STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46232 Based on interview and record review, it was determined that the facility did not provide a resident's representative access to personal and medical records pertaining to the resident, within 24 hours of the written request. Specifically, for 1 of 8 sampled residents, a resident's Power of Attorney (POA) requested medical records and was not provided them within 24 hours of the written request. Resident identifier: 4. Findings include: Resident 4 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's, bipolar disorder, schizoaffective disorder, dementia, and depression. On 12/20/22 at 11:05 AM, a phone interview was conducted with resident 4's POA. The POA stated she came back to the facility sometime in the beginning of September and requested resident 4's medical records. The POA was told by a staff member that they could not give her the medical records because the resident's name was no longer in their system. The POA then stated, she filled out paper work with the Medical Records Director (MRD) to obtain resident 4's medical records from July 15 through the end of August. The POA stated she was told by the facility, they could only give her medical records 30 days prior to the date the resident was sent to the hospital. The POA stated she needed the medical records for personal use and resident 4's new facility. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/20/22 at 12:17 PM, a phone interview was conducted with the MRD. The MRD stated for someone to get their medical records, they had to submit a written request via a form. The MRD stated the person requesting the medical records had to be specific about what information they wanted since she was not allowed to give out any information that was not requested. The MRD stated that once the form was submitted, the medical records were given within 3-5 business days. The MRD stated she was told by the Regional Nurse Consultant that she had 3-5 business days for the form to be processed and the medical records to be given to the intended person. The MRD stated she held on to the physical request form for a month or two in case the resident or family stated they had not received them. The MRD stated they were only allowed to release medical records while the resident was at the facility. The MRD stated resident 4's POA had filled out a form to get resident 4's medical records and also recalled the POA had issues throughout the medical records request process. The MRD stated that the POA had to come to the facility on three separate occasions to obtain the form that needed to be filled out. The MRD stated the first time the POA came was on a Friday when she was not at work. The MRD stated that staff had not notified her, the first time the POA had requested records. The MRD stated the second time the POA came to the facility, she was on break and the POA did not obtain a medical record request form since the MRD was the only one with access to the form. The MRD stated that the POA came back for the third time and received the form. The MRD stated that the POA received her medical records within 3 to 4 days after she had requested them. The MRD stated she remembered this encounter with the POA because the previous Administrator had told her, the POA planned on suing the facility and needed someone to look over resident 4's medical records before they were given to the POA. The MRD stated she had the business office staff member looked over them and once they were ready, she notified the POA and the paper work was picked up the next day. The MRD stated she was the only one with access to the medical record request form and there was not a process in place on how to obtain the form when she was not at the facility. The MRD stated that she hoped the front desk called her if someone needed to obtain medical records if she was not present at the facility. The MRD stated she believed the process for obtaining resident 4's medical records felt long to the POA because of everything she had gone through just to obtain the records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30563 Based on observation and interview it was determined that the facility did not provide a safe, clean comfortable and homelike environment. Specifically, multiple resident rooms had debris on the floors, and debris was observed in resident hallways. Resident identifier 1. Findings included: 1. On 12/20/22 at 9:21 AM, an observation was made of the Heritage unit. The following was observed: a. room [ROOM NUMBER] had crumbs and debris on the floor at the foot of the bed and under the over bed table. There was a medication cup, sugar packet, napkin and other crumbs and debris. b. room [ROOM NUMBER] had a small medication cup on the floor and debris on the floor by the door. There was a sugar packet on the floor and other packaging. c. In the hallway of the Heritage unit there was a large blue rubber band and a tissue box lid. d. There was a cigarette butt in the hallway outside room [ROOM NUMBER]. e. room [ROOM NUMBER] had crumbs and debris including papers on the floor. f. room [ROOM NUMBER] had debris on the floor. 2. On 12/20/22 at 10:55 AM, an observation was made of the Cambridge unit. The following was observed: a. There were crumbs, debris, and cups on the floor in the hallway across from the nurses station. b. There was a sock, spoon, and debris in the handrail across from room [ROOM NUMBER] and outside the living room. c. There was bead board that was not secured to the wall into the dining room. The bead board was sticking out from the wall. d. room [ROOM NUMBER] had weather stripping that was pealing way from the door frame and sticking out. e. room [ROOM NUMBER] had a bathroom with white and black debris on the floor. f. There were crumbs, debris and wrappers in the hand rail at the nurses station. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. On 12/20/22 at 3:03 PM, observations were made of the Heritage and Rehab units. The following were observed: a. room [ROOM NUMBER] had a bottle, baggie, medication cup, and trash on the floor. b. room [ROOM NUMBER] had a sugar packet, battery, trash and crumbs on the floor. c. room [ROOM NUMBER] had a tissue on the floor under the bed. d. room [ROOM NUMBER] had a medication cup on the floor by bed A. e. room [ROOM NUMBER] had crumbs and trash on the floor at the foot of the bed and under the bed. f. room [ROOM NUMBER] by bed A there was debris and crumbs on the floor. g. room [ROOM NUMBER] there was clothing on the floor next to the bed. h. room [ROOM NUMBER] had 13 cough drop wrappers on the floor. i. A light was out at the Rehab unit nurses station. On 12/20/22 at 12:13 PM, an interview was conducted with resident 1. Resident 1 stated that the facility cleanliness sucked. Resident 1 stated that garbage was left on the floor in the dining room from breakfast and was still present at the lunch meal. Resident 1 stated that the dining room tables were not clean and had coffee and food stains on them. Resident 1 stated that the dining room floors also had coffee stains on them. On 12/20/22 at 2:59 PM, an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated rooms in the Cambridge unit were cleaned by housekeeping daily. CNA 1 stated the house keeping staff vacuum by the nurses station once in a while. On 12/20/22 at 3:10 PM, an interview was conducted with CNA 2. CNA 2 stated housekeeping cleaned the hallways daily and sometimes multiple times a day. On 12/20/22 at 3:11 PM, an interview was conducted with Registered Nurse (RN) 2. RN 2 stated she had not seen housekeeping cleaning that day. RN 2 stated housekeeping cleaned the halls multiple times a day. On 12/20/22 at 3:51 PM, an interview was conducted with the Housekeeping Supervisor (HKS). The HKS resident rooms were cleaned daily. The HKS stated the resident's bathroom was cleaned, trash was emptied, floors cleaned, over bed table was wiped down, night stand was wiped down and the floors were swept and mopped. The HKS stated there were enough staff to clean the facility and if a staff member had the day off, staff were moved around. The HKS stated the Heritage unit was cleaned that day. The HKS observed the rooms above and stated the rooms did not look cleaned. At 4:08 PM, the HKS stated that she had a housekeeper coming in at 4:00 PM who was going to clean the rooms in the Heritage hallway.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 47432 Based on interview and record review, it was determined for 2 of 8 sampled residents that the facility did not report an allegation of abuse within 2 hours of the allegation being made. Specifically, the facility did not report an allegation of physical abuse between two residents to the State Survey Agency (SSA) within 2 hours. Resident identifiers: 3, 7. Findings Included: On 12/20/22 at 10:55 AM, an interview was conducted with resident 3. Resident 3 stated she was moved to a new room after her previous roommate (resident 7) had accused resident 3 of physically abusing her. On 12/20/22 at 8:57 AM, the SSA received a copy of the initial report. The report stated that on 12/19/22 at 1:46 PM, staff and the facility administrator had been made aware of the allegations of abuse by resident 7. The facility report listed the submission time as 5:00 PM on 12/19/2022. On 12/20/22 at 1:21 PM, an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated that 1:46 PM was when the ADON was made aware of the allegations through group text message. On 12/20/22 at 1:26 PM, an interview was conducted with the Resident Advocate (RA). The RA stated that 1:46 PM was when the RA was made aware of the allegations through group text message. The RA reported submitting the form to the SSA at 5:00 PM on 12/19/2022. The facility Abuse - Prohibiting policy and procedure reviewed 10/2022 was provided by the facility. The policy and procedure revealed the following: Reporting of Abuse: Reporting Abuse Any person who suspects that abuse, neglect, or the misappropriation of property may have occurred must immediately report the alleged violation to their immediate supervisor or the Administrator of the facility, State Survey Agencies and Law Enforcement. Time Period for Reporting 1. Serious Bodily Injury - 2 Hour Limit: If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual (owner, operator, employee, manager, agent, or contractor) shall report the suspicion immediately, to State Survey Agencies and Law Enforcement, but no later than 2 hours after forming the suspicion. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. All Others - Within 24 Hours: If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion no later than 24 hours after forming the suspicion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46232 Based on observation, interview, and record review it was determined, for 2 of 8 sampled residents, that the facility did not ensure that a resident received treatment and care in accordance with professional standards of practice. Specifically, a resident experienced a change in condition with decreased oxygen levels and mental status change without interventions and physician notification. Additionally, a resident had received wound care without a physician order or any documentation. Resident Identifiers: 1 and 4. Findings include: 1. Resident 4 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's, bipolar disorder, schizoaffective disorder, dementia, and depression. On 12/20/22 at 11:05 AM, a phone interview was conducted with resident 4's power of attorney (POA). The POA stated that resident 4 was severely dehydrated when she got to the hospital. The POA stated that she was told multiple times by staff that they were pushing fluids down resident 4. The POA stated that she did not believe the staff had encouraged resident 4 to drink anything because of the condition resident 4 arrived to the hospital in. The POA stated that resident 4 was not able to tell staff when she was thirsty but stated if she was given a glass of water she would have drank it. The POA stated that she did not understand how resident 4 was so dehydrated if staff were pushing fluids and after she got the bag of intravenous fluids before she went to the hospital. The POA stated that two to three days before resident 4 went to the hospital, she was told resident 4 had a headache and congestion. The POA stated that when she called for updates, she was not always given the right information on resident 4's condition. Resident 4's medical records were reviewed on 12/20/22. A nursing monthly summary date 8/21/22 documented resident 4's level of conscious was alert. On 8/27/22, progress notes revealed that resident 4's family was called and notified of positive COVID-19 cases within the facility. On 8/28/22, resident 4 had oxygen saturation (O2) vitals documented of 82% on room air at 6:42 AM and at 3:12 PM O2 of 88 % on room air. [It should be noted that no interventions were documented and no documentation could be found indicating the physician had been notified.] A respiratory systems evaluation dated 8/28/22; which evaluated for COVID-19 symptoms such as new onset or worsening cough, shortness of breath, congestion or runny nose, fatigue, etc .; documented Resident 4 had not exhibited any of the listed symptoms even though her oxygen saturation level for that day was documented to be 82% and 88% on room air. [It should be noted that resident 4 was not tested for COVID-19 on this day even though she exhibited symptoms of increased oxygen demand.] On 8/29/22 at 10:21 AM, resident 4 vitals were check once throughout the day and revealed an O2 level of 88%. [It should be noted that no interventions and documentation were located to indicate staff had notified the physician.] A respiratory systems evaluation dated 8/29/22 documented that resident 4 had no COVID-19 symptoms even though her oxygen saturation level was 88% on room air. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 9/1/22, a progress note revealed that resident 4 was put on airborne precautions due to a positive COVID-19 test result and started to monitor resident 4 for shortness of breath (SOB) and difficulty breathing. Resident 4's September 2022 Treatment Administration Record (TAR) revealed no documented occurrences of SOB. The September 2022 Medication Administration Record (MAR) documented that resident 4 had received a dose of Guaifenesin ER (extended release) 600 mg (milligrams) at 3:02 PM for congestion and Tylenol 500 mg for a headache. The respiratory systems evaluation dated 9/1/22 had no symptoms documented even though resident 4 had received the Guaifenesin for congestion and Tylenol for a headache. A nursing skilled daily review dated 9/1/22 at 2:41 PM, documented resident 4's level of consciousness as lethargic and that resident 4 had a dry non-productive cough present. [It should be noted that no interventions or physician notification was located regarding resident 4's mental status change from 8/21/22.] Resident 4's oxygen saturation vitals were documented as 90% and 91%. On 9/2/22, a nursing progress note stated that resident 4's decline in mental status was due to her co-morbidities. Resident 4's oxygen saturation vitals were 92% and 91% on room air. The September 2022 TAR had no documented occurrences for SOB for 9/2/22. The September 2022 MAR documented that resident 4 had received 500 mg of Tylenol for a headache at 6:10 AM. The respiratory systems evaluation dated 9/2/22 had no documented symptoms even though resident 4 received medication for a headache. On 9/4/22, a nursing skilled daily review with a time stamp of 12:41 AM documented resident 4's level of consciousness as lethargic and that resident 4 had a dry non-productive cough present. Resident 4's oxygen saturation at 1:09 AM was documented as 94% on room air. A late entry nursing progress note at 12:00 PM stated that resident 4 was lethargic, color of skin was ashy and pale, resident was non-responsive to verbal stimuli but responsive to physical stimuli, elevated temperature noted. [It should be noted that the highest temperature documented for 9/4/22 was 98.3]. The progress note stated that the doctor was notified of change in resident condition and interventions were ordered such as intravenous (IV) fluids and an acetaminophen suppository. [It should be noted that no documentation was located for the administration of the IV fluids and acetaminophen suppository on the September 2022 MAR.] The POA was notified and she decided to try the interventions before the resident needed to be sent to the emergency room . Resident 4's oxygen saturation level at 1:59 PM was documented to be at 94% while on oxygen. The September 2022 TAR documented that resident 4 had an occurrence of SOB and/or difficulty breathing while she laid flat; the oxygen saturation documented was 86%. At 2:57 PM, a progress note stated that resident 4 was, lethargic and color of skin was pale and ashy. Non-responsive to verbal commands/questions. Temp 99.1 O2 sats 86%. Notified MD (medical doctor). Orders for one time IV NS (normal saline) 200 ml (milliliters)/hr (hour) for hydration, and acetaminophen suppository. Acetaminophen effective. Resident is afebrile 96.0 tympanic temp. Residents v/s (vital signs) stable yet does not look good. Notified MD. Order to send resident out to hospital. Noted. Per Discharge summary note at 3:24 PM, resident 4 was transported to local hospital via ambulance due to COVID-19 complications. The local hospital history and physical (H&P) dated 9/6/22 documented that resident 4 was admitted to the hospital on 9/4/22 and diagnosed with severe encephalopathy, sepsis from a UTI (urinary tract infection), and severe dehydration with hypernatremia. The H&P document that resident 4 met intensive care (ICU) criteria due to her severity of illness but resident 4's code status was changed from a full code to a do not resuscitate and do not intubate (DNR/DNI) and was admitted to the hospital for a trial for antibiotics and fluids as well as a palliative consultation in hopes that resident 4 was to be discharged back to the facility on hospice. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 12/20/22 at 12:58 PM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated that when a resident tested positive for COVID-19, they were isolated to their room for 10 days and were not allowed to leave their room. RN 1 stated the policy was to test every resident in the building if someone had tested positive for COVID-19. RN 1 stated that some COVID-19 symptoms were fever, cough, body aches, loss of taste and smell, and increased oxygen demands. RN 1 stated that they checked COVID-19 positive residents' oxygen saturations once or twice a day to check for decreased oxygen saturation. RN 1 stated if a resident present with decreased oxygen, first he made sure the machine was working correctly. Then he positioned the resident appropriately and listened to their lungs to assess if the resident was oxygenating well. Lastly, RN 1 stated he contacted the doctor and applied oxygen to the resident with decreased oxygen. RN 1 stated that if a resident had a change of condition, they were suppose to document it in the progress notes. RN 1 stated that if a resident was COVID-19 positive looked rough, they transferred the resident to the emergency room . On 12/20/22 at 1:18 PM, an interview was conducted with RN 2. RN 2 stated if a resident had COVID-19 symptoms, they were tested for COVID-19. RN 2 stated if there were multiple residents with COVID-19, the facility protocol was to test every resident in the building every 2 days for 3 times. RN 2 stated that COVID-19 symptoms included a cough, fever, runny nose, gastrointestinal distress, headaches, change in mental status, shortness of breath, and increased oxygen demand. RN 2 stated that if a resident had SOB or an increase in their oxygen demand, she called the doctor and administered oxygen. RN 2 stated that normally when a resident had a low oxygen, the doctor ordered a chest x-ray and wanted laboratory work done. RN 2 stated that a change of condition was any symptom or vitals sign that was not their base line. RN 2 stated that when they contacted the doctor they were suppose to put in a progress note but stated she was not sure it was always completed. On 12/20/22 at 2:26 PM, an interview was conducted with RN 3. RN 3 stated she was familiar with resident 4. RN 3 stated that resident 4 was dependent on staff for all cares. RN 3 stated that resident 4 was alert and oriented only to herself and needed guidance on how to do things. RN 3 stated that resident 4 needed to be reminded to eat her food or else she played with it. RN 3 stated that resident 4 was hospitalized because of COVID-19. RN 3 stated that symptoms of COVID-19 were coughing, a fever, behavioral changes and temperature. RN 3 stated that once a resident had a cough, nursing staff completed a lung assessment, a respiratory assessment and checked their oxygen levels. RN 3 stated that in the respiratory assessment, nursing staff looked to see if a resident had a fever and decreased oxygen. RN 3 stated nursing staff documented any other COVID-19 symptoms and what was done to prevent the spread of COVID-19. RN 3 stated that they had standing orders for oxygen and the provider was notified if a resident was put on oxygen since that was a change in their condition. RN 3 stated interventions for low oxygenation included frequent checks, oxygen administration, elevate the head of the bed and notify the provider. RN 3 stated if nursing staff notified the doctor, they added a progress note that stated what was identified and any new orders received. RN 3 stated if any interventions were done to help increase a resident oxygen, they were supposed to document it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 12/20/22 at 1:29 PM, an interview was conducted with Assistant Director of Nursing (ADON). The ADON stated the policy for COVID-19 testing was when a resident tested positive, they had to test every resident in the facility and proceeded to have follow-up testing at 48-hours and 96-hours. The ADON stated when a resident was COVID-19 positive, the resident was isolated to their room and were placed on droplet and contact precautions. The ADON stated nurses monitored for symptoms such as shortness of breath and made sure the residents had good oxygen saturations. The ADON stated that vitals were taken on all resident at least twice a day. The ADON stated she had an infection control log from when she became the infection preventionist at the beginning of September where she documented positive COVID-19 cases and the date the resident tested positive. [It should be noted that the ADON was unable to provide a list of positive COVID-19 cases for the beginning of September 2022.] The ADON stated that if a resident had been tested for COVID-19 there was a progress note completed regarding the results and a physician order for a COVID-19 test. [It should be noted that no COVID-19 test was ordered for resident 4.] A follow up interview was conducted at 3:20 PM, the ADON stated if a resident had a change of condition, there were standing physician orders for a COVID-19 test to be done. The ADON stated the COVID-19 symptoms they looked for were coughs, fevers, body aches, headaches, any temperature greater than 100.4 and decreased oxygen saturation. The ADON stated that if a resident had any of those symptoms, the nursing staff documented the symptoms in the daily respiratory assessment. The ADON stated she remembered that at the end of August they had a COVID-19 outbreak in the memory care unit and basically the whole unit became positive. The ADON stated they tried to keep all the residents in their rooms but that only went so well. The ADON stated she did not have access to the COVID-19 tracking for the end of August 2022 because the previous Director of Nursing was the only one who had access to the excel sheet. The ADON stated that resident 4 had been doing well up until the day she went to the hospital. The ADON stated that resident 4 was alert and oriented to herself and she was hard to understand due to her word salad. The ADON stated that the night of 9/3/22 resident 4 hadn't had any brief changes when she normally had at least 2-3 wet briefs since she was incontinent. The ADON stated that resident 4 had been drinking very little fluid prior to 9/4/22. The ADON stated that the morning of 9/4/22, a Certified Nursing Assistant (CNA) approached her because the CNA was concerned about resident 4. The ADON stated that she was not resident 4's nurse that day but was approached by the CNA because resident 4's nurse at the time had not expressed concern about resident 4's condition. The ADON stated that resident 4's oxygen had started to drop and she developed a fever. The ADON stated that the doctor was notified of resident 4's change in condition and had ordered for resident 4 to receive Tylenol, IV fluids and to be placed on oxygen. The ADON stated she called and notified resident 4's POA about her status and had her decide the course of action she wanted the nursing facility to take. The ADON stated, the POA wanted to see how effective the IV fluids were before resident 4 was sent to the hospital. The ADON stated that the IV fluids were ordered for hydration. The ADON stated she remembered she started the IV but didn't remember the rate at which it was ordered. The ADON was then asked why the IV fluids and the Tylenol were not documented in the September 2022 MAR and she stated she must have forgotten to do it in the computer but stated she had received a verbal order from the doctor. The ADON was also asked why resident 4 received a Tylenol suppository when she did not have a documented fever. The ADON's response was that she recalled resident 4 being febrile and stated they did not document her temperature. The ADON stated that resident 4 was given the suppository because she felt resident 4 was not able to safety swallow pills at the time and resident 4 was barely responding to her name. The ADON stated that resident 4 was not completely unresponsive any of the time and stated that she had to do a painful stimuli for resident 4 to respond. The ADON stated she had to do a light sternal rub and resident 4 responded with swatting her hands away. The ADON stated she reassessed resident 4's condition after she had administered the Tylenol and started the fluids. The ADON stated that resident 4 had not improved, proceeded to call the POA and doctor and resident 4 was sent to the hospital. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	38031 2. Resident 1 was admitted to the facility on [DATE] with diagnoses which included sepsis, presence of hear-valve replacement, ebstein's anomaly, history of malignant neoplasm of the thyroid and esophagus, cognitive communication deficit, cardiac pacemaker, hypertension, colitis, hypothyroidism, delusional disorder, post-traumatic stress disorder, personality disorder, and chronic pain syndrome. On 12/20/22 at 12:13 PM, an interview was conducted with resident 1. Resident 1 stated that he was in excruciating pain in his left leg because it was infected. Resident 1 stated that he had a wound on the left leg and he had hurt his foot the other day. Resident 1 stated that the facility started doing dressing changes to the leg wound on 12/19/22. Resident 1 stated that the infection in the left leg wound had spread. Resident 1 stated that the wound care consisted of changing the bandage only, but he thought one nurse may have applied some treatment to the wound. Resident 1 stated that he was receiving an antibiotic for the infection, but believed it was not working due to the intensity of the pain in the wound. Resident 1 stated that the physician assessed the wound on 12/19/22. Resident 1's physician orders revealed the following: a. On 12/11/22, a laboratory order for a Complete Blood Count (CBC), Comprehensive Metabolic Panel (CMP), and C-Reactive Protein (CRP) for suspected cellulitis to the left leg was initiated. b. On 12/14/22, an order for Doxycycline Tablet 100 milligrams by mouth two times a day for 10 days due to infection was initiated. It should be noted that no orders were found for wound care or treatment. Resident 1's Treatment Administration Record (TAR) for December 2022 revealed no documentation for wound care. Resident 1's progress notes revealed the following: a. On 12/6/22 at 3:37 PM, the nursing note documented no skin breakdown noted at this time. b. On 12/11/22 at 2:11 PM, the nursing note documented, .has a laceration on the front of the left shin and a foam dressing over it. Rt. [resident] states he feel burning and throbbing. Area feels warm to touch. DON [Director of Nursing] and physician notified. Physician ordered labs; CBC, CMP, CRP for tomorrow. c. On 12/13/22 at 3:24 PM, the nursing note documented, Pt [patient] does have a wound on his left LE [lower extremity], approx [approximately] 5 cm [centimeters] long nad [sic] 2-3 cm wide, the wound is fairly superficial and does have some yellow slough tissue associated with it as well as some purulent drainage, woundwas [sic] cleaned and redressed, pt informed that we are still waiting on results from blood drawn yesterday, 12-12-22. the wound itself does not look bad bu [sic] the peri wound is red and warm to touch, does have a cellulitic appearance. d. On 12/14/22 at 11:48 PM, the nursing note documented, Wound to LLE [left lower extremity], purulent drainage noted, redness and warmth noted around periwound. Wound cleansed and dressed. e. On 12/15/22 at 11:25 PM, the nursing note documented, Resident has wound to LLE, being treated with doxycycline, wound is dressed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	f. On 12/16/22 at 11:41 PM, the nursing note documented, Resident has wound to LLE, being treated with doxycycline, wound is dressed. g. On 12/19/22 at 4:49 PM, the nursing note documented, Pt has been started on doxycycline for infection in LLE, pt has been on ABX [antibiotic] for approx 5 days now and wound is almost healed and entire leg looks much better, less swelling, less redness, pt states pain has only gotten worse, NP [Nurse Practitioner] ordered a CBC on pt today but pt refused to allow his blood to be drawn for this test. On 12/14/22 at 1:29 PM, resident 1's skin assessment documented that the resident had a small wound on left front center shin, this is not a new problem and was being treated with antibiotics for the issue. No other weekly skin assessments documented resident 1's left lower extremity wound. On 12/16/22, the provider note documented that resident 1 reported that the lower extremity left leg is getting more painful. The wound is healing even though patient states he does not feel it is healing. The discoloration to the area around his wound is returning from red to normal skin color. The drainage now is minimal. Patient would like increase in his pain medication. Increased his Tramadol from 1 to 2 tabs every six hours, but set a limit for five days only. Patient refused blood culture and patient refused wound culture. Referred Patient to wound nurse who will be here on Tuesday. The assessment for skin documented, Left lower wound shows improvement. It has minimal drainage out, 100% slough tissue that is slight and can be seen through. No foul smell to wound. Patient is high risk for infection or sepsis, so wound to be monitored frequently. Antibiotics appear to be working. The provider documented the plan for the wound care was to, Continue tubigrips to left lower extremity. Daily dressing change: Cleanse with NS [normal saline] or wound cleanser, pat dry, absorbent bandage with border or tape to secure. It should be noted that resident 1 did not have any orders for wound care. On 12/19/22, the provider note documented, Patient's left lower shin wound is healing. Has gone from 13 cm length, 8 cm width to 12 cm length, 7.2 cm width. Wound bed yellow, scabbed, thin slough on shin present. No redness around the wound bed. Increased edema present. Patient refused to increase his diuretics. Will continue compression. The provider documented the plan for the wound care was to CBC to assess infectious process, continue daily nursing assessment and dressing change, continue compression stockings to left lower leg with elevation when patient in bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 12/20/22 at 1:17 PM, an interview was conducted with Registered Nurse (RN) 1. RN 1 stated that the facility had an outside agency provide wound care and the Assistant Director of Nursing (ADON) and the Director of Nursing (DON) would round with them. RN 1 stated that resident 1 had a wound on the left shin and that it looked like cellulitis a week ago. RN 1 stated that the he contacted Nurse Practitioner (NP) 1 a couple of days later to notify of redness to the surrounding wound. RN 1 stated that resident 1's CBC showed that his white blood cell count (WBC) was 7.1, so the physician felt comfortable with oral doxycycline to treat. RN 1 stated that they did not obtain any wound cultures. RN 1 stated that resident 1's dressing change to the left shin wound was completed at least one time per shift if the resident allowed. RN 1 stated that the dressing change was a 4 x [by] 4 foam Mepilex dressing, and that he thought they still had orders for a compression wrap to reduce the fluid. RN 1 stated that resident 1 often refused medications and treatments. RN 1 was observed to review resident 1's TAR and stated that he did not see any wound orders. I swear it says Mepilex with compression wrap. RN 1 stated that documentation of the dressing changes should be in the TAR. RN 1 stated that he was instructed to document dressing changes in a narrative progress note. RN 1 stated that charting in the progress notes would sometimes go into an ether and could not be located. RN 1 stated that he was instructed by the ADON and DON to document dressing changes in a progress note instead of the TAR. RN 1 stated that if they had an order in the TAR they could document in there. RN 1 stated that resident 1 did not have any orders for dressing changes that he could locate. RN 1 stated that he was not sure how the other nursing staff were aware of the dressing change if there was not an order, other than receiving the information during change of shift nurse-to-nurse report. RN 1 stated that the last time he completed resident 1's dressing change was on 12/19/22. It should be noted that the progress note for 12/19/22 did not document that wound care was provided or that the dressing was changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0684 Level of Harm - Actual harm Residents Affected - Few	On 12/20/22 at 2:39 PM, an interview was conducted with the ADON. The ADON stated that the facility had a contract with a wound care company that provided services to the facility. The ADON stated that the wound care NP would do rounds with her or the DON weekly. The ADON stated that if they identified any wounds that needed more involvement then she or the DON would refer that resident to the wound care team. The ADON stated that the facility NP 1 had assessed resident 1's wound and started him on antibiotics, and wound care daily. The ADON stated that she had provided resident 1 with wound care this morning. The ADON stated that she performed a dressing change and used wound cleanser to clean the wound, applied antibiotic ointment and placed a silicone dressing on top. The ADON stated that ted hose were applied over the top of the dressing. The ADON stated that the wound care was documented as a progress note. The ADON stated that she had been working on where to document the treatment in the electronic medical records. The ADON stated that she thought resident 1 had an order for wound care but did not verify the order in the chart prior to completing the treatment. The ADON stated that she had discussed the wound care with NP 1 yesterday. The ADON stated that resident 1 had been receiving dressing changes and wound care since the start of the antibiotic. It should be noted that the antibiotic was ordered on 12/14/22. The ADON stated that she did not enter a verbal order for the silicone dressing with wound cleanser and antibiotic ointment because NP 1 had stated to continue with the dressing order, and it should have already been in the TAR. The ADON stated that the frequency of the dressing change order was daily unless the dressing was soiled. The ADON stated that the licensed nurses should be documenting in the TAR when the dressing change was completed. The ADON stated that in addition to the TAR documentation she also wanted a narrative progress note with more wound details, and the expectation was that the nursing staff were completing this with every dressing change. The ADON stated that she was trying to figure out how the nurses could document a better narrative of the wound characteristics. The ADON stated that she was informed that resident 1 did not have wound care orders, treatment in the TAR and did not have consistent documentation that care was being provided. The ADON stated that she had not consulted with the contracted wound care company regarding resident 1's wound nor requested any treatment orders for the wound care. The ADON stated that staff should have orders for treatments and medications prior to the administration of the treatment being provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 47432 Based on observation and interview it was determined, for 2 of 8 sampled residents, that the facility did not provide food prepared by methods that conserve nutritive value, flavor, and appearance. Specifically, residents complained of unappetizing food and the test tray was not palatable. Resident Identifiers: 3, 8 Findings Included: On 12/20/22 at 10:55 AM, an interview was conducted with resident 3. Resident 3 stated that sometimes the food was really awful, and sometimes the food was late. On 12/20/22 at 10:27 AM, an interview was conducted with resident 8. Resident 8 stated that the food all depended on what residents liked. Resident 8 stated the cook sometimes got a little crazy with the cheese. On 12/20/22 at 11:07 AM, an interview was conducted with resident 2. Resident 2 stated that the food was sometimes late and arrived cold. Resident 2 stated that when this happened she did not want to eat it. Resident 2 stated that the food was cold mostly during lunch and dinner meals. On 12/20/22 at 12:13 PM, an interview was conducted with resident 1. Resident 1 stated that the breakfast was ice cold this morning and it was the third time this week that it had arrived cold. Resident 1 also stated that the food typically tasted bland. On 12/20/2022 at 12:04 PM, the lunch tray line was observed. A test tray was requested. At 12:27 PM, the test tray went out on the final lunch cart. At 12:41 PM, staff completed delivering meals to the residents. The following temperatures were obtained: [Note: All temperatures were in degrees Fahrenheit.] a. Breaded meat - 120 b. Potatoes with gravy - 150 c. Mixed vegetables - 142 The mixed vegetables had a mushy texture and were bland to the taste. The cake had a soggy texture. Resident council minutes revealed the following complaints of food: a. On 10/27/2022: Hall trays are being passed late, Res (resident) getting meals late, The presentation of meals is bad, Food delivered cold, Would like more variety of snacks, desserts are better! b. On 11/30/2022: Meals not hot. 38031

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. 30563 Based on observation, interview and record review it was determined that the facility did not have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two. Specifically, there were lingering odors throughout the facility. Findings include: 1. On 12/20/22 at 8:05 AM, an observation was made at the lobby. There was a strong smoke odor through the hallway from the lobby to toward the Rehab unit. 2. On 12/20/22 at 9:12 AM, there was a bowel movement odor at the Rehab nurses station. 3. On 12/20/22 at 9:56 AM, there was a bowel movement odor from the Rehab unit into the Heritage Unit hallway. 4. On 12/20/22 at 10:40 AM, there was a strong cigarette smoke odor in the hallway outside the recreational therapy room toward the Cambridge unit. 5. On 12/20/22 at 2:34 PM, there was a bowel movement odor by the nurses station at the Rehab unit and permeated throughout the hallway. 6. On 12/20/22 at 2:53 PM, there was a bowel movement odor at the Colonial nurses station. 7. On 12/20/22 at 2:55 PM, there was a bowel movement odor in the Cambridge unit next to the nurses station. 8. On 12/20/22 at 3:51 PM, there was a bowel movement odor in the Heritage unit hallway. Grievance/Complaint Investigation Reports were reviewed and revealed residents complained of odors on the following dates: a. On 11/3/22, resident wanted to switch rooms because his roommate was urinating in the room and making it smell. b. On 11/30/22, resident admitted to a dirty room. There was a blanket that smelled like urine and resident had asked for a portable toilet but had not received one. c. On 12/15/22, resident was upset that her room smelled like urine. On 12/20/22 at 2:59 PM, an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated there were lingering odors in the facility. CNA 1 stated she thought the odors were coming from the bathrooms. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465117	A. Building B. Wing	12/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Ogden Post Acute	5540 South 1050 East Ogden, UT 84405

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 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/20/22 at 3:51 PM, an interview was conducted with the Housekeeping Supervisor (HKS). The HKS stated she smelled bowel movement odors throughout the facility. The HKS stated there was a resident in the Heritage Unit with a colostomy and that was were the odor was coming from.