STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465181	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mervyn Sharp Bennion Central Utah Veterans Home	1551 North Main Street Payson, UT 84651

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined, for 1 of 20 sampled residents, that the facility did not provide or obtain laboratory services to meet the needs of its residents. Specifically, one resident had physician ordered labs that were not obtained by the facility. Resident identifier: 4. Findings include: Resident 4 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included atherosclerosis of coronary artery bypass graft(s) without angina pectoris, chronic obstructive pulmonary disease, solitary pulmonary nodule, chronic atrial fibrillation, type II diabetes, dysphagia, hypothyroidism, acute respiratory failure, major depressive disorder and chronic kidney disease stage 3. Resident 4's medical record was reviewed 4/6/26 through 4/13/26. Physician's orders revealed the following laboratory orders: CBC (complete blood count), CMP (comprehensive metabolic panel), LIPID, A1C (glycosylated hemoglobin), Microalbumin, yearly on or around [DATE]. CMP, A1C Q (every) 6 months on or around the 22 of Dec and June. There were no laboratory results provided by the facility or located in resident 4's medical record for the labs ordered in December. On 4/13/26 at 11:50 AM licensor interviewed the Director of Nursing (DON) who stated the labs were not drawn because resident 4 had gone out on a leave of absence (LOA) in December. The DON stated the labs should have been drawn when resident 4 returned from his LOA but this did not happen. The DON stated the labs were missed and not completed.

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