

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2026
NAME OF PROVIDER OR SUPPLIER Logan Regional Hospital Transitional Care Unit		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 North 500 East Logan, UT 84341	
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 - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined, for 1 of 15 sampled residents, that the facility did not provide each resident adequate supervision to prevent accidents. Specifically, a resident was not provided supervision during a transfer and sustained a fall. Resident identifiers: 18. Findings included: Resident 18 was admitted to the facility on [DATE] with diagnoses which included stage 4 chronic kidney disease and fracture of distal end of left femur. On 1/26/26 through 1/27/26, resident 18's medical records were reviewed. A physician order dated 6/3/25, restricted resident 18's lower left extremity to non weight-bearing status. A physician progress note dated 7/2/25 documented, Was notified . of a ground-level fall. Patient was seen and evaluated at bedside. She reports that she got up to use the bedside commode and was positioning her walker to be able to sit further back when she got tangled up causing her to fall forward landing on her face. The note continued, The superficial abrasion over her nose is not adequate for sutures. She is however on Eliquis therefore will get CT (Computed Tomography) head to rule out intracranial bleed and/or osseous injury. An addendum was added to the progress note stating CT (Computed Tomography) head negative for acute intracranial findings. There is mild soft tissue swelling over the anterior nasal bridge with a new minimally impacted anterior nasal bone fracture. Likely non operative, continue with supportive care. An incident note dated 7/2/25 revealed, Patient was transferring [sic] to a commode in the middle of the transfer I [Certified Nurses Assistant (CNA) 1] left[.]. two other call lights going off [CNA 1] felt the need to leave before the patient was sitting down. The patient has show [sic] improve [sic] strength [sic] over the week. Nurse was at computer. The facility investigation dated 7/3/25 revealed [CNA 1] explained that while assisting the patient from the bed to the commode, she stepped away to answer call lights, believing the patient could complete the transfer independently. At that time, the patient's nurse was charting across the room. As [CNA 1] began leaving, the patient began to fall. [CNA 1] recognized she should not have left before the transfer was complete, as this placed the patient at risk. On 1/27/26 at 8:52 AM, an interview was conducted with the Administrator (ADM). The ADM stated because resident 18 had been improving in strength CNA 1 felt comfortable leaving resident 18 in the middle of a transfer. The ADM stated that at the time of the fall resident 18 was non weightbearing on her left leg, had oxygen tubing in place, and was utilizing a walker. The ADM stated that while they did not believe CNA 1 had any harmful intentions, corrective action was taken. The ADM stated that additional education about safe transfers was provided to CNA 1 and the facility staff. On 1/27/26 at 4:22 an interview was conducted with CNA 2. CNA 2 stated that a gait belt was used to assist resident 18 during transfers, and that resident 18 would use her walker and put weight on her right leg during transfers. CNA 2 stated that resident 18 should not have been left unattended during a transfer.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 465123
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