

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Rocky Mountain Care - the Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE  544 East 1200 South Heber City, UT 84032	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36105</p> <p>Based on observations, interviews, record reviews, and facility policy review, the facility failed to protect resident personal health information (PHI) for 1 (Resident #55) of 1 sampled resident reviewed for privacy and 1 (Resident #46) of 4 sampled residents reviewed for dignity.</p> <p>Findings included:</p> <p>A review of a facility policy titled Resident Room Postings, revised in June 2023, revealed, It is the policy of this facility to support a resident's right to personal privacy and confidentiality in all aspects of care and services, to include personal and medical records. The policy revealed, 1. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits and meetings of resident and family groups, but does not require the facility to provide private rooms for each resident. Further review of the policy revealed, 4. Resident room postings will only be allowed if the resident or resident representative request posting at the bedside (i.e. [id est, that is], instructions not to take blood pressure in the right arm) or if used as visual safety reminders.</p> <p>1. A review of Resident #46's Face Sheet revealed the facility admitted the resident on 11/09/2022 with diagnoses that included unspecified dementia, bipolar disorder, anxiety disorder, pseudobulbar affect, and cognitive communication deficit.</p> <p>A review of Resident #46's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/20/2024 revealed that the resident's Brief Interview for Mental Status (BIMS) and Staff Assessment for Mental Status (SAMS) were not completed. The MDS revealed that the resident sometimes understood others and responded to simple, direct communication only.</p> <p>A review of Resident #46's Care Plan revealed a Problem area with a start date of 02/15/2023 that indicated the resident had cognitive loss and impaired decision-making related to dementia. The Care Plan did not indicate that the resident or the responsible party approved the display of PHI in the resident's room.</p> <p>An observation on 03/25/2024 at 10:09 AM revealed a large whiteboard in the resident's room facing the doorway. Personal health information was written on the board, including, Please float [Resident #46's] heels, [Name] Hospice Aide, Daily weights [four resident weights listed], and Please make sure [Resident #46] is on [his/her] sling when [he/she] is in [his/her] chair.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 03/25/2024 at 1:21 PM revealed Resident #46's door was open. The whiteboard and the PHI were visible from the hallway.</p> <p>An observation on 03/27/2024 at 1:35 PM revealed Resident #46's door was open. The whiteboard and the PHI were visible from the hallway.</p> <p>An observation on 03/27/2024 at 4:10 PM revealed Resident #46's door was open. The whiteboard and the PHI were visible from the hallway.</p> <p>During an observation and interview on 03/28/2024 at 11:07 AM, the Certified Nursing Assistant (CNA) Coordinator observed Resident #46's whiteboard from the hallway and stated the information on the board was PHI and was a HIPAA (Health Insurance Portability and Accountability Act) violation.</p> <p>During an observation and interview on 03/28/2024 at 11:11 AM, in the hall outside of Resident #46's room, Registered Nurse (RN) #4 stated the information on the resident's whiteboard had health information on it and was a HIPAA violation.</p> <p>During an observation and interview on 03/29/2024 at 11:09 PM, in the hall outside of Resident #46's room, Hospice CNA #32 stated the PHI was visible from the hallway and it should not be there because it was confidential.</p> <p>During an observation and interview on 03/28/2024 at 11:53 AM, in the hall outside Resident #46's room, the Director of Nursing (DON) stated there was information on the resident's whiteboard that indicated the resident's health status and that it should not be on the whiteboard.</p> <p>2. A review of Resident #55's Face Sheet revealed the facility admitted the resident on 05/05/2023 with diagnoses that included peripheral vascular disease, malignant neoplasm of the brain, and secondary malignant neoplasm of an unspecified lung.</p> <p>A review of Resident #55's quarterly MDS with ARD of 12/08/2023 revealed Resident #55 had a SAMS that indicated the resident had moderate cognitive impairment for daily decision-making.</p> <p>A review of Resident #55's Care Plan revealed a Problem area with a start date of 05/06/2023 that indicated the resident had cognitive loss and dementia. The Care Plan did not indicate that the resident or the responsible party approved the display of PHI in the resident's room.</p> <p>An observation on 03/28/2024 at 11:21 AM revealed a white board in Resident #55's room with information written on the board that included, [Name] Hospice Aide, and [Registered Nurse (RN) #29's name] Hospice nurse.</p> <p>During an interview on 03/28/2024 at 11:07 AM, the CNA Coordinator stated PHI should not be visible on a whiteboard in a resident's room even if it could not be seen from the doorway.</p> <p>During an interview on 03/29/2024 at 11:07 AM, Hospice CNA #32 stated Resident #55's whiteboard had PHI on it and that it should not be visible.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 03/28/2024 at 11:55 AM, the DON stated Resident #55's whiteboard had PHI on it, and if a visitor entered the room, they would see Resident #55's private health information.</p> <p>During a follow-up interview on 03/28/2024 at 12:17 PM, the DON stated that if a resident wanted their information posted, it should be included in their care plan.</p> <p>During an interview on 03/29/2024 at 4:34 PM, the Executive Director (ED) stated he expected no PHI to be visible in the resident's room unless desired by the resident or family.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>36105</p> <p>Based on interview and facility document and policy review, the facility failed to conduct a criminal background check for 1 (Certified Nursing Assistant [CNA] #3) of 6 nursing department staff prior to employment at the facility.</p> <p>Findings included:</p> <p>Review of a facility policy titled, Abuse - Prevention, Investigating and Reporting, last revised on 07/01/2019, revealed under a Screening section, New Employees and Direct Care Volunteers: All potential employees and direct care volunteers will be screened for a history of abuse, neglect or mistreating residents by the following methods: including A criminal background check will be performed on all new employees and direct care volunteers. The policy further revealed Continued employment is contingent upon the Criminal Background investigation and If anything in the employee screening process indicates a history of abuse, the individual will not be hired.</p> <p>Review of a facility Employees list, dated 03/28/2024, indicated the facility hired CNA #3 on 12/20/2023.</p> <p>A review of CNA #3's employee personnel records did not reveal a criminal background check.</p> <p>During an interview on 03/29/2024 at 5:40 PM, the Executive Director (ED) stated the corporate office completed the criminal background checks for new employees.</p> <p>During an interview on 03/29/2024 at 2:27 PM, the Director of Nursing (DON) stated the facility lacked a criminal background check for CNA #3, noting the corporate office did not find it.</p>