations for residents weekly. ADON 2 stated those recommendations were taken to the physician to approve or not. ADON 2 stated the nurse managers verify the orders and inputted them into the electronic medical record. ADON 2 stated the RD recommended tubefeeding orders to be changed on 9/3/24 for resident 51. ADON 2 stated the orders were Jevity 1.2 90 mls/hr with 100 mls water every 4 hours and to start at 8:00 PM and turn off at 6:00 AM. ADON 2 stated the recommendations should have been put in as physician's orders. ADON 2 stated the Nurse Practitioner had signed for the orders to be implemented. ADON 2 stated the recommendations from the RD on 8/20/24 was for 19 hours from 8:00 PM to 1:00 PM at 90 mls/hr with 100 ml every 4 hours water flushes. ADON 2 stated the order on 8/20/24 the order from 8:00 PM until 1:00 PM was for 17 hours and not 18 hours. ADON 2 stated the physician's order should have been clarified and implemented. ADON 2 stated on 8/6/24 the RD wanted to continue current tube feeding of Jevity 1.2 at 90 mls/hr for 20 hr with 100 ml water flush every 4 hours.

A review of the facility Enteral Nutrition policy which was revised August 2024 revealed the policy statement as, Adequate nutritional support through enteral nutrition is provided to residents as ordered. Under the section labeled Policy Interpretation and Implementation the policy documented the following:

The interdisciplinruy team, including the dietitian, conducts a full nutritional assessment within current initial assessment timeframes to determine the clinical necessity of enteral feedings. The assessment includes: Evaluation of the resident's current clinical and nutritional status. The dietitian, with input from the provider and nurse: estimates calorie, protein, nutrient and fluid needs; determines whether the resident's current intake is adequate to meet his or her nutritional needs; recommends special food formulations; and calculates fluids to be provided (beyond free fluids in formula). Enteral nutrition is ordered by the provider based on the recommendations of the dietitian. If a feeding tube is ordered, the provider and interdisciplinary team document why enteral nutrition is medically necessary. The dietitian monitors residents who are receiving enteral nutrition, and makes appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings. Enteral feedings are scheduled to try to optimize resident independence whenever possible (e.g., at night or during hours that do not interfere with the resident's ability to participate in facility activities). The Nurse confirms that orders for enteral nutrition are complete. Complete orders include: The enteral nutrition product; delivery site (tip placement); the specific enteral access device (nasogastric, gastric, jejunostomy tube, etc.; administration method (continuous, bolus, intermittent); volume and rate of administration; the volume/rate goals and recommendations for advancement toward these; and instructions for flushing (solution, volume, frequency, timing and 24-hour volume). Residents receiving enteral nutrition are periodically reassessed for the continued appropriateness and necessity of the feeding tube. Results of these assessments are documented and any changes are made to the care plan. Input from the resident or legal representative is included in the assessment.

30563

The facility policy and procedure form Enteral Nutrition was reviewed and revealed the following:

Policy Statement

Adequate nutritional support through enteral nutrition is provided to residents as ordered.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy Interpretation and Implementation 1. The interdisciplinary team, including teh dietitian, conducts a full nutritional assessment within current initial assessment timeframes to determine the clinical necessity of enteral feedings. The assessment includes: a. Evaluation of the resident's current clinical and nutritional status; b. Relevant functional and psychosocial factors; and c. A review of interventions to maintain oral intake prior to the use of a feeding tube and the resident's response to them. 2. The recommendation to initiate teh use of enteral nutrition is based on the results of the comprehensive nutritional assessment, and is consistent with current standards of practice, the resident's advance directives, treatment goals and facility policies. 3. The dietitian, with input from the provider and nurse: a. Estimates calorie, protein, nutrient and fluid needs; b. Determines whether the resident's curre

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43212 Based on observation, interview and record review, for 4 of 45 residents, the facility did not ensure that residents who needed respiratory care were provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Specifically, a resident did not have a physician order for the use of oxygen, and residents did not have properly labeled oxygen tubing. Resident identifiers: 6, 39, 51, and 69. Findings include: 1. Resident 39 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), chronic respiratory failure with hypoxia, morbid obesity, pulmonary hypertension, asthma, and chronic kidney disease. On 9/9/24 at 2:10 PM, an interview was conducted with resident 39 who stated she was supposed to be on oxygen 24 hours a day. Resident 39 stated that staff were not checking her oxygen levels. Resident 39's oxygen concentrator was observed to be running, while her oxygen tubing and cannula were hanging over her wheel chair. Resident 39's medical records were reviewed between 9/9/24 and 9/16/24. An admission MDS (Minimum Data Set) assessment dated [DATE] revealed that resident 39 had a BIMS (Brief Interview for Mental Status) score of 15 indicating the resident was cognitively intact. The MDS assessment also revealed that resident 39 was not using oxygen. A baseline care plan dated 7/31/24 included, Reasons for Nursing Services .Oxygen therapy, pain management, ADL [activities of daily living] assistance, skilled nursing assessment, skilled wound care, anxiety, and depression management. An Admission review dated 7/31/24 revealed, .Admitting diagnosis: COPD, Heart failure; Reason for admission: Wound care, medication management, oxygen management. Lifestyle: current smoker, [AGE] years. A Care Conference report dated 8/1/24 revealed a care conference at 8:25 AM. The form stated resident 39 and the IDT (interdisciplinary team) were present at the meeting. Members who participated in development of resident 39's care plan were the attending physician, physician extenders, licensed nurse, certified nursing assistant (CNA), dietary manager, social services, activities director, and the administrator. Additional care areas noted were, She wears oxygen and needs some assistance with her ADL's. Resident 39's orders were reviewed. There were no orders for use of oxygen found. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 39's care plan revealed, [Resident 39] has altered respiratory status rt [related to] COPD, chronic respiratory failure, pulmonary HTN [hypertension], morbid obesity. The goal was, [resident 39] will have no s/sx [signs or symptoms] of poor oxygen absorption through the review date. Interventions included, Elevate the head of bed as tolerated for ease of breathing. Resident cannot tolerate lying flat due to SOB [shortness of breath]; Monitor for s/sx of respiratory distress and report to MD [medical doctor] PRN [as needed]: Increased respirations, decreased pulse oximetry, increased heart rate (tachycardia); Restlessness; Diaphoresis; Headaches; Lethargy; Confusion; Hemoptysis; cough; Pleuritic pain; Assessory muscle usage; skin color changes to blue/gray. On 9/11/24 at 9:22 AM, an observation was made of resident 39's oxygen concentrator. The concentrator was running and the cannula was noted to be on the floor next to the resident's bed. On 9/11/24 at 9:35 AM, an interview was conducted with CNA 5 who stated that resident 39 used her oxygen during the night and not during the day. CNA 5 stated the oxygen tubing was changed every Tuesday night. On 9/11/24 at 9:36 AM, an interview was conducted with Registered Nurse (RN) 3 who stated he thought resident 39 was on 2 liters of oxygen. RN 3 stated most residents were on 2 to 3 liters. RN 3 began to check resident 39's orders but was unable to find an order. RN 3 stated resident 39 had COPD and chronic respiratory failure with hypoxia. On 9/11/24 at 9:38 AM, an interview was conducted with the Director of Nursing (DON) who was also unable to find an oxygen order for resident 39. The DON stated it was necessary to have a physician order for oxygen use. On 9/11/24 at 10:17 AM, a physician order for oxygen revealed, Titrate oxygen as needed to maintain SPO2 [oxygen saturation] equal or greater than 90%. On 9/11/24, an additional intervention was added to resident 39's care plan stating, Oxygen Settings: Oxygen as ordered, wean as able, check 02 sats [saturations] as ordered. On 9/16/24 at 11:47 AM, a follow-up interview was conducted with the DON who stated resident 39 was originally admitted to the facility on hospice, but hospice was retracted because resident 39 was not appropriate for hospice. The DON stated that when a resident was admitted , the floor nurse was the first to do an assessment on the resident. The DON stated the assessment that went to the MDS coordinator who completed the comprehensive admission assessment. The DON stated resident 39 must not have been on oxygen when she was admitted and then she must have been put back on oxygen but there was no physician's order. On 9/16/24 at 11:57 AM, an observation was made of resident 39's oxygen concentrator which was set at 3 Liters. 44640 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Resident 6 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, adult failure to thrive, need for assistance with personal cares, hypertensive heart, chronic kidney disease stage 3, diastolic congestive heart failure, pulmonary hypertension, chronic pain, major depressive disorder, and generalized anxiety disorder. On 9/11/24 at 10:21 AM, an observation was made of the oxygen concentrator in resident 6's room. The humidifier bottle on the oxygen concentrator was empty and labeled with the date of 8/28. The nasal cannula and bag that held the nasal cannula were both labeled with the date of 8/28. Resident 6 was not in the room to interview. The Certified Nursing Assistant Coordinator was observed to enter the room and change the oxygen tubing. A new date of 9/11 was written on the oxygen tubing and the humidifier bottle. Resident 6's medical record was reviewed 9/9/24 through 9/12/24. No Physician order for changing the oxygen tubing or equipment could be located in resident 6's medical record. No documentation could be located in the medical record of the oxygen tubing being changed and dated. A care plan focus of oxygen therapy r/t CHF [congestive heart failure], COPD . was initiated on 3/6/2020, with a goal for resident 6 to have no s/sx of poor oxygen absorption through the review date. No interventions for changing the oxygen tubing were noted. 3. Resident 51 was admitted to the facility on [DATE] with diagnoses which included dysphagia following cerebral infarction, acute respiratory failure with hypoxia, gastrostomy malfunction, permanent atrial fibrillation, dependence on supplemental oxygen, hemiplegia and hemipareses affecting right dominant side, and primary hypertension. On 9/11/24 at 10:31 AM, an observation was made of resident 51's oxygen tubing and humidifier. Both were labeled with the date of 8/28. The CNAC was observed to enter the room and change the oxygen tubing. A new date of 9/11 was written on the oxygen tubing and the humidifier bottle. Resident 51's medical record was reviewed 9/9/24 through 9/12/24. Physician order dated 5/16/24 documented, O2 per nc at 1-6 L [liter]/min [minute] PRN. Check O2 sat q [every] shift. Goal to maintain O2 sats > [greater than] 90% [percent]. one time a day every Thu [Thursday]. Change nasal cannula & O2 filters on concentrator Q week and PRN; Check humidifier weekly and change humidifier when consumed. THURSDAY The September 2024 Medication Administration Record (MAR) revealed the oxygen tubing had been changed on Thursday 9/12/24 by staff. The documentation of the oxygen tubing being changed that was observed on 9/11/24 was not found in the medical record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A care plan focus of [resident 51] has altered respiratory status/difficulty breathing DX [diagnoses] chronic respiratory failure w [with]/hypoxia. was initiated on 2/12/24 with a goal for resident 51 to have no complications r/t SOB (shortness of breath) through the review date. No interventions for changing the oxygen tubing were noted. 4. Resident 69 was admitted to the facility on [DATE] with diagnoses which included metabolic encephalopathy, chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, severe sepsis, pneumonia, thrombocytopenia, dependence on supplemental oxygen, hyperkalemia and shortness of breath. On 9/9/24 at 10:45 AM, an observation was made of the oxygen concentrator in resident 69's room. The nasal cannula, humidifier bottle and bag that held the nasal cannula were all labeled with the date of 8/28. The CNAC was observed to enter the room and change the oxygen tubing. A new date of 9/11 was written on the oxygen tubing, bag and the humidifier bottle. Resident 69's medical record was reviewed 9/9/24 through 9/12/24. No Physician order of Change oxygen tubing weekly had a revision date of 8/27/24. The order did not have a start date. No documentation could be located in the medical record of the oxygen tubing being changed and dated. A care plan focus of [Resident 69] has altered respiratory status and requires O2 rt COPD, Pneumonia, respiratory failure, SOB, tobacco use was initiated on 8/26/24 with a goal for resident 69 to have no complications related to SOB through the review date. No interventions for changing the oxygen tubing were noted. On 9/9/24 at 11:00 AM, an interview was conducted with the CNAC. The CNAC stated she was changing out the oxygen tubing, humidifiers and bags on all the residents in the facility who were on oxygen. The CNAC stated she was the only one who changed the oxygen supplies and that she did it weekly. The CNAC stated the oxygen tubing should be changed weekly to decrease the risk of the residents getting sick from dirty oxygen supplies. On 9/12/24 at 10:03 AM, a follow up interview was conducted with the CNAC. The CNAC stated she did change all of the oxygen supplies for the residents on Monday. The CNAC stated she did not chart it anywhere, she usually just keeps track of it. The CNAC stated the nurses keep track of the resident's oxygen levels but that did not reflect when she changed the oxygen supplies. The CNAC stated the CNA's at night could change it if she was not there. The CNAC stated there was no record for CNA's to reference to know if oxygen supples needed to be changed unless they just went around to each resident and checked the date on the oxygen supplies in the rooms. The CNAC stated the CNAs had a list of responsibilities they were supposed to look at each shift to make sure things were getting done. The CNAC stated they were aware this was an issue and were working on the process with the staff to ensure oxygen tubing was changed weekly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/16/24 at 2:36 PM, an interview was conducted with the Administrator and DON. The DON stated oxygen supplies were changed out weekly. The DON stated the supplies included the nasal cannula, humidifier and tubing. The DON stated all the oxygen supplies should be dated and labeled. The DON stated there should be physician's orders for oxygen to know how much the resident needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43212 Based on observation, interview and record review, for 1 of 45 sampled residents, the facility did not ensure that residents were free from significant medication errors. Specifically, an order for Furosemide 40 mg (milligrams) was not discontinued when the physician reduced the dose to 20 mg, resulting the resident receiving 60 mg on two separate days. Resident identifier: 39. Findings include: Resident 39 was admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (COPD), chronic respiratory failure with hypoxia, congestive heart failure (CHF), morbid obesity, pulmonary hypertension, asthma, and chronic kidney disease. On 9/9/24 at 2:05 PM, an interview was conducted with resident 39 who had been told by the nurse that her Furosemide dose was doubled and she was going to hold it until she spoke with the doctor. Resident 39 stated she had not been notified about the medication change in advance. Resident 39's medical record was reviewed between 9/9/24 and 9/16/24. Physician orders included: a. Furosemide Oral Tablet 40 mg; Give 40 mg by mouth one time a day for heart failure. Start date: 8/2/24, discontinue date: 9/9/24. b. Furosemide Oral Table 20 mg: Give 1 tablet by mouth one time a day for CHF. Start date: 9/6/24. The September 2024 MAR (Medication Administration Record) was reviewed. Per documentation, on 9/6/24, resident 39 received 40 mg and 20 mg of Furosemide. On 9/7/24, resident 39 refused both doses of Furosemide. On 9/8/24, resident 39 received 40 mg and 20 mg of Furosemide. On 9/9/24, resident 39 received 40 mg of Furosemide and refused the 20 mg of Furosemide. Progress notes revealed: a. 9/4/24 at 6:44 PM, Edema checks added following providers written order d/t [due to] pt [patient] being on diuretics. b. 9/5/24 at 5:40 PM, New orders to increase Spironolactone to 100 mg po [by mouth] d [sic] day. and to start lasix 20 mg po q [every] day for chf and to check bmp [basic metabolic panel] on Monday for chf and to monitor electrolytes. Needs a cardiology consult and that order given to scheduler. c. 9/7/24 at 10:37 AM, Administration note: Furosemide Tablet 20 mg Give 1 tablet by mouth one time a day for chf. ref [refused]. d. 9/7/24 at 10:38 AM, Administration note: Furosemide Tablet 40 mg Give 40 mg by mouth one time a day for Heart Failure. ref. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. 9/9/24 at 8:58 AM, Administration note: Furosemide Tablet 20 mg Give 1 tablet by mouth one time a day for chf. refused. f. 9/9/24 at 4:12 PM, Discontinue lasix 40 mg. Duplicate dosing. Continue to give 20 mg. On 9/16/24 at 10:43 AM, an interview was conducted with Registered Nurse (RN) 2 who stated resident 39's Furosemide dose was 40 mg for a while. RN 2 stated resident 39 was getting Spironolactone also. RN 2 stated she was concerned about resident 39's blood pressure. RN 2 resident 39's Spironolactone dose was bumped up on 9/5/24 from 50 mg to 100 mg. RN 2 stated resident 39 did not like the Furosemide. RN 2 stated the change to 20 mg of Furosemide was due to resident 39's kidney laboratory results. On 9/16/24 at 11:28 AM, an additional interview was conducted with RN 2 who stated she did not know if both doses of Furosemide were given during the weekend. RN 2 stated she did not know if the 40 mg was intended to be discontinued when the 20 mg order was given until she spoke with the provider. On 9/16/24 at 11:38 AM, an interview was conducted with the Director of Nursing (DON) who stated depending on what the physician ordered, the old order would discontinue when the new order was given. The DON stated the order to discontinue the 40 mg of Furosemide was not given until 9/9/24. The DON stated ideally the nurse should clarify if the old order should be discontinued when a new order is given.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 50200 Based on observation and interview, it was determined the facility did not ensure that all drugs and biologicals were stored and secured in locked compartments. Specifically, medication was left unattended in a medication cup on top of an unlocked medication cart within reach of other residents and a blue pill was observed to be on the floor during medication pass. Findings include: On 9/10/24 at 8:04 AM, an observation was made of the medication cart in the Cambridge Unit. It was observed that there were medications in a medication cup on top of the cart, the medication cart was not locked and left unattended by Registered Nurse (RN) 1. It was observed that several residents were passing by the medication cart on their way into the dining room. RN 1 was observed to be in the dining room and returned to the medication cart at 8:06 AM. On 9/11/24 at 7:17 AM, an observation was made of a blue pill on the floor near the nurses station and the south hall. It was observed that there were multiple residents in the area. On 9/11/24 at 7:30 AM, an observation was made of housekeeping picking the blue pill up off the floor and handing the pill to RN 4. RN 4 was observed to dispose of pill in the sharps container. On 9/11/24 at 9:42 AM, an interview was conducted with RN 1. RN 1 stated that when she passed medications to residents she tried not to leave the medications on top of the medication cart and if she did it was usually an emergency. RN 1 stated that she should not leave medications unattended and the medication cart should always be locked. On 9/16/24 at 10:38 AM, an interview was conducted with Assistant Director of Nursing (ADON) 2. ADON 2 stated that all medications should be stored inside of the medication cart and never left out unattended and the cart should be locked when not in use. ADON 2 stated that if a medication fell on the floor, she would verify what the medication was and what resident did not get their medication. ADON 2 stated that after she verified the medication she would waste the medication appropriately if it was on the floor. On 9/16/24 at 12:36 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that medications found on the floor should be identified and investigated to see where they came from. The DON stated that the medication should then be disposed of. The DON stated that medications should never be left on top of a medication cart unattended. The DON stated the medication cart should always be locked when a nurse left the cart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 30563 Based on observation, interview, and record review, the facility did not provide food that was palatable, attractive, and at a safe and appetizing temperature. Specifically, for 9 out of 45 sampled resident, residents complained of food quality and a test tray not attractive or palatable. Resident identifiers: 8, 15, 28, 31, 34, 39, 47, 55 and 66. Findings include: 1. On 9/9/24 at 9:29 AM, an interview was conducted with resident 15 who stated the food was terrible. Resident 15 stated there was too much rice served and what they pass off as meat went right through her. Resident 15 stated she continued to be served food she had put on her dislikes list. On 9/10/24 at 1:42 PM, an interview was conducted with resident 15. Resident 15 stated the food was not good. Resident 15 stated she was sick of rice and they put rice on everything. Resident 15 stated that there was rice on sandwiches. Resident 15 stated the last sandwich she was served had cheese, chicken, rice, tomato and bread with no sauce. Resident 15 stated she needed wheat bread and was only served white bread 2. On 9/9/24 at 10:06 AM, an interview was conducted with resident 28. Resident 28 stated the food had too many carbohydrates. Resident 28 stated the vegetables were under cooked or over cooked and not palatable. Resident 28 stated when vegetables were over cooked there were no vitamins in them. Resident 28 stated the portions at dinner were not big enough and if he asked for seconds, sometimes he was able to get them. Resident 28 stated the meal tray had salt and pepper packets but most of the time the milk or water spilled onto the packets. Resident 28 stated many times the food was left at his bedside because he was sleeping and staff did not wake him up. Resident 28 stated when he woke up the food was always cold. Resident 28 stated he tried to eat in the dining room because the food was not cold in the dining room. 3. On 9/9/24 at 10:23 AM, an interview was conducted with resident 55. Resident 55 stated the food was bad. Resident 55 stated that when he cut the eggs, powder would fall out of them. 4. On 9/9/24 at 2:03 PM, an interview was conducted with resident 39. Resident 39 stated the kitchen did not serve salads. Resident 39 stated the menu had been revamped to cut down on costs and the food quality had decreased. 5. On 9/9/24 at 2:44 PM, an interview was conducted with resident 34. Resident 34 stated since getting a new Dietary Manager, the food had gone down hill. Resident 34 stated she was not able to get coffee when she wanted it at night. Resident 34 stated she was served an English muffin and 1 sausage patty for breakfast and nothing else. 6. On 9/10/24 at 7:57 AM, an interview was conducted with resident 47. Resident 47 stated some days the food was good and some days the food was bad. Resident 47 stated the egg salad sandwiches were soggy with no flavor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	7. On 9/10/24 at 10:12 AM, an interview was conducted with resident 31 who stated the food was terrible and he was not getting enough to eat. Resident 31 stated he wished he could ask for something else to eat. 8. On 9/10/24 at 1:46 PM, an interview was conducted with resident 66. Resident 66 stated the food was not good. Resident 66 stated that he was served a Krabbycake and thought it was a chicken patty. Resident 66 stated he had to have Benadryl because he had a food allergy to shell fish. 9. On 9/10/24 at 1:46 PM, an interview was conducted with resident 8. Resident 8 stated the food was horrible. Resident 8 stated fries were not cooked and were still frozen in the middle. Resident 8 stated the facility did not have a fryer. Resident 8 stated the facility was buying cheap bread. Resident 8 stated he did not usually eat the food. Resident 8 stated that he ate a lot of oatmeal. Resident 8 stated that usually he took the lid off the meal and put the lid right back on because it was not appetizing. On 9/12/24 at 12:13 PM, an observation was made of the lunch trayline. There was pork, scalloped potatoes, California vegetable blend and cookie. The last meal was plated at 12:22 PM for the main dining room. A test tray was requested at 12:22 PM. The test tray was placed in the meal cart. The first tray was served at 12:26 PM and the last try was served at 12:31 PM. The test tray was observed to have shredded pork, scalloped potatoes, dull colored California blend veggies and a cookie in a plastic bag. The vegetables were warm, mushy and bland to the taste. The shredded pork was warm, had a dry consistency, chewy and bland to the taste. The ground pork for mechanical soft diet had a dark brown gravy on it. The pork was chewy and the gravy was thick. The scalloped potatoes had a glue and grain consistency. The California blend was dull in color and mushy with excess moisture. On 9/16/24 at 10:49 AM, an interview was conducted with the Certified Dietary Manager (CDM). The CDM stated food concerns were discussed during food council each month. The CDM stated she talked to residents individually between food council. 43212 Food council notes were obtained and revealed: a. On 5/29/24: Concerns- condiments were not sent with meals and too much fish was being served. b. On 6/27/24: Concerns- residents requested more snacks at night. c. On 7/24/24: Concerns- potatoes were too hard, carrots were not cooked, soups had no flavor, the corn dogs were not hot, no condiments were sent on the trays and sugar free juices were not being offered. Residents also added that they disliked Brussels sprouts and the enchilada casserole. d. On 8/28/24: Concerns- residents wanted more pancake and french toast days, and resident requested real eggs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50200 Based on observation, interview, and record review it was determined, for 1 of 45 sampled resident, that the facility did not ensure each resident received and the facility provided food prepared in a form designed to meet individual needs. Specifically, a resident was observed to be coughing after drinking liquids during two different meal times. Resident identifier: 46 Findings include: Resident 46 was admitted to the facility on [DATE] with diagnoses which included bilateral primary osteoarthritis of knee, chronic respiratory failure with hypoxia, adult failure to thrive, Alzheimer's disease, essential hypertension, cognitive communication deficit and hypertensive heart disease with heart failure. On 9/9/24 at 11:54 AM, an observation was made of resident 46 during lunch meal service. Resident 46 was observed to cough after drinking juice. At 12:11 PM, resident 46 was observed to finished glass of juice and continued coughing. At 12:17 PM, resident 46 was observed coughing and drinking juice. At 12:19 PM, an observation was made of resident 46 coughing while drinking juice. On 9/10/24 at 12:22 PM, an observation was made of resident 46 during lunch meal service. Resident 46 was given a glass of water, a glass of juice, and a cup of coffee. Resident 46 was observed to immediately begin coughing after she took a sip of her water and continued to cough throughout the meal service. A review of resident 46's care plan initiated on 1/26/23, shows that the resident is at risk for altered nutritional status/dehydration. Interventions include: a. Monitor/record/report to MD [medical doctor] PRN [as needed] s/sx [signs/symptoms] of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3 lbs [pounds] in 1 week, >5% in 1 month, >7. 5% in 3 months, >10% in 6 months. Date Initiated: 02/02/23 b. Provide and serve diet, supplements as ordered Date initiated: 1/26/23 c. Provide, serve diet as ordered. Monitor intake and record q [every] meal. Date initiated: 1/26/23 d. Resident is in hospice and weight loss is expected. Date initiated: 8/25/23 A review of resident 46's progress notes revealed the following: On 7/30/24 at 2:55 PM, a hospice order documented, CHANGE DIET TO MECHANICAL SOFT DIET On 8/1/24 at 9:13 AM, a hospice order documented, CHANGE DIET TO PUREED CRUSH PILLS (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/1/24 at 12:11 PM, a nurses note documented, New order for puree regular diet, thin liquids per hospice. CNA's [certified nursing assistants] reporting resident is pocketing mechanical soft consistency regular diet. On 8/4/24 at 7:23 PM, a therapy note documented, Resident had trouble swallowing during meal times. Resident consistently coughed while eating breakfast. During lunch resident vomited, then continued to eat the remainder of her meal. Requesting resident be evaluated by speech therapist to change residents meals to mechanically soft diet. On 8/6/24 a doctors order documented, Regular diet, Pureed texture, Regular consistency. On 9/10/24 at 12:28 PM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated that the resident sounded like she was aspirating when she ate. RN 1 stated she believed the coughing had to do with the resident eating and that the resident was on the soft puree diet. RN 1 stated that resident 46 had to eat and she was unsure what to do about the coughing. On 9/10/24 at 1:09 PM, an interview was conducted with CNA 3. CNA 3 stated that she had not noticed resident 46 coughing before today. CNA 3 stated she was unsure what the resident was coughing about. On 9/12/24 at 9:40 AM, a telephone interview was conducted with the Registered Dietitian (RD). The RD stated that residents were not able to get speech therapy evaluations of swallowing if they were on hospice. The RD stated that she would only get involved with the diet order if a speech therapist was involved and a resident was not on hospice. On 9/12/24 at 10:20 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that a swallow evaluation could be done for residents that were on hospice. The DON stated that a swallow evaluation could not be done on 9/12/24 for resident 46, but it would be done to see if she needed her liquids to be changed to thickened. The DON stated that resident 46 was currently on a pureed diet. On 9/13/24 a dysphagia evaluation was performed on resident 46. The dysphagia evaluation documented, Clinician performed a dysphagia evaluation via telehealth to assess patient's risk of aspiration and severity of dysphagia. Patient was sitting upright in the dining room and was accompanied by an OT [occupational therapist] in person. Patient presents with a moderately severe pharyngeal dysphagia when consuming liquids. Patient presents with a cough on thin, mildly thickened and moderately thickened lqiuids [sic] demonstrating clinical s/sx [signs and symptoms] of aspiration .Patient qualifies for skilled dysphagia therapy to analyze her PO [oral] intake to determine the safest level of liquid intake to reduce her risk of aspiration.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0806 Level of Harm - Actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30563 Based on interview and record review it was determined, for 1 of 45 sampled residents, that the facility did not ensure that each resident received the food and drink that accommodated the resident allergies, intolerances, and preferences. Specifically, a resident with food allergies to fish and shellfish was served a Krabbycake and needed Benadryl administered. Resident identifier: 66. Findings include: Resident 66 was admitted to the facility on [DATE] with diagnoses which included cerebral palsy, type 2 diabetes mellitus, anxiety disorder, hyperlipidemia, and adult failure to thrive. On 9/10/24 at 1:46 PM, an interview was conducted with resident 66. Resident 66 stated he was upset with the kitchen because they did not watch for his allergies to shellfish, which almost resulted in him having to go to the hospital. Resident 66 stated the incident happened about 2 months ago when he was served an entree that he thought what was prepared with chicken. Resident 66 stated that after he took a bite, his throat was sore and he started to break out in a rash. Resident 66 stated that Registered Nurse (RN) 3 was quick to identify what was happening and administered the anti-histamine Benadryl to him, which stopped the allergic reaction. Resident 66 stated the entree he thought had been prepared with chicken, was actually a crab cake. Resident 66's medical record was reviewed 9/9/24 through 9/16/24. Resident 66's allergies listed in the medical record were Fish, Shellfish and Tide Detergent. A care plan dated 5/1/24 revealed [Resident 66] has potential nutritional problem. The goal was [Resident 66] will maintain adequate nutritional status through review date. Interventions included Provide and serve diet as ordered and Administer medications as ordered. Monitor/Document for side effects and effectiveness. It should be noted that there was no information regarding food allergies in resident 66's care plan. A physician's order dated 7/24/24 revealed Benadryl Allergy oral tablet Give 25 mg [milligrams] by mouth every 6 hours as needed for allergic reaction for 14 days. The Benadryl was administered on 7/24/24 at 5:47 PM and on 7/27/24 at 10:30 AM. A nursing progress note dated 7/24/24 at 5:46 PM revealed, Standing order inputted following guidelines provided. Benadryl 25mg PO [orally] PRN [as needed] QID [four times a day] x [times] 14 days for allergic reaction. There were no nursing progress notes, assessment or documentation regarding what the allergic reaction was from or why the Benadryl was administered on 7/24/24 and on 7/27/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0806 Level of Harm - Actual harm Residents Affected - Few	Resident 66's Dietary Profile assessment dated [DATE] revealed food allergies to fish and shell fish. Resident 66's meal tray card was reviewed. Allergies to shellfish and fish listed in red font. A review of the facility's menu was completed. On 7/24/24, Krabbycakes were served for the evening meal. On 9/11/24 at 11:00 AM, an interview was conducted with Registered Nurse (RN) 3 regarding the allergic reaction resident 66 had experienced. RN 3 stated resident 66 had taken a bite of what the resident thought was a chicken patty. RN 3 stated it was not a chicken patty, but rather a crab cake. RN 3 stated resident 66 had an allergy to fish and shell fish and had an allergic reaction to the crab cake. RN 3 stated he administered Benadryl to resident 66. RN 3 stated he could not remember if resident 66 had issues after the Benadryl was administered. On 9/12/24 at 9:41 AM, an interview was conducted with the Registered Dietitian (RD). The RD stated that for new admissions, resident allergies were documented in the hospital discharge information. The RD stated an admission dietary profile interview was completed for new admissions and allergies were included in the documentation of this interview. The RD stated true food allergies were listed on the resident's meal ticket. The RD stated a resident's reaction to a food item would be considered a true food allergy. The RD stated she was not aware resident 66 had food allergies. The RD looked at resident 66's medical record and affirmed the resident's allergies to shellfish and fish were listed upon admission. The RD stated she was not aware that the facility served Krabbycakes. The RD stated that due to the resident's food allergies, resident 66 should not eat Krabbycakes. On 9/16/24 at 10:44 AM, an interview was conducted with the Certified Dietary Manager (CDM). The CDM stated resident allergies were included in the admission paperwork from the hospital. The CDM stated she asked residents about food allergies when residents were admitted to the facility. The CDM stated food allergies were added to the resident's meal ticket. The CDM stated after resident 66 was served the Krabbycake, she had a meeting with the dietary staff. The CDM stated that in the staff meeting she reinforced the importance of reading and following each resident's meal ticket and ensuring residents were not served items listed as allergies. A review of the inservice dated 7/31/24 revealed Tray Cards - Everyone should be paying close attention to the tray cards. Reading their diets, allergies, dislikes and standing orders. The cooks should be reading them and then the aides should be reading them also. Sometimes the cooks may miss something, that is why having the aides double check is always good just in case. I have had many complaints about this recently.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43212 Based on observation and interview, the facility did not store, prepare, distribute and serve food in accordance with professional standards for food service safety. Specifically, the dish machine was not meeting the required temperature to sanitize the dishes and there were no chemical strips in the kitchen to monitor the sanitizer in the dish machine or the sanitation buckets. Additionally, food items in the freezer and dry storage room were open to air. Findings include: On [DATE] at 9:41 AM, an initial walk through was conducted in the kitchen. The Assistant Dietary Manager was asked to check the sanitation buckets. The Assistant Dietary Manager obtained a bottle of sanitizer strips and attempted to check the chlorine content of the water, but was unable to get a reading on the strip. The Assistant Dietary Manager checked the expiration date on the strips and stated they were expired. The Assistant Dietary Manager was unable to locate additional strips to test the sanitizer. On [DATE] at 9:50 AM, an observation was made of the dish machine as it was running after the breakfast meal. An attempt to check the sanitizer content was made, but again, the strips would not produce a reading. The temperature was monitored for a wash and rinse cycle for the low temperature machine. The wash temperature was 115 degrees Fahrenheit and the rinse temperature was 120 degrees Fahrenheit. An observation was made of the temperature log just outside of the dish machine area. The temperatures on the log were 120 and higher, and all chemical readings were 100 ppm [parts per million] on the log. An observation of the Assistant Dietary Manager was made putting the dish covers on the rack. At 9:52 AM, an interview was conducted with the Certified Dietary Manager (CDM). The surveyor reviewed the temperature log with the CDM and observed the chemical content was marked at 100 ppm for all entries. The CDM stated she would have to provide education to the kitchen staff tomorrow. The CDM stated the [servicing company] came every 3 months, but had come twice in the past 3 months. The CDM stated the dish machine had not been suctioning enough sanitizer up during the cycle. The CDM stated she had ordered some new chemical strips to test the machine. The CDM stated if the temperatures were not correct on the machine she would call the repair man. The CDM stated temperatures were always checked while doing the dishes for each meal. On [DATE] at 10:01 AM, a second temperature reading was conducted. The wash temperature was observed to be 113 degrees Fahrenheit and the rinse temperature was observed to be 118 degrees Fahrenheit. On [DATE] at 10:04 AM, an observation was made of the dry food storage area. A container of cold cereal was found to be open to air. At 10:08 AM, an observation of the walk-in freezer was made. Beef pattie fritters were open to air, and patties of Salisbury steak were open to air. On [DATE] at 10:13 AM, an observation was made of 2 packages of hot dogs sitting in a container in the sink. The hot dogs were sitting in water, and there was no running water being used to thaw them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 8:16 AM, an observation was made of the dish machine log. The entries were as follows with the date, wash temperature and chemical reading for each meal: a. [DATE]- B: 127 130 --- L: 127 131 --- D: 120 130 --- b. [DATE]- No entries had been made. On [DATE] at 2:22 PM, a second walk through of the kitchen was conducted. In the walk-in freezer, patties for Salisbury steak was open to air, and cinnamon roll dough was open to air. On [DATE] at 2:30 PM, an observation was made of the dish machine. The washing temperature was 117 degrees Fahrenheit and 120 degrees Fahrenheit for the rinse cycle. At 2:46 PM, the CDM was asked to check the chlorine content in the dish machine. Several attempts were made to obtain a reading with the strips that she had. The CDM was observed to push the switch regulating the sanitizer several times while the dish cycles were running. After approximately 7 attempts, the CDM was able to obtain a reading of 200 ppm on the strip. The temperature log was reviewed. Additional entries were as follows: a. [DATE]- B: 128 132 100 L: 132 131 50 D: 138 130 55 b. [DATE]- B: 127 132 100 L: 130 132 100 D: No temperature logged c. [DATE]- B: 127 132 100 L: 130 129 55 D: No temperature logged d. [DATE]- B: 120 132 200 L: 122 123 200 D: No temperature logged e. [DATE]- B: No temp logged L: No temp logged D: No temp logged On [DATE] at 9:46 AM, an interview was conducted with the Registered Dietitian (RD) who stated she completed monthly inspections in the kitchen. The RD stated her inspections consisted of going through every area of the kitchen, looking at cleanliness, making sure food items were closed and off of the floor, and that the freezer and refrigerator were running at proper temperatures. The RD stated she always looked at counter tops, in the drawers and microwave. The RD stated she would check to see if the mixer was clean, if the stove, ovens and walls were clean. The RD stated she did not check the temperature on the dish machine, she would just check the temperature log. The RD stated she asked the staff to test the chemicals and temperature and/or tell her how it is done. The RD stated if the dish machine was running she would check it. The RD stated she found it was best to let the dish machine run through a couple of cycles before testing to ensure the temperatures and chemicals were correct. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 2:53 PM, an interview was conducted with the CDM who stated the [service company] service man came on [DATE] and said everything was working and the tubing from the sanitizer was sitting on top of a metal bar instead of going into the dish machine. The CDM stated temperatures were being checked and the staff were required to check during the breakfast, lunch and dinner dish cycles. The CDM stated the kitchen staff were supposed to be writing down the temperatures as they take them. The CDM stated if there was a problem with the dish machine temperatures the kitchen staff should be telling her so she could call to have the machine serviced. The CDM stated if the dish machine was not working the staff should be doing the dishes in the 3 sink compartment to ensure they were clean and sanitized. The CDM stated if staff were using frozen foods to prepare a meal, they usually took it out a couple of days in advance and let it thaw in the refrigerator. The CDM stated if that did not happen, the frozen food should be thawed under cold running water. The CDM stated for items in the freezer and refrigerator, the staff should be making sure an open date was on the item, that food items were wrapped up or closed tightly.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48709 Based on observation, interview and record review it was determined, for 14 out of 45 sampled residents, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Specifically, hand hygiene was not performed between residents who were being assisted with eating or performed after delivering lunch trays between multiple resident rooms. In addition, after a staff member tested positive for COVID-19 and source control was not implemented. Resident identifiers: 3, 7, 9, 17, 22, 33, 35, 47, 51, 58, 62, 67, 68 and 124. Findings include: 1. Infection Control during dining: On 9/9/24 at 12:19 PM, a dining observation of lunch in the main dining room was started. At 12:29 PM, Certified Nursing Assistant (CNA) 2 was sitting on a rolling stool at a table with resident 22. CNA 2 was observed to stay seated on the stool and roll to another table to feed resident 51 a bite of food with a spoon, no hand hygiene was observed. CNA 2 was observed to roll to another table where resident 17 was sitting and helped feed him, no hand hygiene was observed. CNA 2 rolled to resident 3 at another table and fed her watermelon and opened a bag of chips onto her lunch plate, no hand hygiene was observed. CNA 2 rolled back to the table where resident 22 was sitting and proceeded to assist him in drinking some water and fed him a bite of hot dog, no hand hygiene was observed. CNA 2 rolled to the table with resident 51 who had a feeding pump connected to him that was beeping. CNA 2 was observed to push buttons on the feeding tube pump and the beeping stopped, no hand hygiene was observed. CNA 2 was then observed to feed resident 51 a bite of pureed hot dog and mashed potatoes and wiped his face with a napkin, no hand hygiene was observed. CNA 2 rolled over to an adjacent table where resident 17 was sitting and fed him three bites of mashed potatoes and assisted him with drinking water, no hand hygiene was observed. CNA 2 went back to the table that resident 51 was at and assisted him with opening and placing a straw in his cup, no hand hygiene was observed. At 12:47 PM, CNA 2 was observed to push buttons on resident 51's feeding tube pump, the beeping stopped, no hand hygiene was observed. CNA 2 was observed to touch her face, hair, ears, and face mask, no hand hygiene was observed. CNA 2 was then observed to feed resident 51 with a spoon, no hand hygiene was observed. On 9/9/24 at 12:59 PM, an interview was conducted with CNA 1. CNA 1 stated she assisted with dining and there were usually three staff to help residents eat. CNA 1 stated hand hygiene needed to be performed between each resident. On 9/9/24 at 1:07 PM, an interview was conducted with CNA 2. CNA 2 stated she usually had more help to assist residents in eating and that she would usually sit between two residents and assist two residents with eating at a time. CNA 2 stated she should have used hand sanitizer in between assisting residents but she did not have any hand sanitizer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER South Ogden Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5540 South 1050 East 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/16/24 at 1:51 PM, an interview was conducted with the CNA Coordinator (CNAC). The CNAC stated that staff should hand sanitize their hands after every meal tray was delivered and after every third tray that was delivered, staff should wash their hands. The CNAC stated staff should have used hand sanitizer between every resident when assisting residents with eating. On 9/16/24 at 2:29 PM, an interview was conducted with the Director of Nursing (DON). The DON stated when passing food trays in the hallways, one should have hand sanitized with every tray pass. The DON stated staff should have hand sanitized between each resident when assisting residents to eat in the dining room. 50200 On 9/9/24 at 12:03 PM, an observation was made of Business Office Manager (BOM) not performing hand hygiene after delivering a meal tray in the dining room to resident 62. The Director of Nursing (DON) delivered a meal tray in the dining room to resident 67 and no hand hygiene was observed. At 12:05 PM, the BOM was then observed to open a bag of potato chips for resident 35 and place her fingers inside the bag of potato chips without performing hand hygiene before or after. At 12:11 PM, the DON was observed to deliver a meal tray to resident 58 and did not perform hand hygiene before or after delivering the tray. CNA 3 was observed in the dining room at 12:21 PM to not perform hand hygiene before she began to feed resident 124. On 9/10/24 in the north rehab hall at 7:46 AM, it was observed that the Certified Dietary Manager (CDM) not perform hand hygiene before picking up a meal tray and delivering the tray to resident 68. No hand hygiene was performed by the CDM when she exited the room. The CDM then picked up another tray from the meal cart and delivered the tray to resident 33. No hand hygiene was observed afte the CDM exited the room. On 9/10/24 at 8:12 AM, an observation was made of CNA 3 assisting resident 9 in the dining room with eating and not performing hand hygiene prior. CNA 3 was observed to be resting her hands on the table in between feeding resident 9. CNA 3 was observed to pick a napkin up from the table and wipe resident 9's face. CNA 3 was observed to adjust resident 9's wheelchair after wiping resident 9's face and then began to feed resident 9 another bite of food. 30563 2. COVID-19 Infection Control: On 9/9/24 at 10:10 PM, an observation was made of the Cambridge unit. Licensed Practical Nurse (LPN) 1 was observed in the Cambridge dining room wearing a surgical mask. CNA 3 was observed in the hallway wearing a surgical mask. CNA 6 was observed in the hallway wearing a mask. At 10:16 AM, the DON was observed without a mask in the Cambridge hallway. LPN 1 was interviewed and stated she was wearing a mask because management told her to wear one. CNA 6 was interviewed and stated she was told to wear a mask by a the Certified Nursing Assistant Coordinator. CNA 6 stated she did not know why she was told to wear a mask. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/9/24 at 10:16 AM, an interview was conducted the DON. The DON stated staff on the Colonial hallway staff needed to wear masks because a CNA tested positive on 9/6/24. The DON stated the CNA worked on 9/5/24 on the Colonial hallway. The DON stated contact tracing was done to determine if residents had a high risk exposure. The DON stated resident 7 and resident 47 were considered a high risk exposure. The DON stated the CNA was able to determine those were the only 2 residents she spent more than 15 minutes and were considered close contact. The DON stated the CNA tested on [DATE] and then was planning to test on 9/10/24. The DON stated if the test was negative on 9/10/24 then the CNA could return to work on day 7. The DON stated resident 7 and resident 47 tested negative on 9/8/24. On 9/9/24 at 10:20 AM, an interview was conducted with the Administrator. The Administrator stated there was a staff member that tested positive for COVID-19. The Administrator stated contact tracing was done to determine resident 7 and resident 47 were high risk exposures. The Administrator stated both residents tested negative on 9/8/24. On 9/9/24 at 11:04 AM, a follow-up interview was conducted with the DON. The DON stated contact tracing was determine based on exposure. The DON stated if staff were in the Colonial or Cambridge unit for over 15 minutes then a mask needed to be worn. The DON stated she called the county health department and was told there was no reason to call anymore. On 9/9/24 at 11:41 AM, an observation was made of Medical Doctor (MD) 1 walking down the hall and entering room [ROOM NUMBER] with a mask below his nose. At 12:02 AM, an observation was made of MD 1 leaving room [ROOM NUMBER] with his mask under his chin. On 9/10/24 at 1:12 PM, a follow-up interview was conducted with the DON. The DON stated the contact tracking was based on anyone the CNA spent over 15 minutes in close contact with. The DON stated it was 15 minutes at a time and accumulative. The DON stated masks were implemented on the Colonial unit on 9/5/24. The DON stated the Cambridge unit had masks implemented since they were in the same area of the building. The DON stated resident 7 and 47 were tested day 1, 3 and 5. The DON stated the tests were negative. The DON stated the facility will remain in outbreak for 10 days. The DON stated no residents had symptoms of COVID-19. The DON stated signage on the front door was put there by the Administrator. The DON stated she would have done things differently if she was aware of the exposure being accumulative over a 24 hour period of time. On 9/10/24 at 1:20 PM, an interview was conducted with Regional Nurse Consultant (RNC). The RNC stated exposure was based on the accumulative time over the 24 hours periods. On 9/16/24 at 11:10 AM, an observation was made of Registered Nurse (RN) 2. RN 2 was observed to be at the Colonial nurses station with her mask below her nose. CNA 4 was observed at the nurses station with her mask below her nose. The Infection Prevention and Control Program Policy and Procedure revised February 2024 revealed the following: Policy Statement An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Policy Interpretation and Implementation 1. The infection prevention and control program is developed to address the facility-specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary. 2. The program is based on accepted national infection prevention and control standards. 3. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. 4. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety. 5. Coordination and Oversight a. The infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist). b. The qualifications and job responsibilities of the Infection Preventionist are outlined in the Infection Preventionist Job Description. c. The infection prevention and control committee is responsible for reviewing and providing feedback on the overall program. Surveillance data and reporting information is used to inform the committee of potential issues and trends. Some examples of committee reviews may include: (1) documented IPCP incidents and corrective actions taken; (2) whether physician management of infections is optimal; (3) whether antibiotic usage patterns need to be changed because of the development of resistant strains; (4) whether information about culture results or antibiotic resistance is transmitted accurately and in a timely fashion; and (5) whether there is appropriate follow-up of acute infections. d. The committee meets regularly, at least quarterly, and consists of team members from across disci-plines, including the Medical Director. 6. Policies and Procedures a. Policies and procedures are utilized as the standards of the infection prevention and control program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)

F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

b. Policies and procedures reflect the current infection prevention and control standards of practice.

c. The infection prevention and control committee, Medical Director, Director of Nursing Services, and other key clinical and administrative staff review the infection control policies at least annually. The review will include:

(1) Updating or supplementing policies and procedures as needed;

(2) Assessment of staff compliance with existing policies and regulations; and

(3) Any trends or significant problems since the previous review.

7. Surveillance

a. Process surveillance (adherence to infection prevention and control practices) and outcome surveil-lance (incidence and prevalence of healthcare acquired infections) are used as measures of the IPCP effectiveness.

b. Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications.

c. The information obtained from infection control surveillance activities is compared with that from other facilities and with acknowledged standards (for example, acceptable rates of new infections), and used to assess the effectiveness of established infection prevention and control practices.

d. Standard criteria are used to distinguish community-acquired from facility-acquired infections.

8.

9. Data Analysis

a. Data gathered during surveillance is used to oversee infections and spot trends.

b. One method of data analysis is by manually calculating number of infections per 1000 resident days as follows:

(1) The infection preventionist collects data from the nursing units, categorizes each infection by body site (these can also be categorized by organism or according to whether they are facility- or community-acquired), and records the absolute number of infections;

(2) To adjust for differences in bed capacity or occupancy on each unit, and to provide a uniform basis for comparison, infection rates can be calculated as the number of infections per 1000 patient days (a patient day refers to one patient in one bed for one day), both for each unit and for the entire facility;

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(3) Monthly rates can then be plotted graphically or otherwise compared side-by-side to allow for trend comparison; and (4) Finally, calculating means and standard deviations (using computer software) allows for screening of potentially clinically significant rates of infections (greater than two standard deviations above the mean). c. The Medical Director will help design data collection instruments, such as infection reports and anti-biotic usage surveillance forms, used by the Infection Preventionist. 10. Outbreak Management a. Outbreak management is a process that consists of: (1) determining the presence of an outbreak; (2) managing the affected residents; (3) preventing the spread to other residents; (4) documenting information about the outbreak; (5) reporting the information to appropriate public health authorities; (6) educating the staff and the public; (7) monitoring for recurrences; (8) reviewing the care after the outbreak has subsided; and (9) recommending new or revised policies to handle similar events in the future. b. Specific criteria will be used to help differentiate sporadic cases from true outbreaks or epidemics. c. The medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases. 11. Prevention of Infection a. Important facets of infection prevention include: (1) identifying possible infections or potential complications of existing infections; (2) instituting measures to avoid complications or dissemination; (3) educating staff and ensuring that they adhere to proper techniques and procedures; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East 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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(4) communicating the importance of standard precautions and cough etiquette to visitors and family members; (5) enhancing screening for possible significant pathogens; (6) immunizing residents and staff to try to prevent illness; (7) implementing appropriate isolation precautions when necessary; and (8) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC). 12 . 13. Monitoring Employee Health and Safety a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors, and volunteers, including: (1) situations when these individuals should report their infections or avoid the facility (for example, draining skin wounds, active respiratory infections with considerable coughing and sneezing, or frequent diarrheal stools); (2) pre-employment screening for infections required by law or regulation (such as TB); (3) any limitations (such as visiting restrictions) when there are infectious out breaks in the facility; and (4) precautions to prevent these individuals from contracting infections such as hepatitis and the HIV virus from residents or others. b. Testing for medical conditions is done in compliance with other laws (such as the Americans with Disabilities Act), and regulations protecting individual confidentiality and/or prohibiting discrimina-tion against those with certain disabilities or conditions. c. Those with potential direct exposure to blood or body fluids are trained in and required to use appro-priate precautions and personal protective equipment. (1) The facility provides personal protective equipment, checks for its proper use, and provides ap-propriate means for needle disposal. (2) A protocol is in place for managing those who stick themselves with a needle that was possibly or actually in contact with blood or body fluids. 43212