

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465137	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2025
NAME OF PROVIDER OR SUPPLIER  Red Cliffs Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1745 East 280 North St George, UT 84790	
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 0676  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>45490</p> <p>Based on interview and record review, it was determined that for 2 of 10 sampled residents, that the facility did not ensure that the resident was given the appropriate treatment and services to maintain or improve their ability to carry out the activities of daily living. Specifically, residents were not provided bathing/shower assistance. Resident identifier: 1 and 5.</p> <p>Findings Included:</p> <p>On March 24, 2025, the surveyor interviewed Resident 1. Resident 1 stated that she was not receiving her scheduled showers from the facility and had occasionally gone a week without a shower.</p> <p>On March 25, 2025 the surveyor reviewed Resident 1's medical record, and the following entries were observed:</p> <p>A care plan dated August 8, 2024, revealed that Resident 1 had an ADL (Activities of Daily Living) self-care performance deficit and required substantial/maximal assistance with bathing/showering.</p> <p>Resident 1 ' s showers were scheduled twice a week.</p> <p>Shower documentation revealed the following:</p> <p>a. In February 2025, she received 2 showers and was missing 6 or 8 scheduled showers.</p> <p>[It should be noted that the resident's husband gave both showers.]</p> <p>b. In March 2025, she was offered/received 4 showers and was missing 3 of 8 scheduled showers.</p> <p>[It should be noted the resident's husband gave one of the showers documented.]</p> <p>On March 26, 2025, the surveyor interviewed Admin 3. Admin 3 stated that Resident 1's showers are twice a week, and staff should offer her a shower on the days she is scheduled to receive them; staff should document all showers and refusals. Admin 3 stated that Resident 1's husband would shower her on Saturday because Resident 1 felt like she was not getting her showers on her scheduled Sunday day.</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0676  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On March 25, 2025, the surveyor interviewed Admin 2. Admin 2 stated that if cares were not documented, then they were not completed.</p> <p>2. On March 24, 2025, the surveyor reviewed Resident 5's medical records.</p> <p>Resident 5's medical records revealed that the only documented showers in January 2025 were on January 20 and 25th.</p> <p>The surveyor interviewed Admin 4 and Admin 5. Both staff members stated that resident showers were often missed.</p> <p>The facility was unable to locate documentation showing that showers were offered and/or completed on the missing dates for Residents 1 and 5.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>45490</p> <p>Based on interview and record review, it was determined that for 1 of 10 sampled residents, that the facility failed to provided the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for residents who were unable to carry out activities of daily living. Specifically, a resident was not provided showers or oral care as scheduled. Resident identifier: 4.</p> <p>Findings Included:</p> <p>On March 24, 2025 the surveyor reviewed resident 4 ' s medical record, and revealed the following.</p> <p>Resident 4 had an ADL (activities of daily living) self care performance deficit related to paralysis of the left side and aphasia following a CVA (cerebrovascular accident) and requires substantial/maximal assistance with bathing/showering, and is DEPENDENT on staff for personal hygiene.</p> <p>Resident 4's showers were scheduled for twice a week, shower documentation revealed the following:</p> <p>a. February 2025, she received 2 showers, missing 6 out of 8 showers.</p> <p>b. March 2025 she received 3 with one documented as a refusal with the reason of no soap, missing 4 out of 7 showers.</p> <p>Resident 4's medical record revealed she required oral care to be complete daily morning and night, documentation revealed the following:</p> <p>a. March 2025 POC (Point of Care) Response History of the Tasks: ADL- Bathing section revealed she missed at least one or both of her twice daily oral care for 22 out of 25 days reviewed.</p> <p>On March 25, 2025 the surveyor interviewed Admin 6. Admin 6 stated that resident 4 required assistance with all cares.</p> <p>On March 25, 2025 the surveyor interviewed Admin 7. Admin 7 stated that each resident has a scheduled shower that should be completed, time a resident is showered, a shower sheet was filled out and placed in a binder as well as documented in the residents POC. If this was not documented in either place it probably was not completed.</p> <p>On March 25, 2025 the surveyor interviewed Admin 2. Admin 2 stated that if cares were not documented then it was not completed.</p> <p>The Admin 2 was unable to locate documentation showing showers and oral care was offered and/or completed on the missing dates for resident 4.</p>		