

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>46A064</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINE CREEK REHABILITATION AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>876 WEST 700 SOUTH SALT LAKE CITY, UT 84104</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observations, interviews, and record reviews, the facility failed to ensure staff were creating an environment consistent with measures to prevent the transmission of communicable diseases. Specifically, the facility was not monitoring the dishwasher temperature to ensure dishes are properly sanitized, and the facility was utilizing residential washing machines that do not ensure temperatures are effective in the prevention of transmittable diseases. These failures place all residents at risk for acquiring infectious diseases. Findings include: 1. On 6/17/20 at 9:55 AM, a staff interview with the Dietary Manager (DM) occurred during the kitchen walk-through. A review of the Pine Creek Low Temperature Dish Machine Log for June 2020, revealed no entries of recorded temperatures for June 16, 2020. When the DM was asked who is responsible for recording temperatures, the DM replied , I am I forgot. When the DM was asked for a copy of the June 2020 Temperature Dish Machine Log, the DM delivered a log that does not represent what was seen on the walk-through. When the DM was asked about the discrepancy, the DM replied, I wrote it down on the wrong day. The facility policy provided was titled, Dietary Guidelines. Under subtitle Dishwasher Temperature/ppm the intent reads, The temperature and parts per million (ppm) if applicable will be recorded three times daily. On 6/17/20 at 10:30 AM, in an interview with the Nursing Home Administrator (NHA), when the observations were shared concerning temperatures not being recorded for June 16th, the NHA acknowledged. 2. On 6/17/20 at 11:41 AM, an observational tour of the laundry with the NHA revealed the facility has three residential (Whirlpool) washers for washing all of residential items, including clothing and bed linen. When the NHA was asked how does the facility ensure the wash machines are effective in the prevention of transmittable diseases, the NHA replied, the facility set the washer on Heavy and use bleach. When asked about the temperatures, the NHA reported it is on hot. The NHA then stated she will look for the policy. On 6/17/20 at 11:53 AM, in a staff interview with the Corporate Nurse Consultant (CNC), when the CNC was asked about how long the residential washing machines were here at the facility, the CNC reports, I don't know we are calling corporate. Record Review of the policy titled Policy/Procedure - Infection Prevention and Control, subtitled Laundering Linen in Facility updated 02/07/2020. Reads in pertinent part, It is the policy of this facility to ensure linen, clothing, and reusable PPE are being laundered according to current standards of practice. It further reads, When hot water is indicated, the water must be equal to or greater than 120 degrees Fahrenheit. Record review of Use and Care Guide for Whirlpool home appliances, One Speed Automatic Washers ( 55 A), on page six, under sub section Water temperature, Hot temperature 111 degrees Fahrenheit or Above. On 6/18/20 at 8:40 AM, in an interview with the NHA, when asked is there evidence the residential washing machines are set at desired temperature per policy (120 degrees or greater), no response was given from the NHA. The NHA was informed the residential washing machines that the facility is currently using, may not be effective in the prevention of transmittable diseases. The NHA acknowledged.		
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.