

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER STONEHENGE OF CEDAR CITY			STREET ADDRESS, CITY, STATE, ZIP CODE 333 WEST 1425 NORTH CEDAR CITY, UT 84721	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	<u>F 677</u>	
F 677 SS=D	<p>A Recertification Survey was completed from 11/27/2023 to 11/30/2023. The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities. Deficiencies were cited for this survey.</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide fingernail care for 1 (Resident #15) of 2 residents sampled for activities of daily living (ADLs).</p> <p>Findings included:</p> <p>A review of a facility policy titled "Fingernails/Toenails, Care of," dated February 2018, revealed "The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections." The policy revealed, "General Guidelines. 1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in the prevention of skin problems around the nail bed" and "4. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin." The policy further revealed, "The following information should be recorded in the resident's medical record: 1. The date and time that nail care was given. 2. The name and title of the individual(s) who</p>	F 677 PoC Accepted GB 12/19/2023	<p><u>Corrective action for residents found to have been affected by this deficiency:</u></p> <p>Resident 15: Residents nails were cleaned and trimmed on 11/30/2023. No adverse effects related to long and dirty nails.</p> <p><u>Corrective action for residents that may be affected by this deficiency:</u></p> <p>All residents have the potential to be affected.</p> <p>Beginning on 12/4/2021 an audit was performed by the Director of Nursing to ensure all residents nails are clean and trimmed.</p> <p>No further concerns have been noted.</p> <p><u>Measures that will be put into place to ensure this deficiency does not recur:</u></p> <p>On 12/7/2023 and 12/8/2023 All staff were re-educated on nail care. Including trimming and cleaning of nails. A new ADL (activities of daily living) sheet was implemented to include nail care has been completed or refused and documented in each resident's EMR. (electronic medical record)</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

12/19/23

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.

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F 677	<p>Continued From page 1</p> <p>administered the nail care. 3. The condition of the resident's nails and nail bed." The policy revealed documentation should also include "4. Any difficulties in cutting the resident's nails. 5. Any problems or complaints made by the resident with his/her hands or feet or any complaints related to the procedure. 6. If the resident refused the treatment, the reason(s) why and the intervention taken."</p> <p>A review of Resident #15's "Admission Record" revealed the facility admitted the resident on 12/09/2022 with diagnoses including dementia and peripheral vascular disease (narrowed arteries).</p> <p>A review of a quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/16/2023, revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 1, which indicated the resident had severe cognitive impairment. The MDS revealed the resident required extensive staff assistance with bed mobility, transfers, locomotion on and off their unit, dressing, toilet use, and personal hygiene. The MDS revealed the resident was totally dependent on staff for bathing.</p> <p>A review of Resident #15's care plan revealed a focus statement, revised on 06/06/2023, that indicated the resident had an ADL self-care performance deficit related to abnormal gait and balance, confusion, dementia, and weakness. The care plan revealed the resident required partial assistance with personal hygiene and interventions included instructions for staff to provide assistance. The care plan revealed the resident required total assistance with bathing, and interventions included instructions for staff to</p>	F 677	<p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u></p> <p>Starting the week of 12/11/2023 The Director of Nursing assessed a minimum of 5 random residents that their nails are trimmed, clean and new ADL sheet has been completed and documented for each.</p> <p>Random audits will be completed weekly for 4 weeks, monthly for 2 months, then quarterly thereafter if needed.</p> <p>A report will be submitted to the Quality Assurance Performance Improvement (QAPI) committee monthly for 3 months. The QAPI committee will make recommendations and determine continued monitoring as necessary.</p> <p>The Director of Nursing is responsible for on-going monitoring and compliance.</p> <p>Date of Compliance: 12/20/23</p>		

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F 677	<p>Continued From page 2</p> <p>provide assistance. The care plan contained instructions for staff to report to a nurse if the resident refused care, evaluate for the potential causes and barriers, ask the resident why they were refusing, and attempt alternative approaches.</p> <p>An observation on 11/27/2023 at 10:27 AM revealed Resident #15's fingernails were long and appeared dirty.</p> <p>An observation on 11/27/2023 at 12:25 PM revealed Resident #15's fingernails were long with a brown substance under five of them.</p> <p>An observation on 11/28/2023 at 12:30 PM revealed Resident #15's fingernails were long and appeared dirty.</p> <p>An observation on 11/29/2023 at 11:05 AM revealed Resident #15's fingernails were long and brownish-colored.</p> <p>During an interview on 11/29/2023 at 11:41 AM, Certified Nursing Assistant (CNA) #1 stated Resident #15's nails were dirty. CNA #1 said staff should provide nail care and clean residents' nails if they appeared dirty.</p> <p>During an interview on 11/29/2023 at 11:59 AM, CNA #2 stated all personal care for residents should be completed during showers. She stated personal care included shaving and cleaning fingernails, noting she thought CNAs could cut fingernails, if needed. CNA #2 stated she had not provided a shower for Resident #15, but noted the resident did not refuse care. She stated if a resident refused care, it should be documented and reported to the Director of Nursing (DON).</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>She stated when a resident refused, three different CNAs were to offer to provide care at different times to the resident, noting then a nurse would offer care. She said when a resident refused care, facility staff were supposed to document the refusals on a refusal form and in the electronic medical record.</p> <p>During an observation with CNA #2 on 11/29/2023 at 12:10 PM, CNA #2 stated Resident #15's fingernails were very long and needed care.</p> <p>During an interview on 11/30/2023 at 9:28 AM, CNA #4 stated Resident #15 received showers on the night shift, noting she gave the resident a shower a couple of weeks prior. CNA #4 stated she did not clean or cut Resident #15's fingernails during the shower in question because she did not think she was supposed to.</p> <p>During an observation and interview on 11/29/2023 at 12:18 PM, Registered Nurse (RN) #3 inspected Resident #15's nails and stated the resident's nails needed care. After Resident #15 stated their fingernails were tender, RN #3 expressed that the resident had possibly refused nail care due to nail tenderness. She stated if the resident had refused nail care, it should have been reported to a nurse.</p> <p>During an observation and interview on 11/29/2023 at 12:48 PM, the DON observed Resident #15's fingernails and said the resident's nails need to be cleaned and cut. She stated the resident's nails needed to be cleaned and cut on the resident's shower days. She stated if a resident refused care, a nurse should be informed.</p>	F 677		

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F 677	Continued From page 4 During an interview on 11/30/2023 at 9:03 AM, the Administrator stated he expected nail care to be offered with showers. The Administrator stated he spoke to some staff who said they had offered nail care and Resident #15 refused, but the refusals were not documented. The Administrator stated he observed Resident #15's nails before they were cleaned and cut and thought it had been longer than a couple of weeks since the resident's nails had been cut.	F 677		



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E 000	Initial Comments	E 000	K921	
K 000	No deficiencies cited. INITIAL COMMENTS	K 000		
K 921 SS=E	Statutory and regulatory authority for this Life Safety Code survey that was conducted on 12/05/2023 in the presence of the administrator are found in 42 Code of Federal Regulations, Section 483.70, (a) and the 2012 Edition, NFPA 101 Life Safety Code including NFPA publications referenced therein. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) Life Safety from fire. Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101	K 921	<u>Corrective action for (PCREE) Electrical Equipment – Testing and Maintenance Requirement NFPA 101: 10.3.</u> A new Electrical Equipment Log Book has been created to document the testing of PCREE used in patient rooms and will be updated accordingly. A ESA609 Protective earth/ground wire resistance tester has been ordered to comply with inspection with of electrical equipment in patient care rooms. All electrical equipment in patient care rooms shall be inspected by 2/1/2024. <u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u> The Quality Assurance Performance Improvement (QAPI) committee, and will monitor compliance until the committee deems it unnecessary. Date of Compliance: 2/1/2024	
	Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator (X6) DATE 12/20/23

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K 921 Continued From page 1

or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training.

10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8

This REQUIREMENT is not met as evidenced by:

Based on records review made in the presence of the administrator on 12/05/2023, the facility failed to provide documentation of inspections on the Patient-Care Related Electrical Equipment (PCREE) in accordance with NFPA 99 10.3.

This deficiency affected 3 of 3 smoke compartments.

The findings include:

During the record review the facility failed to provide documentation of testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code.

K 921