

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2024
NAME OF PROVIDER OR SUPPLIER City Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 165 South 1000 East Salt Lake City, UT 84102	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and observation, the facility did not ensure that the resident environment remained as free of accidents as possible. Specifically, the laundry room was left open with no staff present; the laundry room was observed to have various chemicals inside.</p> <p>Findings include:</p> <p>On 1/29/24 at 10:43 AM, an observation was made of the first floor laundry room. The laundry room door was cracked open and no staff were located inside the laundry room. An observation was made of several chemicals located on the clean side of the laundry room which included: 4 containers of Febreze fabric refresher, 7 containers of Comet disinfecting sanitizing bathroom cleaner, 2 bottles of broad range quaternary sanitizer and 2 containers of disinfecting all purpose spray and glass cleaner. Several of the warning labels located on the containers stated to keep out of reach of children and may be harmful if swallowed.</p> <p>Another observation of the door between the clean and dirty laundry room was made. The door had a sign which read this door must not be propped open. That door was found to be propped open and more chemicals were located inside the dirty side of the laundry. Those chemicals consisted of a 5 gallon container of tide whiteness enhancer, 5 gallon container of Tide laundry detergent, 5 gallon container of Clorox bleach, 9 boxes of tide stain removal treatment powder, 6 bottles of tide rust stain remover, and 5 one gallon containers of germicidal ultra bleach.</p> <p>On 1/29/24 at 10:53 AM, an interview was conducted with Housekeeping (HK). The HK stated the laundry room door was always closed when no one was in there. The HK stated the door remained closed so residents were not able to come in unattended. The HK stated residents knocked on the door when they needed to look through the lost and found. The HK stated only staff had access to the laundry room when they were not in here. The HK stated residents were not allowed to be in the laundry room unattended.</p> <p>On 1/29/24 at 12:17 PM, an interview was conducted with the Maintenance Director (MD). The MD stated residents were not allowed in the laundry room by themselves due to the chemicals located inside. The MD stated due to resident safety, the laundry door was always kept shut to prevent residents from having access to the chemicals.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined, for 1 of 37 sampled residents, that the facility failed to ensure that a resident with urinary incontinence, based on the resident's comprehensive assessment received appropriate treatment and services to restore continence to the extent possible. Specifically, a resident who was incontinent of bladder and was assessed to be a likely candidate for a toileting program was not provided treatment and services to achieve as much normal bladder function as possible. Resident identifier: 10.</p> <p>Findings include:</p> <p>Resident 10 was admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses which included diabetes mellitus type 2, congestive heart failure, chronic kidney disease, respiratory failure with hypoxia, atrial flutter, major depressive disorder, and right leg below the knee amputation.</p> <p>On 1/23/24 at 10:16 AM, an interview was conducted with resident 10. Resident 10 stated she used a brief for bladder incontinence and that she wished she was on a bladder training program. Resident 10 stated she was on dialysis but that she did make urine and had urine frequency. Resident 10 stated the facility had done nothing for bladder training and that the facility had not talked with her about bladder training.</p> <p>Resident 10's medical record was reviewed from 1/22/24 through 1/29/24.</p> <p>The MDS (Minimum Data Set) Quarterly assessment dated [DATE] revealed resident 10 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated a cognitive status of an intact cognition.</p> <p>The MDS quarterly assessment dated [DATE], indicated that a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) had not been attempted on admission/entry or reentry or since urinary incontinence was noted in the facility. It further indicated that resident 10 was always incontinent of urine.</p> <p>The Bowel and Bladder Evaluation dated 1/2/24 at 10:18 AM indicated that resident 10 was a likely candidate with a score of 8. A score of 8 indicated, Likely candidate for Bowel and Bladder re-training (LC). It further indicated resident 10 was evaluated to have, Behavior/Attitude. Shows initiative and Willingness.</p> <p>On 1/25/24 at 2:34 PM, an interview was conducted with Licensed Practical Nurse (LPN) 1. LPN 1 stated the bowel and bladder evaluation was completed when a resident was first admitted, quarterly, and when a change of condition occurred. LPN 1 stated she did not think resident 10 was on a bowel and bladder program.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/24 at 11:18 AM, an interview was conducted with the Director of Nursing (DON). The DON stated the bowel and bladder assessment was to be completed every quarter. The DON stated resident 10 had episodes of urinary incontinence and was on a check and change program. The DON stated that if a resident was a likely candidate for the bowel and bladder program that they would have been added to a bathroom upon rise program. The DON further stated that based on how a resident responded to the bathroom upon rise program, along with being cognitively able, the resident would then be a candidate for a prompt and void program. The DON stated resident 10 was cognitively capable and that she would have been a likely candidate for the bowel and bladder program.</p> <p>On 1/8/24 at 9:07 AM, an interview was conducted with resident 5 who stated she had a concern that one of the providers had changed her medication without</p>		