

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 465074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER WILLOW WOOD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1205 EAST 4725 SOUTH SALT LAKE CITY, UT 84117	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure staff were performing appropriate hand hygiene to prevent the transmission of infectious diseases. This failure places residents and staff at risk for acquiring infectious diseases. Findings include: On 5/13/20 at 11:53 AM, observed Certified Nurse Aide (CNA1) carrying a plastic bag with a soiled brief, opening the door to the utility room, and placing the plastic bag in the barrel. While keeping the door ajar with one foot, CNA dispensed soap into the left hand, without rinsing both hands first, then with right hand turned the faucet on and began to lather both hands, again without rinsing. After lathering her hands, she then rinsed her hands, grabbed paper towels, turned the faucet off with paper towel, and disposed of the paper towel. No signage for washing hands noted above the sink. On 5/13/20 at 11:57 AM, in an interview with CNA1, when asked about the sequence observed, CNA1 states, I'm trying not to touch anything. Again, no signage or sequence for washing hands was posted over the sink in the dirty utility room. Record review of Operational Policy and Procedure Manual for Long-Term Care, 2001 MED-PASS, Inc. (Revised August 2015), entitled, Handwashing/Hand Hygiene Policy, under subtitle, Procedure, Washing Hands, number one reads in pertinent part, vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water On 5/14/20 from 9:30 AM to 10:00 AM, in an interview via phone with the NHA (Nursing Home Administrator), ADON(Assistant Director of Nursing), and DON (Director of Nursing), they were asked for the following information: Who is the IPC(Infection Prevention Control) staff member? The observation of CNA1's handwashing was shared. When asked what is the correct sequence, the DON stated, they are to rinse first, and later stated it is her expectation that staff rinse first. When shared the Hand Hygiene policy latest revision August 2015, was provided by the ADON, the DON stated, It says the correct sequence on the new one, . I will send it. Record review of document that was provided entitled, Avalon Health Care, Inc. Competency Check-Hand Washing, under subtitle, Performance Criteria number one reads, Turn on the water and adjust flow and temperature, number three reads, Wet hands and wrist area, keeping fingers lower than elbows, number four reads, Dispense liquid soap into the palm of one hand. No additional Hand Hygiene policy was made available after the request, reflecting the correct sequence for washing hands.		

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.