

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>465006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MT OLYMPUS REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2200 EAST 3300 SOUTH SALT LAKE CITY, UT 84109</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to establish an infection prevention and control program (IPCP) 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 shared blood glucose meters (glucometers) with the potential to affect 23 of 81 residents who require blood sugar readings. Findings include: During an observation and concurrent interview on 5/19/20 at approximately 1:00PM, Licensed Practical Nurse (LPN) 4 demonstrated how to clean and disinfect the shared Quintet AC glucometer. LPN 4 stated she would wipe the glucometer with one Super Sani-Cloth germicidal disposable wipe and let the glucometer dry on a clean surface for two minutes according to the product label. LPN 4 was asked if she had access to the manufacturer instructions for cleaning and disinfecting the glucometer and LPN 4 stated she did not. LPN 4 stated she had worked at the facility for about seven months and was trained on how to clean and disinfect the glucometer but could not remember being given the manufacturer's instructions or seeing them at the nursing station. During an interview on 5/19/20 at approximately 1:15PM, the Director of Nursing (DON)/Infection Preventionist (IP) reviewed the instruction booklet that came with the glucometer and could not find how to disinfect the glucometer between residents. The DON stated she was not aware of any additional manufacturer's instructions for cleaning and disinfecting the glucometer but that the facility always made sure the nurses disinfected the glucometer between residents. On 5/21/20, the DON revealed there were four residents on the first unit/station, eight residents on the second unit, four residents on the third unit and seven residents on the fourth unit that required blood sugar readings. Each unit had two glucometers. Review of the facility policy titled, Glucometer Decontamination, revealed It is the policy of this facility that the glucometer shall be decontaminated with the facility approved wipes following use on each resident. Gloves will be worn and the manufacturer's recommendations will be followed. Review of the manufacturer's instructions titled, McKesson Quintet AC Blood Glucose Meters, accessed online on 5/19/20, revealed To clean and disinfect the meter, we recommend using CaviWipes Disinfecting Towelettes .Let meter thoroughly air dry before using it to test. During an interview on 5/19/20 at approximately 1:30PM, the Administrator attempted to purchase the recommended product but it was currently out of stock. Further review of the instructions revealed a customer service number for additional cleaning information to obtain alternative disinfecting products which would be validated for use with the Quintet AC brand of glucometer. During the continued interview on 5/19/20 at approximately 1:30PM, the Administrator and DON stated the facility would ensure the manufacturer's instructions were followed and part of the IPCP.</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.