

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER AVALON VALLEY REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2472 SOUTH 300 EAST SALT LAKE CITY, UT 84115	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to establish an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to obtain and train nurses on the manufacturer's instructions for cleaning and disinfecting blood glucose meters (glucometers). During an observation and concurrent interview on 4/30/20 at approximately 10:45AM, Registered Nurse (RN) 4 demonstrated how to clean and disinfect the shared Evencare G2 glucometer for the unit. RN 4 stated she would wipe the glucometer with one PDI Sani-Cloth bleach germicidal disposable wipe and let the glucometer dry on a clean surface for about three minutes. RN 4 was asked for the manufacturer instructions for cleaning and disinfecting, and RN 5 who was standing nearby, stated she would go and get the instructions. However, review of the instruction booklet showed it did not contain information for how to clean and disinfect the glucometer. RN 5 stated she did not know of any additional manufacturer instructions for how to clean and disinfect the Evencare G2 glucometer. Review of the facility policy titled, Infection Prevention and Control Program, revealed Blood Glucose Meters will be cleaned between residents according to manufacturer's recommendations. During an interview on 4/30/20 at approximately 11:15AM, the Director of Nursing (DON) stated the facility did not have additional manufacturer's instructions for cleaning and disinfecting the glucometer. Review of the manufacturer's instructions titled, Evencare G2 Blood Glucose Monitoring System Healthcare Professional Operator's Manual, accessed online on 4/30/30, revealed the glucometer is validated to withstand a cleaning and disinfection cycle of ten times per day for an average of three years and listed four disinfectants that had been validated to use with the glucometer. The PDI Sani-Cloth bleach germicidal disposable wipe the facility was using was not on the list. Yet, further review of the instructions showed other EPA (Environmental Protection Agency) Registered wipes may be used for disinfecting the Evencare G2 system, however, these wipes have not been validated and could affect the performance of the meter. In addition, the instructions revealed the glucometer was to be cleaned (wiped) with a moist lint-free cloth dampened with a mild detergent prior to using a disinfecting wipe, which was not demonstrated by RN 4. During an interview on 4/30/20 at approximately 4:15PM, the Administrator and DON stated the facility would ensure the manufacturer's instructions were followed and the nurses were trained on the proper technique for cleaning and disinfecting the glucometer.		
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.