

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Salem		STREET ADDRESS, CITY, STATE, ZIP CODE 555 West 2000 North, Suite B 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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48709</p> <p>Based on observation, interview, and record review, it was determined, for 1 of 12 sampled residents, that the facility failed to ensure that a resident received care, consistent with professional standards of practice, to prevent pressure ulcers and did not develop ulcers unless the individual's clinical condition demonstrated that they were unavoidable; and a resident with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Specifically, a resident who was identified to have a pressure ulcer upon admission did not receive treatment and services for wound care. Resident identifier: 121.</p> <p>Findings include:</p> <p>Resident 121 was admitted to the facility on [DATE], with diagnoses which included upper gastrointestinal bleed, hemorrhagic shock, generalized weakness, severe anemia, protein malnutrition, acute hypoxic respiratory failure, hypernatremia, hypokalemia, Parkinson's disease, heart failure, and hypotension.</p> <p>Resident 121's medical record was reviewed from 4/8/24 through 4/10/24.</p> <p>The Brief Interview for Mental Status (BIMS) dated 4/6/24 at 8:22 PM, indicated resident 121 had a BIMS score of 11 which indicated a cognitive level of Moderately Impaired.</p> <p>The Admission Nursing Observation form dated 4/6/24 at 5:04 PM, indicated a skin alteration was identified. A Braden Risk Score of 18.0, which indicated a level of Low Risk.</p> <p>The Admission Nursing Observation form further indicated that the Care Plan included:</p> <ol style="list-style-type: none"> 1. Resident has been identified: At risk for developing pressure ulcers 2. With current pressure ulcer(s) 3. Related to: Impaired Mobility <p>(continued on next page)</p>

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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The care plan indicated the degree of the resident's physical activity was, Walks Occasionally- Walks occasionally during day but for very short distances, with/without assist. Spends majority of each shift in bed or chair. It indicated that the resident's ability to change and control body position was, Slightly Limited- Makes frequent, though slight, changes in body or extremity position independently. It further indicated that the resident's usual food intake pattern was, Probably Inadequate- Rarely eats a complete meal and generally eats only about 1/2 (half) of food offered. Protein intake includes only 3 services of meat or dairy products per day. Occasionally will take a dietary supplement- OR- Receives less than optimum amount of liquid diet or tube feeding.</p> <p>The care plan dated 4/6/24 indicated, the problem, Risk of/or actual alteration in skin integrity; with the goal, Decreased risk of developing (additional) areas of altered skin integrity. It further indicated the following approaches, TREATMENTS Barrier Ointment Asisst/Prompt Turn Q [every] 2 hrs (hours) Dressing per MD (medical doctor) Order .WOUND TYPE: Pressure ulcer .WOUND SITE bilat. buttocks.</p> <p>An Admit Skin assessment dated [DATE], indicated resident 121 had, Non blanching discoloration and an open area identified on the coccyx region of the back of a drawn body outline.</p> <p>A physician order dated 4/6/24 at 8:38 PM, indicated a Wound Specialist Referral had been made.</p> <p>An Alert Charting: New Admits progress note dated 4/7/24 at 12:39 AM indicated, .Nursing staff assisted the resident to bed, after a new drsg [dressing] was placed on his coccyx area .</p> <p>On 4/9/24 at 11:15 AM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated that when a resident was admitted the nurse would do an initial assessment which would include a skin assessment of the whole body and any wounds. RN 1 stated that if a wound was identified he would notify the physician and get orders to treat it.</p> <p>On 4/10/24 at 10:30 AM, an interview was conducted with RN 2. RN 2 stated that resident 121 had no skin breakdown and had no physician orders that indicated he had any skin breakdown. RN 2 stated that a thorough skin check should have been completed on Sunday and that the wound care team evaluated residents every Tuesday.</p> <p>On 4/10/24 at 11:12 AM, an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated that resident 121 had some redness on his buttocks and knew the nurses had been, watching it. CNA 1 further stated that he did not have a dressing on the reddened area.</p> <p>On 4/10/24 at 11:16 AM, an interview was conducted with the Director of Nursing (DON). The DON stated resident 121 did not have a pressure injury and that the Alert Charting: New Admits progress note dated 4/7/24 at 12:39 was documented under the wrong resident. The DON reviewed resident 121's electronic medical record during interview and discovered the Admit Skin assessment dated [DATE], indicated resident 121 did have documented skin alterations. The DON stated she needed to do a skin assessment on resident 121.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/10/24 at 11:34 AM, a skin assessment of resident 121, provided by the DON, was observed. Resident 121 was laying on his back in his bed. The DON assisted the resident to pull down his brief and roll onto his right side to expose his buttocks, there was no dressing observed. There was redness and areas of scar-like tissue noted to the left and right side of the buttocks, which the DON described as possible healed pressure injuries. The DON pressed on the pink tissue and stated the skin was pink and blanchable. The DON stated that resident 121 could have used a pressure reduction dressing to his right and left buttocks and that she would take a picture and send it to the wound assessment team. The DON stated the wound team would measure and diagnose the wounds and then they would tell us what more they want us to do to treat. The DON placed 2 4 x (by) 4 Optiform Gentle EX dressings, one on each side of the left and right buttocks.</p> <p>On 4/10/24 at 12:39 PM, a follow up interview was conducted with the DON. The DON stated that the admission nurse should do a full skin assessment when a resident was admitted and if the resident had a possible pressure injury, the nurse should take pictures and notify the wound care team that day. The DON further stated that having the order for a Wound Specialist Referral would not trigger the wound care team to evaluate the resident and that the facility would have to notify them directly. The DON stated resident 121 should have been evaluated by the wound care team on Tuesday, April 9th.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44640</p> <p>Based on observation, interview, and record review, it was determined that the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food safety. Specifically, staff were observed to not wear hair and beard coverings in the kitchen.</p> <p>Findings included:</p> <p>On 4/8/24 the following observation was made of the kitchen:</p> <p>At 8:10 AM, the Dietary Manager (DM) was observed to not have a hair net in place while in the kitchen, the hair net was put in place when this surveyor entered the kitchen.</p> <p>On 4/9/24 the following observations were made in the kitchen:</p> <p>At 10:22 AM, an observation was made of two Maintenance Workers (MW) performing care on the ice machine in the kitchen. MW (1) was observed to have a beard that extended approximately 2 inches below his jawline. MW (1) was observed to wear a baseball cap on his head, no beard net was observed to be in place.</p> <p>At 10:44 AM, an observation was made of MW (1). MW (1) was observed in the kitchen near the ice machine, went outside and came back into the kitchen. MW (1) did not have a beard net in place.</p> <p>At 11:05 AM, an observation was made of MW (1). MW (1) walked into the kitchen and back out of the kitchen past uncovered desserts with no beard net in place.</p> <p>At 11:48 AM, an observation was made of MW (1). MW (1) entered the kitchen with no beard net in place.</p> <p>At 12:01 PM, an observation was made of MW (1). MW (1) walked past the food tray line to exit the kitchen with no beard net in place. Uncovered food was observed on the food tray line.</p> <p>At 12:05 PM an observation was made of MW (1). MW (1) was observed to return to the kitchen and walk past the food tray line that had uncovered food, with no beard net in place.</p> <p>At 1:19 PM an observation was made as MW (1). MW (1) entered the kitchen from an outside door and walking through kitchen to dining room with no beard net in place.</p> <p>At 1:23 PM an observation was made as MW (1). MW (1) entered the kitchen from the dining room, walked through the kitchen and exited through an outside door near the ice machine.</p> <p>At 2:00 PM an observation was made of a local delivery person walked through the kitchen without a hair net in place or hat on his head.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 2:03 PM an observation was made of MW (1). MW (1) was observed to be in the kitchen with no beard net in place as he worked on the ice machine.</p> <p>At 2:04 PM an observation was made of the DM. The DM entered the kitchen from the dining room with no hair net in place. The DM was observed to walk through the kitchen and enter her office at the rear of the kitchen.</p> <p>On 4/10/24 at 8:38 AM, an interview was conducted with the DM. The DM stated everyone knows that the hairnets are available at the corner of the dining room, before entering the kitchen. The DM stated that staff sometimes come to get ice from the ice machine located in the kitchen and they need to wear a hair net. The DM stated all workers, even those contracted, are expected to wear hair protection. The DM stated she would have expected those who worked on the ice machine yesterday to wear the nets. The DM stated the delivery person was not supposed to take anything through the kitchen. The DM stated there were no hair nets supplied by the back door. The DM stated she expected everyone who entered the kitchen to wear a net to cover their hair or beard.</p> <p>On 4/10/24 at 10:10 AM, an interview was conducted with the Registered Dietician (RD). The RD stated all staff, whether in house or contracted, should wear hair nets if entering the kitchen from any door.</p>		