

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>465083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CRESTWOOD REHABILITATION AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3665 BRINKER AVENUE OGDEN, UT 84403</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and interview, the facility failed to establish an infection prevention and control program designed to prevent the development and transmission of COVID-19. Specifically, screening of staff was conducted after staff had entered the building and walked through resident care areas. Additionally, observations were made of staff not wearing a face mask while inside the building. Findings include: 1. On 6/10/2020 at 8:30 PM, an observation was made of the facility process for screening visitors and staff. Entrance at the main door was provided by Therapy Staff 1. The Therapy Staff 1 instructed the visitors to remain at the door until a licensed nursing staff could be obtained to screen the visitors. Registered Nurse (RN) 1 was observed to take the visitors temperature and review the visitor/staff screening questionnaire. Review of the Visitor and Employee Screening Questionnaire for COVID-19 documented that staff were to complete the form with a designated staff member at the start of the shift. The form stated that the screening must be reviewed/approved before beginning the shift. The form documented the staff members temperature and responses to questions that asked if the staff had experienced any COVID-19 related respiratory symptoms, if the staff had traveled outside the country, if the staff had come into contact with any persons who tested positive for COVID-19 or were under investigation for COVID-19 related symptoms, and if they had worked in a location with recognized COVID-19 cases. On 6/10/2020 at approximately 9:00 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that staff screening was conducted at multiple entrances within the building. The DON stated that staff could enter through the front door and be screened there by a floor nurse. The DON stated that the Administration staff had keys to enter the building through the north side door. The DON stated that the Administration staff entered the building, walked upstairs passing other staff and offices on the way to the DON's office to be screened by the DON. At this time an observation was made of the Resident Advocate (RA) entering the building, bypassing the stairs and screening process and proceeded to enter the conference room. It should be noted that the conference room was located next to the facility therapy gym where staff and residents were frequently observed walking in the hallway. The RA asked the DON if they were going to have the morning meeting in the conference room. This surveyor asked the DON who screened the RA upon entrance into the building and the DON replied that she screened all Administrative staff in the conference room during the morning meeting. On 6/10/2020 at 9:00 AM, an observation was made of a door near the front entrance. The door was observed to be propped open. The door was not locked or secured. On 6/10/2020 at 4:15 PM, a telephone interview was conducted with RN 1. RN 1 stated that all staff or visitors entering the building filled out a screening form and had their temperatures checked by a nurse. RN 1 stated that there were 3 entrances for staff into the building. RN 1 stated that there was the main door, where the nurse for the 200 hall screened staff and visitors. RN 1 stated there were 2 entrances downstairs for staff. RN 1 stated that staff were able to enter the building downstairs from the north and the west side. RN 1 stated that staff entered the building and were screened at the nurses station. RN 1 stated that the management team entered through a north door, but she was not aware of a screening process through the north door for management. An observation was made of the facility layout on the lower level floor. It was observed that staff entering through the bottom doors would have to pass through a dining room and pass resident rooms to enter the nurses station prior to being screened. Review of the facility policy Coronavirus 2019, Prevention and Control stated, 7. All staff will be screened at the start of shift by completing a screening questionnaire and will be assessed for fever and respiratory symptoms. Staff members will have their temperature and absence of shortness of breath, new or changes in cough and sore throat documented on the screening form. Any staff members who answer affirmatively to the screening questions will be referred to the Infection Preventionist or designee for further evaluation. If staff members are ill, they will be required to don a facemask, self-isolate at home and follow up with their healthcare provider. 2. On 6/10/2020 at approximately 8:40 AM, an observation was made of Dietary Staff 1 transporting a cart with resident breakfast trays through the front resident hallway located next to the main entrance. Dietary Staff 1 was observed not wearing a mask. On 6/10/2020 at approximately 8:50 AM, an entrance interview was conducted with the DON. The DON stated that all staff were wearing a mask and gloves with resident care. The DON stated that the residents were wearing a cloth face covering during cares. The DON stated that kitchen staff were to wear a mask only in patient care areas. On 6/10/2020 at approximately 9:15 AM, an observation was made of the facility kitchen. Dietary Staff 1 was observed in the kitchen with a mask placed below the chin. Dietary Staff 1's mask did not cover her mouth and nose. The Dietary Manager (DM) was immediately interviewed. The DM stated that all staff were to wear a mask over their nose and mouth at all times. The DM stated that when staff were in the kitchen, in the halls, and near residents the masks were to be worn. The DM stated that the only time a mask could be removed was when he was alone in his office with the door shut. Review of the Centers for Disease Control and Prevention guidance on Preparing for COVID-19 in Nursing Homes under Implement Source Control Measures stated, HCP (Healthcare Personnel) should wear a facemask at all times while they are in the facility. The recommendation was updated on May 19, 2020.</p>		

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

TITLE

(X6) DATE

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.