STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465158	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Brook Rehabilitation and Nursing	433 East 2700 South Salt Lake City, UT 84115

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** 45470 Based on interview and record review it was determined, for 1 out of 13 sampled residents, that the facility failed to ensure that all residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Specifically, staff were not monitoring oxygen levels for a resident who had a diagnosis of pneumonia. Resident identifier: 1. Findings include 1. Resident 1 was admitted to the facility on [DATE] with diagnoses which included aneurysm, hypertensive heart disease, heart failure, moderate protein-calorie, gout, obstructive and reflux uropathy, muscle weakness, unsteadiness on feet, obstructive sleep apnea, urinary tract infection, prediabetes, and dysphagia. On 10/22/24 resident 1's medical record was reviewed. On 8/15/24 at 11:40 am a Nurses Note documented that resident 1 was sent to the hospital due to a blocked nasogastric (NG) tube. On 8/15/24 at 7:00 pm a Nurses Note documented that resident 1 had returned from the hospital with a diagnosis of pneumonia. An order of Amoxicillin-Pot Clavulanate Tablet 875 -125 milligrams (mg) twice a day for ten days was placed. Resident 1's orders were reviewed. Resident 1 had an order that stated, O2 [oxygen] per nc [nasal cannula] @ 2L/min [Liters per minute] PRN [as needed]. Goal to maintain Sats > 90%. Resident 1's care plan was reviewed. A care plan was initiated on 8/7/24 and revised on 8/27/24 documented, [resident 1] has altered respiratory status rt [related to] OSA [obstructive sleep apnea], pleural effusion, and PE [pulmonary embolism]. The interventions included, Monitor for s/sx [signs and symptoms] of respiratory distress and report to MD [medical direction] PRN: Increased Respirations; Decreased Pulse oximetry; Increased heart rate (Tachycardia); Restlessness; Diaphoresis; Headaches; Lethargy; Confusion . Resident 1's vitals were reviewed. (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
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(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	Resident 1's medical record revealed that staff did not record oxygen saturation levels (O2 stats) 8/16/24, 8/17/24, 8/18/24, 8/20/24. On 10/23/24 an interview with the Director of Nursing (DON) was conducted. The DON explained that the Certified Nursing Assistants (CNAs) check and record the resident's vitals on a vital sheet, then give the vital sheet to the nurses to review and record in the electronic medical record. The nurses turn in the vitals sheet to the DON to be reviewed then shredded. The DON stated that she could not find the missing O2 stats for resident 1. The DON indicated that the facility would change the process to ensure that all vitals were recorded properly into the resident's medical record.