

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>465158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOW BROOK REHABILITATION AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>433 EAST 2700 SOUTH SALT LAKE CITY, UT 84115</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, interviews, and record reviews, the facility failed to ensure staff was performing protective measures to prevent the transmission of infectious diseases. Specifically, staff was not performing handwashing in the sequence to promote the prevention of contagious diseases. This failure places residents and staff at risk of acquiring infectious diseases. Findings Include: 1. 5/20/20 at 12:21 PM, an observation of Certified Nurse Aide (CNA1) in the dining room washing her hands at the sink. After CNA1 washed her hands, CNA1 used her hand to turn the faucet off, and then reached for the paper towel from the automatic paper towel dispenser. When CNA1 was asked why she did not use the paper towel to turn off the faucet, CNA1 replied, it (automatic paper towel dispenser) does not give (paper towel) out all the time, sometimes you have to wave your hand more than once. No signage was posted detailing the proper sequence for washing hands. 2. 5/20/20 at 12:24 PM, an observation of CNA2 in the dining room standing at the sink to wash her hands, CNA2 used the left hand to obtain soap from the dispenser, without rinsing her hands first, and then turned the faucet on and began to lather her hands. When CNA2 was questioned about the sequence she used to wash her hands, CNA2 verbally acknowledged the concern. Again, no signage posted detailing the proper sequence for washing hands. 3. 5/20/20 at 1:37 PM, in a staff interview with the DON (Director of Nursing)/IP (Infection Preventionist), when the observation of CNA1 was shared, the DON/IP replied, She was instructed on the correct procedure last month. When the observation of CNA2 was shared with the DON/IP, the DON/IP acknowledged and said I will talk to her. The DON/IP was asked why there was not signage visible in the area, detailing the sequence of hand washing, . The DON/IP acknowledged the concern. 4. Record review of the Infection Control Monitoring Tool-Hand Hygiene dated 4/6/20 has CNA1 listed that she was observed completing hand hygiene, and in the comments/follow-up section reads, Reminded to turn the faucet off with paper towel. 5. Record review of the General Orientation form with subtitle Handwashing Techniques. Under the section entitled Procedure, number one reads, Adjust the temperature of the water to warm., number two reads, Wet Hands., number three reads in pertinent part, Apply soap thoroughly . 6. Record review of the Policy/Procedure - Infection Prevention and Control subject, Hand Washing adopted 10/2017. Under sub-heading Policy reads, It is the policy of this facility to ensure that staff practices hand washing to minimize spread of infection. Under the subtitled Procedure for handwashing number one reads, Turn on water to a comfortable, warm temperature., number two reads, Moisten hands with soap and water and make a heavy lather. 7. 5/20/20 at 1:45 PM, staff interview with the DON/IP, when asked about the sequence listed in the Hand Hygiene Policy, the DON/IP acknowledged the concerns and said one that reflects best practices will be made and sent.		

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.