STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465167	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonehenge of Orem	435 West Center Street Orem, UT 84057

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and record review, it was found that the facility failed to handle, store, process, and transport linens so as to prevent the spread of infection and to conduct an annual review of its infection prevention and control program (IPCP) and update their program, as necessary. Specifically, a Certified Nursing Assistant (CNA) and laundry staff handled, transported, and processed soiled linens in a way that did not prevent the spread of infection and the facility did not conduct an annual review of its IPCP policies and procedures.Findings included: 1.On 3/2/26 at 9:28 AM, an observation was made of CNA 1 donning personal protective equipment (PPE) to enter room [ROOM NUMBER], which was an isolation room for influenza. CNA 1 was observed to put on a gown, mask, and gloves. No eye shield was put on before entering the room. There was a sign on the door of room [ROOM NUMBER] that indicated, To prevent the spread of infection, anyone entering this room MUST wear a gown, N95, gloves and shield before entering room. CNA 1 brought linens out from the residents room in a red bag and took them to the soiled linen room. The red bag was not put into a clean bag when it was brought out of the room and taken down the hallway. On 3/4/26 at 8:51 AM, an interview was conducted with Laundry Staff (LS) 1. LS 1 stated that CNA's would bring soiled linens into the soiled linen room in a large trash bin with a lid. LS 1 stated if the linens were from an isolation room, she would place them in a red bag and then into the large trash bin. LS 1 stated that she only wore gloves when she handled the soiled linens, regardless if they were from an isolation room. A concurrent observation was made of LS 1 in the soiled linen room, she was wearing scrubs and a pair of gloves. There were no gowns observed to be available for staff use in the soiled linen room. LS 1 stated she was also responsible for processing linens and resident clothing after they were cleaned. On 3/4/26 at 10:18 AM, an interview was conducted with the Director of Nursing/Infection Preventionist (DON/IP). The DON/IP stated that any laundry that was soiled would be placed in a sugar bag which was intended to prevent and keep infection control. The DON/IP stated that laundry staff did not have to wear gowns because the sugar bag prevented them from handling the soiled linens. On 3/4/26 at 1:23 PM, an interview was conducted with the Administrator (ADM). The ADM stated that soiled laundry from an isolation room was placed into a sugar bag, then that bag would be placed in a red bag, which was then placed into a large laundry bin. The ADM stated the laundry staff would not wear gowns because they used the sugar bags, and that it was best practice to never have any laundry touch staff. On 3/4/26 at 1:56 PM, an interview was conducted with CNA 1. CNA 1 stated if she was in an (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	isolation room handling soiled linens, she would be wearing a gown, gloves, and a mask or face shield. CNA 1 stated she placed the large laundry bin outside of the room, gathered the soiled linens while wearing her PPE, placed them in a sugar bag, tied the sugar bag closed with her soiled gloved hands, placed the sugar bag into a red bag that was found in the resident's room with her same soiled gloves on, and then opened the door, lifted up the lid on the laundry bin outside of the room, placed the red bag into the laundry bin, and then closed the lid. CNA 1 stated she would then remove her soiled gown, gloves, and mask and then immediately take the laundry bin to the soiled linen room. CNA 1 stated she touched the sugar bag with her soiled hands which is why it was also placed into the red bag. CNA 1 stated if any item goes into an isolation room it was considered contaminated. On 3/4/26 at 2:10 PM, an interview was conducted with the Regional Nurse Consultant (RNC) and she stated that CNA staff were gowned and gloved when they put soiled linen from an isolation room into the sugar bags and that there was a potential for contamination on the sugar bags. 2. The 483.80 Infection Control Infection Prevention and Control Program Policy and Procedure was reviewed and it had a revision/review date of 10/22. On 3/4/26 at 10:02 AM, an interview was conducted with the DON/IP and she stated that she was not sure when the IPCP Policies and Procedures were last reviewed or who did that and that the RNC just came and brought her an updated policy. It should be noted that the updated policy had a revision/review date of 10/22. On 3/4/26 at 1:20 PM, an interview was conducted with the ADM and he stated the IPCP policies dated in 2022 were the policies being used. The ADM stated the IP would know when they were last reviewed. On 3/5/26 at 9:26 AM, a follow-up interview was conducted with the ADM and he stated that they had not reviewed the Infection Prevention Program and that they did not have a newer policy in Infection Prevention.