STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465153	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonehenge of Cedar City	333 West 1425 North Cedar City, UT 84721

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	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** Based on interview, observation and record review, the facility did not ensure that 1 of 2 sample residents were free of accident hazards as is possible; received adequate supervision and assistance devices to prevent accidents. Specifically, one resident was burned after heat source was placed on his abdomen. This will be cited at a harm level but at past non-compliance. Resident identifier: 1. It was determined the provider's non-compliance with the requirements of participation had caused harm. The harm was related to the State Operations Manual, Appendix PP, [S483.25(d) Accidents. The facility must ensure that - S483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and S483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents, F689, at a scope and severity of G.] However, based on the facility's corrective actions and a review of its current compliance in this regulatory area, the deficiency was determined to be past noncompliance. The facility developed and implemented a corrective action plan before the abbreviated survey start date. The facility's corrective action plan, which was developed and implemented by 5/12/26 included the following measures: The facility implemented the following: ADON [Assistant Director of Nursing] discovered burn on resident's stomach at 10:25 am [AM] on 5/12/26. ADON notified administrator of burn at 10:35 am [AM] 5/12/26. Incident report submitted to state 11:35 am [AM] 5/12/26. MD [Medical Doctor] notified at 10:30 am [AM] on 5/12/26. Incident submitted to the APS [Adult Protective Services] on 6:25 pm [PM] on 5/12/26. Resident was assessed by wound nurse and MD was notified. Treatment was started 5/12/26. Daily skin checks have been implemented. 5/12/26. Educated staff on 5/12/26 on the facility protocol that hot packs can only be managed by the therapy department and under their direct supervision due to potential for burns. 5/12/26 QA [Quality Assurance] committee reviewed incident during an Ad Hoc [for this] Meeting on 5/13/26 and a POC [Plan of Correction] was implemented. Psychosocial Assessment was completed on 5/15/26 to assess for any residual distress or anguish. Resident Care Plan was reviewed and updated on 5/12/26. The alleged perpetrator was terminated with last shift worked the night of 5/11/26 when the incident occurred. Signage has been placed on the microwave in the staff breakroom as a reminder that no hot packs are allowed. Ongoing education will be provided to staff regarding the facility protocol regarding use of hot packs. On 5/19/26, the survey team verified that all these interventions were completed before the survey start date. Findings include: Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included paraplegia, osteomyelitis, and neuromuscular dysfunction of bladder.Resident 1's medical record was reviewed on 5/19/26. On 5/12/26 at 11:34 AM, resident 1 was interviewed and stated that he had a burn on his abdomen. Resident 1 stated the burn was about 4 inches below where he can feel. Resident 1's burn was observed on his abdomen and it was pink with healing blisters.Resident 1 stated he was having muscle spasms and was struggling to breathe in his abdominal area and asked for a heating pad. Resident 1 stated the staff member wrapped whatever it was in his shirt and put it on his abdomen. Resident 1 stated he did not realize it was so hot and had burned his skin till the next day. Resident 1 stated it took the pain away (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

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F 0689 Level of Harm - Actual harm Residents Affected - Few	and he was able to breathe better. Resident 1 stated that was the first time he had been provided a heat pack. On 5/12/26 at 11:47 AM, a nurses progress note indicated the following: While doing care-resident alerted nurse to check skin on right lower abdomen. There is a 9x5cm [centimeter] burn with blisters that are full and 1 that has popped. Resident stated that he asked an aide to get a heat pack. The aide brought him one. I had asked what kind. He did not know-he described it as something in plastic and then wrapped in one of the shirts. He did not know how long it was on. He was tired, had been sleeping and woke up in pain. Spoke to [Name of Nurse Practitioner] for treatment and initiated.On 5/12/26 at 5:15 PM, a nurses progress note indicated the following: Around 530pm (PM)-resident came to my office and showed me his abdomen. The blisters are bigger and a few other blisters popped. Applied a dressing to protect the area. I needed to shave some of the abdominal hair to make the dressing stick. [Name of Nurse Practitioner] approved. Will continue to monitor.On 5/12/26, the facility completed an investigation into the incident that occurred on 5/11/26 with resident 1. The investigation report indicated that Resident stated that he asked the night CNA [Certified Nursing Assistant] on the evening of 5/11/26 to get a heating pack because his stomach was hurting. The CNA returned later with a heat pack and put it on his stomach. The resident could not state what the heat pack was but did state it was in a plastic bag. The resident does not have sensation below his chest and was not able to feel the heat on his skin and could not detect a burn. The resident said the heat did help with his stomach discomfort. The next morning, on 5/12/26, the ADON was in the resident's room and [resident 1] asked her to look at his stomach. The ADON discovered redness which was noted to blister that afternoon on the right side of his abdomen. The ADON asked where it came from and [resident 1] said it was from a heat pack that the night CNA bought (sic) in. The ADON and CNA coordinator attempted to contact CNA multiple times by phone on 5/12/26 but had no response. The CNA . has since been terminated. [The ADON] entered the resident's room on the morning of 5/12/26 at 10:25 AM. The resident asked her to look at his abdomen which revealed a pinkened area measuring 9 cm x 5 cm with blisters on the right side of his abdomen. Upon questioning, the resident revealed that he had requested a hot pack the night before from a CNA due to abdominal discomfort. He reported he didn't know what the heat pack was only that it was in a plastic bag and also wrapped in his shirt. [The ADON] reported the incident to the Administrator and MD immediately. Treatment was initiated. The resident denied any pain or discomfort during the interaction. [The ADON] denied any knowledge of staff use of hot packs. She stated she that (sic) therapy manages the hydrocollator packs and that they are secured when the therapy department leaves for the day. [The ADON] attempted to contact alleged perpetrator multiple times on 5/12/26 with no response. [Name of Certified Occupational Therapy Aide] was interviewed on 5/12/26 by [name of Clinical Resource staff]. She was able to state the facility protocol that only therapy can manage and supervise use of hot packs. She also stated that the hydrocollator hot pads are secured behind two locked doors when therapy leaves for the day. [Name of CNA/Restorative Aide] was interviewed on 5/15/26, by ED [Executive Director]. She knew the facility policy that only therapy staff can use the hot pads in the building. Night nurse on shift was not aware of heat pack being used. She denied any report by the alleged perpetrator of resident abdominal discomfort on the night of 5/11/26. Resident is not in pain and does not have feeling below his chest.On 5/19/26 at 10:20 AM, an interview was conducted with the ADON. The ADON stated that when she first observed resident 1's skin on 5/12/26, there was a first degree burn on resident 1's abdomen that was 6 x 3 inches in size, and small blister that was less than the size of a pencil eraser. The ADON further stated that later that day, at approximately 5:30 PM, a second blister appeared. The ADON stated that the following morning, on 5/13/26, there were an additional 3 to 4 blisters present, but that they were smaller than a pencil eraser. The ADON stated that the blisters indicated that the resident had received a second degree burn. The ADON stated that through her investigation, it appeared that the CNA heated up a towel, wrapped it up in plastic, then wrapped it in a t-shirt, and placed it on resident 1's abdomen. The ADON stated that when she discovered the burn, she contacted the Nurse (continued on next page)

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