STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465189	A. Building B. Wing	01/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Salem	555 West Sr 164 Salem, UT 84653

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review, it was determined for 2 of 4 sampled residents, that in response to allegations of abuse, neglect, exploitation or mistreatment the facility failed to have evidence that all alleged violations were thoroughly investigated. Specifically, the facility did not thoroughly investigate when one resident sustained a fall that resulted in a fracture that required surgery and when one resident sustained a head injury during a hoyer lift transfer. Resident identifier: 1 and 2.Findings included:The facility reported to the State Survey Agency (SSA) on 4/12/24 at 2:28 PM that resident 1 had an unwitnessed fall on 4/8/24 at 1:00 AM which resulted in mild left hip pain. Resident 1 had subsequent weakness in the left leg and a left knee X-ray was obtained on 4/11/24 with the results indicating resident 1 had a fracture of the distal femoral metaphasis.On 1/20/26 at 3:32 PM, an interview was conducted with the Administrator. The Administrator stated there was no investigation documentation for this incident.The facility reported to the SSA on 5/21/25 at 5:46 PM that resident 2 acquired a head injury during a hoyer lift transfer on 5/19/25 at 4:47 PM. On 5/20/25 at 4:15 PM, a change in neurological status was identified and a head Computed Tomography (CT) scan was completed and identified a subdural hematoma.On 1/20/26 at 3:44 PM, an interview was conducted with the Administrator in Training and he stated that he could not find the five day summary report or an investigation of the incident. The Administrator in Training stated investigations into these incidents should have been completed to rule out neglect or abuse.

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