

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2025
NAME OF PROVIDER OR SUPPLIER  William E Christofferson Salt Lake Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE  700 South Foothill Drive Salt Lake City, UT 84113	

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 0805  Level of Harm - Actual harm  Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.  (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0805  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, for 1 of 3 sampled residents, the facility failed to ensure each resident received food prepared in a form designed to meet individual needs. Specifically, a resident had a diet order for soft and bite-sized texture and was served a sandwich for a snack which resulted in the resident choking and passing away. Resident identifier: 1. It was determined the provider's non-compliance with the requirements of participation had caused harm. The harm was related to the State Operations Manual, Appendix PP, S483.60(d)(3) Food prepared in a form designed to meet individual needs, F805, at a scope and severity of G. However, based on the facility's corrective actions and a review of its current compliance in this regulatory area, the deficiency was determined to be past noncompliance. The facility developed and implemented a corrective action plan before the survey start date. The facility's corrective action plan, which was developed and implemented by 10/16/25 included the following measures: The facility implemented staff education, limited access to sandwiches in the memory care unit, and increased locations to access resident diet orders and education for staff. The survey team verified that all these interventions were completed before the survey start date. Findings included: Resident 1 was admitted to the facility on [DATE] with diagnoses which included pyelonephritis, vascular dementia, hypertension, atrial fibrillation, cerebral infarction, chronic cough, dysphagia oropharyngeal phase, age-related cognitive decline, cognitive communication deficit, and adult failure to thrive. The facility reported to the State Survey Agency on 10/16/25 at 4:55 PM that resident 1 had passed away. The report revealed on 10/16/25 at 12:50 AM, resident 1 was provided a snack which he started to consume and then started to cough. It further indicated staff administered the Heimlich maneuver in response to his coughing and that chest compressions were provided when he became unresponsive. An Investigation Checklist packet dated 10/16/25 indicated, Unexpected death. Summary of Event or Allegation: [Resident 1] was provided with a snack which he started to consume while interacting with the RN [Registered Nurse] Supervisor next to him. [Resident 1] stood from a chair and walked with assistance to his wheelchair then began to cough. Staff worked to help him clear the cough with some success, and he settled back into his wheelchair. [Resident 1] appeared to be breathing with some difficulty, and the nurse called 911. Prior to the arrival, he became non-responsive, and staff assisted him to the floor to continue to provide care. A Witness Statement from RN Supervisor indicated, [RN 2] gave half a sandwich, a ham and cheese sandwich, He ate several bites of the sandwich and appeared to be eating with no concerns. He almost completed the sandwich and he started to cough. A Witness Statement from RN 2 indicated, .I offered both residents a snack and provided [resident 1] a half of a ham and cheese sandwich. [Resident 1] sat in a common area eating the snack. He took multiple bites with no distress noted. He then began to cough. He was able to clear some food while coughing and [RN Supervisor] put on a glove and swept his mouth. [Resident 1] stood up and was showing some unsteadiness (his baseline is unsteady) and was assisted back to a sitting position. He had more coughing noted, and I provided the Heimlich maneuver with three abdominal thrusts. At this time, [resident 1] was breathing but did show some signs of decline. [RN Supervisor] called 911 and [staff name omitted] came with oxygen as requested and after it was placed, I went to get the crash cart. RN Supervisor and CNA [Certified Nursing Assistant] continued to monitor and provide care for [resident 1]. When I returned to the common room area, the CNA was providing CPR [Cardiopulmonary Resuscitation], and the RN supervisor was on the phone with EMS [Emergency Medical Services]. When EMS arrived, they assessed [resident 1] with the AED [Automated External Defibrillator], and no heart rate could be found. EMS called time of death at 12:50am. It further indicated that on 10/16/25 at 2:00 AM, [RN 2] was educated by [DON] and [Administrator] on the level six soft and bite-sized diet texture. It further indicated, [RN 2] was educated that level six soft and bite-sized foods are soft tender and moist, but with no thin liquid leaking/dripping from the food. Residents must have the ability to chew 'bite-sized' pieces so that they are safe to swallow. Bite-sized pieces are no bigger than 1.5cm [centimeters] x 1.5cm in size. Food can be mashed/broken down with pressure from a fork; a knife is not required to cut this food. No regular dry breads are allowed. Resident 1's medical record was reviewed on 11/12/25. A Physician's Order dated 7/16/25 at 12:35 PM indicated, 'Regular Diet diet Soft &amp; Bite-Sized SB6 texture, Thin consistency. A Nursing Note dated 7/16/25 at 1:48 PM indicated, .He ate breakfast with supervision and assistance eating. He was coughing with eating. His wife was stating that he coughs when he eats too fast or takes bites that are too big. Able to cough and clear food. A Nursing Note dated 7/17/25 at 8:00 AM indicated</p>		