	H CARE FINANCING		/ICES					RM APPROVE
TATEMEN	OF OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIES IDENTIFICATION NUMBER 465088	R/CLIA	(X2) MUL A. BUILD B. WING	TIPLE CONSTRUC	TION	(X3) DATI	2567- E SURVEY PLETED
AME OF	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY :	STATE, ZIP CODE	Dod	<u> </u>	8/8/02
ALPINĖ	VALLEY CARE CENT	TER	25 EAST A PLEASAN	LPINE DR	IVE	POC with a approved 9/1	ddeno 8102	lum ETI
(X4) ID PREFIX TAG	LACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	मागा .	ID PREFIX TAG	(EACH	VIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOU DEFERENCED TO THE APPRO DEFICIENCY)	TOP RE	(XS) COMPLETE DATE
F 281 SS=E	483.20(k)(3)(i) RESII	DENT ASSESSMENT	•	F 281	281			
	The services provided meet professional star This REQUIREMENT Based on observations records, review of facility American Dietetic Associated by the professional standards	I is not met as evidents, interviews, review of allity policies and reviews of acciation's Manual of an it was determined the facility did not mee of quality. Specifical	ced by: f medical w of the Clinical nat the t		And Association 19,2002. Evon August I calorie, protestandards. A attached. Reassessed on a Crandall and	kins, RD, CD of Cranda ates was hired on Augus ery resident was assesse 0-16, 2002, using corre ein and fluid factors per copy of the forms used sidents 4,14,and CRI was August 10,2002.	st ed ct ADA	10-7-02
:	the 10 sample resident sores. None of these 3 dietary intervention, as Dietetic Association, to pressure sores. Reside	residents received app recommended by the promote the healing	propriate American of the		Charting Ha Guidelines a Clinical reso Supervisor w 3, 2002 in nu	ndbook follows ADA nd will be used as the urce. The Food Service vill be trained on Septen uritional protocol and in	iber	
	Findings include: The American Dietetic Clinical Dietetics, Sixt	h Edition, pg. 3. reads:			procedures. I and add an R	rritional assessment for and Associates policy a The RD will review, cos D notes to all initial, and dition and high risk	nd i.—	
•	"Nutritional disequilibre dietary intake, nutrition metabolism. It occurs a unnoticed, even in the a a thorough nutrition assumers bealth costs, has nutritional disequilibrium utrition assessmentN	needs, and nutrient with varying degrees a absence of active diseasessment is completed, and mortality, along vave been associated with and reinforce the needs.	nd can go se, unless with th		The RD will for Charting to en Clinical protocol Implemented	d Service Supervisor is ained in clinical systems requently monitor sure compliance with col. Fax consults will be setween RD visits. A cosult is included.		

of care...Components of a complete nutrition TORY DIRECTOR'S OR PROVID BORA RVSUPPLIER REPRESENTATIVE'S SIGNATUR

preceded by nutrition screening to identify clients or

groups who are at risk for nutritional disequilibrium

nutrition assessment is the basis for the nutrition care

plan and formulation of goals...The client's nutritional

initiated, and should be revisited throughout the course

and who may require nutrition intervention...The

status must be evaluated before intervention is

The primary responsibility.

The monthly report will monitor clinical

Reviewed with the administrator, director

Plan of correction from these monthly

With the food service supervisor having

Of nursing and food service supervisor. The

Reports will be implemented by the facility

Compliance and findings will be

(X6) DATE

y deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that to be a ficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided the belief are disclosable within 14 days after th information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

EH6511

DEPARTMENT OF HEALTH AND HUMAL SERVICES HEALTH CARE FINANCING ADMINISTRATION

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTII	PLE CONSTRUCTION	(X3) DATE COMP	
٠.	•			A. BUILDING	G		
:	~	465088		B. WING			8/8/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
ALPINE	VALLEY CARE CENT	rer		LPINE DRIV T GROVE, U			
(X4) ID		ATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG	'	MUST BE PRECEEDED BY SC IDENTIFYING INFORMA		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO TI DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
F 281	Continued From page 1			F 281			
		medical and social hist	ory,				
	dietary history, physi	cal examination, anthro	pometry	<u> </u>			
		n, biochemical data, an		į			
	estimation of energy,	protein and fluid requi	rements."				!
	The American Disease	:- A:	_ c	!			
		ic Association, Manual xth Edition, pg. 154, re		į	·		:
	Cimical Dieletics, 317	xiii Edition, pg. 134, re	105:				:
	"Nutrition intervention	on is an integral compo	nent in the	:			į
		ulcers along with wou		:			į
	pressure relief, and tr	eatments to enhance pe	rfusion."				
			_				:
		ic Association, Manual xth Edition, pg. 151, re					:
	"Selected physiologic	cal problems associated	with				: ! !
		nutrition interventions"					
		Ensure minimum prote					į
	of 1.2 - 1.5 g/kg (grai	ms per kilogram) or up	to 2 g/kg				
		ly exudative ulcers. Re					:
		35 kcal/kg (kilocalorie					
		ce of 20 - 30 mL/kg (m.	illiliters				
	per kilogram)."		:	:			1
				!			
	1. Resident 4 was a 6	66 year old female who	was	1			
	admitted to the facilit	ty on 7/19/02 with the	liagnoses	:			
	~	congestive heart failur		į.			
		sure sores, urinary trac		:			
	colostomy, and atrial and oriented.	fibrillation. Resident	was alert	!			
	The medical second of	of resident 4 was review	ed from	!			,
		admission nursing asse		i			÷
	t contract the contract to the	nented that resident 4 w					:
		essure sores. Four of t					:
		it a stage 4 and the fifth		!			!
	sore was a stage 2.	1		!			
				· į			

DEPARTMENT OF HEALTH AND HUME, SERVICES HEALTH CARE FINANCING ADMINISTRATION

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If continuation sheet 3 of 50

2567-L

AND PLAN	ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		VCLIA MBER	- (X2) M(A. BUIL	JLTIPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED	
		465088		B. WIN	G	010104		
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY	, STATE, ZIP CODE	8/8/02		
ALPINE	VALLEY CARE CEN	TER	25 EAST	EAST ALPINE DRIVE EASANT GROVE, UT 84062				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FIII	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE CO THE APPROPRIATE	(X5) MPLETE DATE	
F 281	service supervisor (F registered dietitian (F	ssment, signed by the first) on 7/22/02 and by RD) on 7/24/02, recorderesident 4 to be 152 por	the ed the	F 281				
	was to receive a no as assessment also docu like milk, resident wi	nent documented that redded salt, soft diet. The mented that resident 4 th multiple pressure sor als. Assess for supplent, zinc, etc."	does not					
	The protein needs of -83gm". Below this, gm/kgm".	resident 4 were figured the dietitian wrote in "	to be "69 1.0 - 1.2			:		
:	pressure sores, one of drainage, the dietitian requirements to adequires dent to promote he recommendations of t calculations for reside 1.5 g/kg. This would	dent 4 was admitted with which was producing a did not calculate the protection of the sores. Based in the sores. Based in the sores in the sores in the ADA, the minimal part 4 should have been a set have set her protein needs	noderate rotein This ed on the rotein From 1.2 -					
; ;	between 82.8 - 103.5.	The dietitian could have based on the multiple;	/e		: :			
	confirmed that residen Based on the menus at by the facility's food s in the facility provided protein a day, if the res	with the FSS on 8/8/02, so it 4 was receiving a regular did nutritional statistics pupplier, the regular died an average of 87 to 89 sident ate 100% of the resident ate 100% of the resident ate 100% of the resident ate 100%.	ular diet. provided served grams of			; ! !		
	served. On 8/7/02, the Directo	r of Nurses (DON) and team a list of individua	the FSS			! !		
S-2567L	AT	G112000 Event I EH6:		acility ID:	UT0001		_	

Facility ID: UT0001

DEPARTMENT OF HEALTH AND HUMAL. SERVICES HEALTH CARE FINANCING ADMINISTRATION

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NUI	VCLIA MBER		LE CONSTRUCTION	(X3) DATE	SURVEY
7	•			A. BUILDING		COM	EETED
		465088		B. WING			8/8/02
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		0/0/02
ALPINE	VALLEY CARE CENT	TER		ALPINE DRIVE NT GROVE, UT			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIE	<u> </u>	ID !	PROVIDER'S PLAN OF	COPPECTION	<u>.</u> .
PREFIX TAG	REGULATORY OR L	MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE ΤΗΕ APPROPRIATE	COMPLETE DATE
F 281	during medication pas	ein supplement from these and a list of individurishment from the kite	als who	F 281			
	meals or between meals or between meals explained as anything liquid drink or cheese stated that she receive	o stated that she did no nterview with resident eat anything with chock at anything with chock a chocolate protein sle boiled eggs. She also had her hot chocolate be ith the FSS and a dietary were asked if the hot 4 was prepared with mff member stated that the a little milk. Making plate with milk, instead	ts with her onts were a sweet desident 4 s a day stast and t like 4, she colate and make, stated sing made ry staff to lik or hey make an 8 lof water.				
	During an interview wires on 8/8/02 at 11:30 facility provided high proper cereal. The regular not and that she fout too labor intensive. So liked the residents to eather if they needed more provided with a protein	AM, they were asked protein diets or things legistered dietitian stated and "those types of thing he continued to say that what was served to tre, the resident would leave to the resident would leave the resident would le	if the ike that they ngs to be it she hem and				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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HEALTH CARE FINANCING ADMINISTRATION FORM APPROVED 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 465088 NAME OF PROVIDER OR SUPPLIER 8/8/02 STREET ADDRESS, CITY, STATE, ZIP CODE ALPINE VALLEY CARE CENTER 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES m PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL **PREFIX** (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 4 F 281 In addition to the above, it was also determined that the facility's nurses, the facility's dietitian and FSS were not following the facility's policies regarding resident's with pressure sores. The policy titled "Residents with weight loss, and / or pressure sores" called for residents with pressure sores to be placed on the "special nutrition program with 2 Cal/cc med pass qid (liquid protein drink four times a day)." Page 249 of the facility's policy documents that the Special Nutrition Program provided 1403 additional calories / 43 grams of additional protein daily. The special nutrition program was not implemented for resident 4. During review of the medical record for resident 4, there was no documentation to evidence that staff had initiated a care plan to address the nutritional needs of resident 4. On 8/8/02, the nurse in charge was asked if she could find a nutritional care plan for resident 4. The facility nurse looked through the record and replied, "I can't find one either." 2. Resident 14 was a 78 year old female who was re-admitted to the facility on 7/9/02 after suffering a hip fracture and then a surgical hip repair. The admission nursing assessment, dated 7/9/02, documented that resident 14 had a "pressure area on ! hee!". The nutritional assessment was completed by the FSS on 7/14/02 and was not co-signed by the registered dietitian. The FSS documented that upon admit, 7/9/02, resident 14 weighed 156 pounds (equal to 70 kg). The FSS documented that resident 14 was to receive a low concentrated sweet diet and that her

daily protein needs were 66 grams.

DEPARTMENT OF HEALTH AND HUM. SERVICES HEALTH CARE FINANCING ADMINISTRATION

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2567-L

STATEME	NT OF DEFICIENCIES	(VI) PROMETER					2567-1
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NU	R/CLIA MBER	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
7				A. BUILDING	<u> </u>	COMPL	ETED
		465088		B. WING			
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		3/8/02
ALPINE	VALLEY CARE CENT	TER	25 EAST	ALPINE DRIV	'E		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	\$	ID	PPOVIDENCE PLANCE		
PREFIX TAG	REGULATORY OR L	MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL TION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TH DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F 281	Continued From page 5			F 281			
	The calculation of 66	grams of protein for re	sident 14				
	would not even equal	1.0 gram per kilogram	which	· .			i
	would still be below t	he minimum recomme	ndation for				-
	repletion of an individ	lual trying to heal tissu	es both at				
	the surgical site and th	ne pressure sore area.		!			!
	If resident 14's protein	a mondo had h		!	,		!
	If resident 14's protein based on ADA recomm	needs had been calcu	lated	į			
	protein necessary to pr	menuations, the minim	um				i
	would have been 85 to	105 grams	dent 14				Ţ
İ		105 grains.	' 	· i			1
	The facility had established	ished a care plan for re	cident IA :	i :			i i
!	regarding potential to	r altered nutritional eta	tuc r/t	'			
,	(related to) diabetes, at	nemia". The care plan	did not				
	address nutritional con	cerns related to her rec	ent hin	l			'
•	tracture, surgery or pre	ssure area to her heel	The care	!		:	
i	plan directed staff to pi	rovide a nutritional sur	nlement .	Į.		!	
	ii resident 14 ate less th	an 50% of most meals	:	i		!	
!	Neither the nutritional	assessment nor the nut	ritional	:		į	
1	care plan discussed add	ling additional protein	to meet	l i		:	
	the needs of resident 14	} .	į	ļ		1	
	During review of the au			İ		i	
	During review of the su nourishment list" on 8/8	ipplement list and the	'special	1			i
:	14 was not on either list	o/02, it was noted that	resident	ļ		!	
i	and on other his	·· ·		i		!	ĺ
1	During an interview with	th the registered diamini	070-	!			
	8/8/02, she stated that the	ne protein requirement	s for	1		1	
į 1	resident 14 had been "fi	gured wrong".	J IQI	:		į	
		-	!	!			j
	Also, the facility did not	t implement the specia	l '	!		1	1
i I	nutrition program for re	sident 14 as required b	y their	İ		:	
	own policy.		i	I		!	
13	Resident CR1, a 73 y	ear old female, was ad	mitted	1			
Ĺ	o the facility on 2/14/02	with diagnoses of rio	ht hin	1		ļ	
Ι	racture, osteoporosis, hi	istory of bowel obstruc	tion	i		I	
1	iypogiycemia, hypothyr	oidism, history of seiz	ures,	i			
a	nd a hysterectomy.	1	!	İ .		:	
:			İ			:	
			•	i		1	1

DEPARTMENT OF HEALTH AND HUMAN, SERVICES

HEALTH CARE FINANCING ADMINISTRATION PRINTED: 8/14/02 FORM APPROVED STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLLA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465088 NAME OF PROVIDER OR SUPPLIER 8/8/02 STREET ADDRESS, CITY, STATE, ZIP CODE ALPINE VALLEY CARE CENTER 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 6 F 281 A review of resident CR1's medical record revealed an initial nursing assessment which identified a stage II pressure ulcer on the coccyx measuring 3 X 3 cm, a stage II pressure ulcer on the bottom measuring 2.2 cm and red spots on both heels. The initial nursing assessment identified that resident CR1 was on a regular diet and did not need any nutritional supplements. The yearly Nutritional Assessment was completed by the FSS on 2/19/02. There was no documentation of the stage II pressure ulcers identified by the facility's nursing staff. The protein needs were not calculated for resident CR1. There was no documentation to provide evidence that the RD assessed or calculated resident CR1's nutritional needs or protein requirements. There were no lab values to assess if resident CR1 had a low albumin level due to the identified pressure sores. During an interview on 8/8/02, at approximately 11:00 AM, the RD stated that the FSS usually sees all residents as close to admission as possible to determine what they like or dislike. She further stated that unless she gets a call from the FSS she won't be in to see a resident, even with pressure sores. When the surveyor asked the RD about resident CR1 she stated, she usually remembers residents with pressure ulcers, but she doesn't remember resident CR1. According to the facility's policies and procedures (pg 261), "Residents identified with weight loss and/or pressure sores will be provided with additional calories, proteins and other nutrients if appropriate."

There was no documentation to provide evidence resident CR1 received additional protein to help heal

HEALTH CARE FINANCING ADMINISTRATION 2567-L STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING_ 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE ALPINE VALLEY CARE CENTER PLEASANT GROVE, UT 84062 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 Continued From page 7 F 281 her pressure sores. On August 10,2002, Lynette Perkins RD, CD of Crandall and Associates Resident CR1 was discharged from the facility on Completed nutritional assessments 3/1/02 without ever being seen by the RD. Resident On Residents 5,24,31,15,3,10, All CR1 went home with her family and was followed by Other residents were also assessed home health. During this time using Crandall and Associates Clinical Charting Handbook, which follows ADA Guidelines and Crandall Clinical F 325 - 483.25(i)(1) QUALITY OF CARE F 325 10-7-02 Policies and procedures SS≕G Based on a resident's comprehensive assessment, the Systems have been implemented facility must ensure that a resident maintains To calculate significant weight acceptable parameters of nutritional status, such as Variance on a weekly, I month body weight and protein levels, unless the resident's 3month, and 6 month intervals. clinical condition demonstrates that this is not Those which fall into the significant possible. Weight variance categories have Been and will be charted on monthly This REQUIREMENT is not met as evidenced by: By the RD. The Food Service The facility's "Resident at Nutritional Risk" policy and Supervisor was trained on September procedure (pg 241) documented, "Residents at 3,2002 to complete these interventions nutritional risk will be identified and evaluated by the with the RD cosigning and adding a Dietary Manager/Diet Technician and/or Consultant process notes to each interventions Dietitian monthly. All residents who have any of the with the RD cosigning and adding conditions below will be evaluated for a nutritional a progress notes to each intervention risk...1-2% weight loss in one week, five percent on a monthly basis. weight loss in one month, 7.5% weight loss in 3 months, 10% weight loss in 6 months. Tube feedings, An inservice was held on September 3. TPN's...Pressure Ulcers. Abnormal lab values of 2002 to review the "Best Practice blood glucose, albumin, hemoglobin, hematocrit Guidelines" regarding significant and/or potassium, sodium, magnesium... Eats less than Weight variance, low albumin and 50 percent of food served for one week period or Pressure ulcers. These guidelines refusal to eat...Difficulty swallowing/chewing, mouth Specify what steps are to be pain. Therapeutic diet. Mechanically altered diet... Implemented in each clinical situation. Difficulty feeding... The Dietary Manager, Diet They may be altered if the RD

Technician and/or Consultant Dietitian will evaluate

determine the plan of action if needed and monitor the

residents's problem until the problem is resolved. This action will be noted on a Nutrition Intervention Form.

the resident's condition with input from nursing to

Determines that the resident may

Action.

Benefit from an alternative plan of

DEPARTMENT OF HEALTH AND HUMA ERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

(X2)	MULTIPLE	CONSTRUCTION	Š

(X3) DATE SURVEY

465088

A. BUILDING B. WING _

COMPLETED

8/8/02

NAME OF PROVIDER OR SUPPLIER ALPINE VALLEY CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE

25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062

	PLEASANT GROVE, UT 84062					
(X4) ID SUMMARY STATEMENT OF DEFICIENCE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED B TAG REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PRI	PROVIDER'S PLAN OF CORRECTION EFIX (EACH CORRECTIVE ACTION SHOULD BE AG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETE DATE			
The nutritional intervention list shall be ke Nutritional Intervention Notebook. All nuresidents will have a care plan and a Nutrit Intervention within 72 hours of identification. The facility's "Monthly Weight and Pressu List" policy and procedures (pg 242) documents in the Nursing Department will provide the Department with the monthly weights of ea and also a list of residents with pressure upolicy and significant loss in weight in one three months, or six months. This will be writte event of a significant loss in weight in one three months, or six months. This will be Dietary manager and reviewed by the Region Dietitian. Nursing will notify the physician significant or severe weight loss All weight pressure ulcers will be care planned and hanutritional goals and approaches." The facility's "Weekly Weight Intervention and procedure (pg 243) documented. "Tho at risk for significant weight loss shall be pweekly weightsA nutritional intervention written by the Dietary Manager or RD with appropriate interventions noted. Care plan weight loss." The facility's "Criteria for Intervention with Labs" (pg 245) documented, "Abnormal lafall into the intervention area will be review RD monthly. When the following labs appwill be put on the nutrition intervention list RD:Albumin < [less than] 3.5 g/dl-> [gr 60 years: < [less than] 3.4g.dl" The facility's "Nutritional Risk (NAR) Weight Residents at nutritional risk will be review by Dietary and Nursing. Nutritional intervention intervention intervention."	rritional risk ion on" re Ulcer mented, Dietary ach resident cers A in in the month, done by the stered in of ght loss and eve " policy se residents out on note is in significant in Abnormal bs which wed by the cear they is for eater than]	The MAR and nourishment list have Been reviewed by the RD and will be Reviewed on a monthly basis to Ensure accuracy. A procedure has Been established for the Food Service Supervisor to receive labs. The lab book Is available at the nurses station and the Labs that are drawn are recorded. The RD/FSS will review the labs that have been Drawn since the previous visit. Abnormal Labs will be referred to the RD for Intervention. As part of the Food Service Supervisor's training, she will also be Trained using the "Best Practice Guidelines" to address abnormal albumin Levels. Nutrition At Risk meetings are held Weekly and all high risk residents Are reviewed throughout the month (weight loss, low albumin, pressure ulcers, poor intake, dialysis and tube feeders). Forms are attached. The monthly RD report will monitor Clinical compliance and findings will Be reviewed with the administrator, Director of nursing and food service Supervisor. The plan of correction From these monthly reports will be Implemented by the facility with the Food service supervisor having the Primary responsibility.				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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HEALTH CARE FINANCING ADMINISTRATION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE ALPINE VALLEY CARE CENTER PLEASANT GROVE, UT 84062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (**2**5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 325 Continued From page 9 F 325 be done on significant weight variances, abnormal labs, pressure ulcers, tube feeding, dialysis and residents < [less than] 90% of IWR (ideal body weight). 1. Dietary and Nursing will designate a time each week to discuss high risk residents. The meeting can be held after weekly care plan. NAR attendance sheet must be completed each week. 2. Residents will be reviewed as follows: Week 1: all pressure ulcers, all tube feeders and first week weekly wts, any abnormal labs, and residents eating < [less than] 50% or refusing to eat. Week 2: 1 month, 3 months, 6 months, second week weekly wts, new or changes in pressure ulcers/tube feeding, any abnormal labs, and residents eating < [less than] 50% or refusing to eat. Week 3 & 4: weekly wts, changed or new pressure ulcers/tube feeding, dialysis residents, residents < [less than] 90%IWR, abnormal labs, and residents eating < [less than] 50% or refusing to eat. 3. Nutrition Intervention Notebook should accompany Dietary Manager/Technician as all necessary information is enclosed. 4. Both disciplines will discuss residents and jointly make recommendations. 5. Monthly nutrition intervention notes will be made. (The *NAR Tracking Form should be completed as nutrition interventions are done.)" On 8/8/02 from 10:30 AM to 12:30 PM, the facility FSS and RD were interviewed. When asked if the facility held routine weight meetings the FSS said they did and that they were held weekly usually after care plan meeting. The FSS said that the weight meeting information was kept by the DON (director of nursing). When the weight meeting information was reviewed by the survey team it was documented that

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		(X1) PROVIDER/SUPPLIED IDENTIFICATION NUMBER 1		(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
	•	465088		B. WING	G			
NAME OF	PROVIDER OR SUPPLIER	1,00000	STREET ADI	DESC CITY	'. STATE, ZIP CODE	8/8/0)2	
·	E VALLEY CARE CEN	ΓER	25 EAST A	ALPINE D				
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIE	<u> </u>	ID	PPOVIDER'S BLANCO			
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
F 325	Continued From page 1 meetings were held o April 2002, once in J	0 nce in January 2002, o une 2002 and once in J	nce in uly 2002.	F 325				
	A review of the weigh	ht maating which had b			:	!		
	by the facility was do	ht meeting which had b ne. There was no docu	een neid			!		
	evidence that the residence	dents identified by the	imented			İ		
	team as being at nutri	tional risk related to w	survey ;		•	!		
	low albumin and/or p	ressure sores or wound	c were					
	addressed by the facil	lity during these meeting	a were					
	Based on clinical reco	ord review and staff int	erviews it			!		
	was determined that the	he facility did not ensu	re that		İ	•		
	each resident maintair	ned an acceptable parai	neter of		•			
	nutritional status as ev	videnced by 2 of 10 sar	npled		ı	•		
	🗄 residents plus an addi	tional 2 residents exper	ienced		•			
	significant weight loss	s with no dietary interv	entions		•			
	implemented to preve	nt further weight declir	ie.		'			
	Resident identifiers: 5	, 10, 24,31. Additiona	lly, 2 of					
	10 sampled residents	plus an additional 4 res	idents			:		
	experienced low albur	min (a protein and indi	cator of					
	nutritional status) leve	els with no dietary inter	ventions .					
	implemented to help i	ncrease the albumin le	els and					
	prevent further protein	n depletion. Resident id	lentifiers:		I			
	3, 5, 10, 15, 24 and 31	l.,	!					
	: Calculating waight los		:		!	1		
	: subtracting the current	s percentages is done to weight from the previous)y			ı		
	weight dividing the di	ifference by the previous	ous			!		
	and multiplying by 10	00. Significant weight	is weight			1		
	as follows: 5% in one	month, 7.5% in 3 mont	he and		1	1		
	10% in 6 months. (Re	ference guidance: Ma	mal of			i		
	Clinical Dietetics, Am	erican Dietetic Associa	tion 6th			į		
	edition, 2000).							
	-							
	Findings include:		1		:			
!			:		!			
	1. Resident 5, a 91 year	ar old male, was admitt	ed to the					
	facility on 9/7/01 with	diagnoses of fever, alte	red level		:	1		
·	of consciousness, moo	d disorder due to cereb	ral		:	,		
	vascular disease, hypot	thyroidism, CVA and	!		1	1		
			<u> </u>		1			
1S-2567L	ATG	G112000 Event I EH6	511 F	acility ID:	UT0001	If continuation she		

DEPARTMENT OF HEALTH AND HUMA. SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUI		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMPI	
	•	465088		B. WING			
NAME OF I	PROVIDER OR SUPPLIER		STREET ADD	PRESS, CITY, STA	TE, ZIP CODE		3/8/02
ALPINE	VALLEY CARE CENT	TER	25 EAST A	LPINE DRIV T GROVE, UI	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETE DATE
F 325	Continued From page 1 hypertension.	1	:	F 325			
	A review of resident 5 following:	5's weights revealed the	e .				
	January 2002 February 2002 March 2002	144 pounds 149 pounds 144 pounds	:				!
	April 2002 May 2002 June 2002 July 2002	141 pounds 139 pounds 132 pounds 126.5 pounds	. !	i : :			
Between the months resident 5 lost 17.5 p	Between the months o resident 5 lost 17.5 po	f January 2002 and Jul unds (12%) which is s	ly 2002 ignificant.	:			:
	Between the months o resident 5 lost 14.5 po	f April 2002 and July 2 unds (10%) which is si	2002 ignificant.				
:	A lab value taken at th showed an albumin (a nutritional status) leve The lab reference rang 3.3 g/dl to 4.8 g/dl.	protein and indicator of l of 3.0 g/dl (gram per	of deciliter).	:			
i	An albumin level of le severe visceral protein g/dl- 2.9 g/dl is considudificit and an albumin considered a mild visce guidance: Manual of O Dietetic Association, 6	deficit, an albumin levered a moderate viscer level of 3.0 g/dl-3.5 g/eral protein deficit. (Relinical Dietetics, Ame	vel of 2.4 al protein /dl is deference				
;	The albumin of 3.0 g/d current in resident 5's racknowledged by the fethe quarterly assessment	nedical record and was ood service supervisor	s	1			
1	A review of resident 53	s medical record dietar	v notes	:			

DEPARTMENT OF HEALTH AND HUMAL SERVICES HEALTH CARE FINANCING ADMINISTRATION

		T DIMINISTRATION					2567-L
	T OF DEFICIENCIES OF CORRECTION .	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDING	LE CONSTRUCTION	(X3) DATE COMPL	SURVEY
		465088		B. WING			10.00
NAME OF I	PROVIDER OR SUPPLIER	1	STREET ADI	DRESS, CITY, STA	TE ZIP CODE	18	/8/02
ALPINE	VALLEY CARE CENT	rer	25 EAST A	ALPINE DRIV IT GROVE, UI	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
F 325	revealed that no regis	tered dietitian (RD) as: t loss or low albumin h	sessment ad been	F 325			
	the FSS on 9/12/01 at	assessment was comp nd co-signed by the RD needs were calculated	on -				
	FSS and dated 6/4/02 loss- 17 lbs [pounds]. not eating well from r snack." A review of t	l assessment completed, documented the followAlbumin- 3.0 g/dlR neals. Will send Great he facility's snack list resident 5 was received.	wing, " % esident is Shake for evealed				
	Shake as a snack. Review of resident 5's	medical record reveale physician had been n	ed no				
	was no date of origina document a target date	ddressing the weight lottion on the care plan be of 9/6/02. The care pt will be assisted with a sast 50% of most meals	ss. There ut it did lan goals meals and				
	Review of resident 5's nutritional care plan ac						
	On 8/8/02 at approximinterview with the FSS resident 5 "doesn't eat documenting any nutrifurther stated that for a being offered but they	and dietitian, the FSS well, don't remember tional interventions." while the Great Shakes	stated, The FSS s were				

DEPARTMENT OF HEALTH AND HUMAIN SERVICES

HEALII	I CARE FINANCING	<u> JADMINISTRATION</u>					256/-L
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL	
<i>f</i>	· -	465088		B. WING	7777	8	3/8/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ALPINE	VALLEY CARE CEN	TER		ALPINE DRIV IT GROVE, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEEDED BY FULL SULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
F 325	she "did not call" the 5's weight loss "happ fell through the crac	at Shakes." The FSS all e RD. The RD stated the pened so rapidly he is or	at resident ne who just	F 325	,		
	revealed him to eat 1 Resident 5 was not a	100% of everything offensisted by staff.	ered.				
	was served 180 cc obeans, noodles with and cake with cherry feed himself, with no Resident 5 ate 75% ground meat with gr gravy, 100% of his omilk and 90 cc of was observed to consume on his own, with no		green h gravy rved to he staff. of his s with g, 90 cc of i was f his meal,				
	evidence that staff cl	nentation or observation hanged his diet to add in to this resident who was cant weight loss.	ncreased				•
	i	admitted to the facility of frib fracture, hypertens					·
	A review of resident following:	24's weights revealed t	he	I			•
	May 2002 12	139 pounds 135 pounds 130 pounds 5 pounds 4 pounds 5 pounds					

DEPARTMENT OF HEALTH AND HUM. _ . SERVICES HEALTH CARE FINANCING ADMINISTRATION

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If continuation sheet 15 of 50

STATEMEI AND PLAN	ATEMENT OF DEFICIENCIES (X1) PROVIDER/IDENTIFICA		R/CLIA MBER	l l	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
1	•			A. BUILDING B. WING	J			
NAME OF	PROVIDER OR SUPPLIER	465088				8	/8/02	
				DRESS, CITY, STA			0.02	
ALPINE	VALLEY CARE CEN		25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062					
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF	COPPECTION		
TAG	REGULATORY OR L	Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	NON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
F 325	Page 1	4		F 325				
	July 2002 110) pounds		1 323				
	August 2002 110) pounds						
	· · <u>_</u>			! !			:	
	Between the months of	of January 2002 and A	pril 2002,	 			·	
	resident 24 lost 14 po	unds (10.1%) which is		i				
	significant.		i	!	•			
	Retween the months of	.f.T		i			İ	
	resident 24 lost 20 no	of January 2002 and Ju	ly 2002,	:				
	10st 29 po	unds (21%) which is si	gnificant.					
į	A review of resident 2	24's medical record mo	nthl.	1				
	nursing summary date	d 5/02, documented ur	nder	:		!		
	progress towards care	plan goals, "see diet	arv '	i				
·	notes." For the month	of May 2002, there w	ere no	:		,		
:	dietary notes in reside:	nt 24's medical record.	;	1		:		
l			,	!				
	A monthly nursing sur	nmary dated 6/26/02,	:			i		
i	documented under pro	gress towards care pla	n	,				
	goals," meal consum	iption varies from 0-10	0%." A	1				
i	monthly nursing summunder progress towards	s care plan goals."	umented			i		
ļ	50-75% of meals."	s care plan goals,ea	its	•				
i			į	:		:		
:	A lab value taken at the	e facility and dated 5/1	7/02	ļ				
:	showed an albumin lev	el of 2.9 g/dl and the r	nost .	ļ				
:	current lab value dated	6/3/02, showed an alb	umin	i	*	:		
:	level of 3.0 g/dl.		!	:		:		
:	The constant and it			1				
	The quarterly nutritions	al assessment was com	pleted by	i			i	
į.	the FSS on 8/1/02. Resalbumin level of 3.0 g/c	di dated 6/2/02	and low	<u>:</u>		i		
	addressed by the FSS o	or RD on this quarteries	not	:				
· · · · · · · · · · · · · · · · · · ·	nutritional assessment.	on uns quarterly	:	i			i	
:			1	į		:		
! ,	A review of resident 24	's medical record rever	ıled a	i				
1	nutritional care plan add	dressing the weight los	s dated					
j -	1/28/02, with a target di	ate of 7/26/02. The ca	re plan	:				
: (locumented "potential	for weight loss d/t (due	· fol	ļ		!	i	
! 1	eaves 25% or more of t	food uneaten." The go	als	i i		1		
			<u> </u>	i			ľ	
S-2567L	ATG:	112000 Event I EH65	111 E	acility ID: 1/T00	A.			

Facility ID: UT0001

DEPARTMENT OF HEALTH AND HUMA. SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMEN	NT OF DEFICIENCIES			1.			2567-L
AND PLAN	NT OF DEFICIENCIES OF CORRECTION .	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUI	VCLIA MBER	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE : COMPL	
		465088		B. WING			
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	TF 7IP CODE		/8/02
AT DINE	VALLEY CARE CENT			ALPINE DRIV			
	VALLET CARE CENT	ER	PLEASAN	T GROVE, UT	Γ 84062		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	<u> </u>	ID			
PREFIX TAG	REGULATORY OR L	MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
F 325	Continued From page 1:	5	i	F 325			
	documented that "resi	dent will consume 759	of meals	1			
	TNR [through next re	view]." The approach	es	1			1
	documented to "monit	or and record intake o	f meals				
	TID [three times a day	J, monitor and record	monthly	į			:
	weight, visit 1:1 and a	sk resident of food like	es and				
	dislikes, and offer snac	ck of choice BID [twic	e a day]."				
	: On 8/7/02 the Directo	or of Number (DONE)	1.1 ====	1			
	On 8/7/02, the Director provided to the survey	team a list of individu	d the FSS	;			
	received "special nour	ichment" from the kite	ais who				1 [
	Resident 24 was not or	n this list	nen.	1			!
	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	a diis list.	i	i			
	A review of resident 24	4's medical record reve	ealed an	:			
:	additional nutritional c	are plan addressing he	r recent	!			'
:	weight loss dated 6/10/	/02 with a target date o	of '				
	10/26/02. The care pla	an documented that "re	sident :				.
į	has had a recent weigh	t loss due to decline in	cognitive	I		,	`
	status and increased pa	ranoia." The goals do	cumented	i		I	· .
i	that "resident will be as	ssisted with meals and				;	l
;	encouraged to eat at lea	ast 50% of most meals	, and	i			
:	resident will not have a	weight loss of more th	nan 5% in	İ		!	
İ	one month." The appro	paches documented we	re to :			!	
į	"encourage oral intake,	provide alternatives if	doesn't	!		!	-
	want to eat her meal, en	courage resident to co	me to			:	i
:	dining room to eat, and check frequently to mal	is she eats in her room	ı, to :	1		!	1
i	difficulty with her meal	help provide a cal-	ig any	:		į	
į	atmosphere to eat, and	monitor weight O fews	relaxing	į			ĺ
i	month and PRN [as nee	ided] "	ry].			:	
		acaj.	· · · · · · · · · · · · · · · · · · ·	1			
ļ	A review of resident 24	's medical record rever	aled no	i			
i	nutritional care plan add	iressing the low album	in	1 1			į
:	levels.			!			
į			i			į	ł
•	A review of resident 24	's medical record nursi	ng notes	!		1	,
, (dated 5/20/02, documen	ited, "c/o [complains o	fl tooth	:		!	İ
1.8	ache." Nursing notes da	ited 7/5/02, documente	ed. "c/o 🕕			:	
	[complains of] being hu	ngry, şnacks given, re	esident	i		i	•
(c/o [complains of] mout	h "teeth" pain when ch	ewing."	!		:	
			- ,			ı	1

	NT OF DEFICIENCIES I OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
<i>!</i>	•	465088		B. WING	· · · · · · · · · · · · · · · · · · ·	2/0/00	
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	I DRESS, CITY, STAT	TE ZIP CODE	8/8/02	
٠.	E VALLEY CARE CENT		25 EAST A PLEASAN	ALPINE DRIVI NT GROVE, UT	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLET	E
F 325	the facility made a de mouth pain.	entation to provide evicental appointment conce	erning her	F 325			
	revealed that no FSS her weight loss or the completed for residen		dressing I been			:	
	the physician was awa albumin, but no interv	24's medical record rev are of her weight loss a ventions were put in pla	and low ace.				
	dining room. Resider no assistance. She was meatballs with gravy, 360cc of water, and of 60% of her meatballs with gravy, 75% of he 20cc of her water, and	done on 8/8/02 at 11:55 nt 24 was eating her lur as served pasta with gra, beans, 180cc of butter therry cobbler. Residen with gravy, 75% of her beans, 270cc of her be d 90% of her cherry cobvas observed to eat appron her own.	nch with avy, rmilk, nt 24 ate r pasta buttermilk, bbler.				
	with the diagnoses of anemia, FX (fractured	dmitted to the facility o Rt. (right) leg spasms, i) Rt. fibula, Parkinson onstipation and degener	arthritis, 's with				İ
: 	A review of resident 3 following:	31's weight's revealed th	he į	•			ļ
 	February 2002	139 pounds pounds 131 pounds	; ;	!			
! !	April 2002 123	pounds pounds pounds					

DEPARTMENT OF HEALTH AND HUMA. SERVICES HEALTH CARE FINANCING ADMINISTRATION

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE COMPL	
	•	465088		B. WING		,	3/8/02
NAME OF P	PROVIDER OR SUPPLIER NE VALLEY CARE CENTER SUMMARY STATEMENT OF DEFICIT X (EACH DEFICIENCY MUST BE PRECEED)		STREET ADD	PRESS, CITY, STA	TE, ZIP CODE		70702
ALPINE	VALLEY CARE CEN	rer		ALPINE DRIVI T GROVE, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEEDED BY	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F 325	July 2002 122 August 2002 120	7 8 pounds 2 pounds 0 pounds of December 2001, and	1 June	F 325			
		t 21 pounds (15.1%), w					
<u>;</u> !		of March 2002 and Jun ounds (9.9%), which is		:			
:		of March 2002 and Apounds (6.1%), which is significant.					
:		of May 2002 and June and (5.5%), which is si	,				
	showed an albumin 1 2.7 g/dl dated 4/12/02	the facility and dated 4/ evel of 2.7 g/dl. The a 2 was the most current and was acknowledged l ssment dated 7/9/02.	lbumin of in resident	:			
	the FSS on 4/16/02 at 4/26/02. They documnot eating as well-ear They did not make an	I assessment was compand co-signed by the RE nented the following, "its in her room-feeds hery dietary recommendation loss or low albumin.	on resident er self."				
	7/9/02 documenting, acceptance- 20-60% eating well. Does like caloric med pass"	nt was completed by the "% loss- 7 lbs [pound. Albumin- 2.7g/dlRefer sweet foods. Will try [There was no document the calorie supplemented.	ds],food sident not [increase] tation to	;			
		31's medical record die	tary	•			:

DEPARTMENT OF HEALTH AND HUMA. . SERVICES

HEALII	A CARE FINANCING	ADMINISTRATION					<u> </u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUI		A. BUILDING	LE CONSTRUCTION	(X3) DATE COMPL	
(` ~	465088		B. WING		۶	3/8/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		,, o., o =
ALPINE	VALLEY CARE CEN	FER		LPINE DRIVI T GROVE, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F 325	the weight loss or low resident 31. Review of resident 3 nutritional care plan was no date of origin document a target da documented that she most meals." The go be nutritionally stable weight loss of greate 3 months." Approach needs to consult with and dislikes, monitor the physician weight	led no RD assessment as a lead no RD assessment as a lead record revealed record revealed resident to a lead record the care planete of 10/7/02. The care releaves 25% of food upoal documented that release evidenced by not for than 5% in one month these documented were to resident and ask about a rand record weights, at loss of more than 5 lbs ntake of meals, and off	ealed a loss, there but it did e plan neaten at esident will having a n or 10% in the "staff t food likes and report to s [pounds],	F 325			
	nutritional care plan levels.	1's medical record reve addressing the low alb	umin				
		he physician had been loss and low albumin.	notified of				
	documented that residucumented that resi	g Summary's dated 7/1 ident 31 "eats poorly", ident 31 "has lost weigi ident 31 "eats poorly at	6/12/02 ht", 5/1/02				
	meeting) on 4/16/02 "loosing weight ov very well-enjoys can documented under d	sciplinary Team Meeti document under dietar rer past few months-do dy" An IDT meetin ietary "may look at a " There is no docum	ry, esn't eat g on 7/9/02 dding 2cal				!

DEPARTMENT OF HEALTH AND HUMAL, SERVICES HEALTH CARE FINANCING ADMINISTRATION

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIF IDENTIFICATION NO			(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
1	` -	465088		B. WING		8/8/02	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STAT	E, ZIP CODE	•	
ALPINE	VALLEY CARE CENT	TER		PINE DRIVE GROVE, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE. 'MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETE	
F 325	approximately 9:30A "receives milk and ju seen a Health Shake. have not seen a Healt In an interview with t 8/8/02 at approximate did not notify the die loss." In an interview with t approximately 12:20 to keep her [resident in her room by 5:00P pajamas. She is also 5-6:00AM." There w done to give resident the day. During an observatio 12:05PM, she was in pasta with gravy, mea	was ordered. a facility aide on 8/8/0 M, she stated that resicice at breakfast, but I h She also gets juice at	2 at dent 31 lave not lunch, but I lisor on ed that "I l's] weight 8/02 at we to fight we are not in her eveen terventions ent times of 1/02 at . She had as, 180cc	F 325			
	gravy, meatballs with Overall, resident 31 v	oler, two bites of beans a gravy, and 70cc of he was observed to consurt of her meal on her ow	r milk. ne	:			
	with the diagnoses of disorder, dysphasia, l	dmitted to the facility of MR (mental retardation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	on), seizure				
	The RD documented	in a dietary note dated	1/20/02,			:	

DEPARTMENT OF HEALTH AND HUMA. SERVICES

PRINTED: 8/14/02

HEALT	TH CARE FINANCING	ADMINISTRATION	1			FORM	M APPROVE
STATEME AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(XI) PROVIDER/SUPPLIES IDENTIFICATION NU.	R/CLIA MBER	(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE S COMPLI	
NAME OF	PROVIDER OR SUPPLIER	1 403000	STREET ADI	DRESS CITY STA	TE 7TD CODE		/8/02
	E VALLEY CARE CENT	rer	25 EAST	DRESS, CITY, STA ALPINE DRIVI IT GROVE, UT	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	(ETIL)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	the RD then document any interventions were any interventions were The yearly nutritional the FSS on 2/9/02 and 2/28/02. The low album RD progress note wheeds for resident 15. In an interview with that "the last protein a resident 15, were done Review of resident 15 documentation that the low albumin levels Review of resident 15.	amin was 2.9 g/dl. On the that her albumin was tation to provide evidence implemented. It assessment was compide co-signed by the RD amin of 3.0 g/dl dated was not addressed. The were not calculated. The dietitian on 8/6/02, sind calorie calculations to a 4/3/97." 's medical record revea the physician had been not calculated.	vas 3.0 g/dl. nce that leted by on 1/28/02 in e protein she stated for aled no otified of	F 325			
; ;	nutritional care plan ad levels. Review of resident 153 current lab values to printervention of Fiber S	's medical record revea rovide evidence that th Jource HN was providi	aled no			:	
:	A lab value taken at the 8/7/02 showed an album	ease the albumin levels e facility for resident 1	S	; ;		! !	
!	5. Resident 3, a 87 years the facility on 3/16/98 mellitus, dementia, per Disease.	with diagnoses of diabe	etes			1	

A lab value taken at the facility and dated 4/12/02 showed an albumin level of 2.6 g/dl and the most current lab value dated 7/15/02 showed an albumin

DEPARTMENT OF HEALTH AND HUMA SERVICES HEALTH CARE FINANCING ADMINISTRATION

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE COMPL	
7				A. BUILDING			
:		465088		B. WING		8	3/8/02
NAME OF P	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALPINE	VALLEY CARE CEN	ГER		LPINE DRIV T GROVE, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 325	Continued From page 2 level of 2.7 g/dl.	<u>!</u> 1		F 325			
	the FSS on 6/18/02 a 6/27/02. The low alt 4/12/02 was not addryearly nutritional associated at 62 gm (calculated resident 3' requirement should here were also that no RD at 12/19/19/19/19/19/19/19/19/19/19/19/19/19/	al assessment was compand co-signed by the RI pumin level of 2.6 g/dl ressed by the FSS or RI essment. The protein rIBW in kg x 1.2). The is IBW at 125 pounds, that is medical record dietar assessments addressing mpleted for resident 3.	O on dated D on this needs were by the protein 68 gm.				
	Review of resident 3' documentation that the low albumin level Review of resident 3'	's medical record revea ne physician had been r	notified of	:			
		's medical record reveal addressing the low albu					
		mately 11:00 AM, the I was notified of the lov I wasn't."		!			
	the facility on 10/5/99 stenosis with depressi incontinence, constip	3 year old female, was a 9 with diagnoses of spi- ive features, vertigo, ur ation, glaucoma, osteon compression laminector	nal lumbar rinary arthritis,				
	A review of resident following:	10's weights revealed th	he :	:			:

DEPARTMENT OF HEALTH AND HUMA. SERVICES HEALTH CARE FINANCING ADMINISTRATION

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VCLIA MBER	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE COMP	
<i>'</i>	465088		B. WING			
NAME OF PROVIDER OR SUPPLIER	403000	STREET ADI	DRESS, CITY, STAT	F 7IP CODE		8/8/02
ALPINE VALLEY CARE CENT	ER	25 EAST A	ALPINE DRIVE TT GROVE, UT			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 325 Continued From page 22	2		F 325			
February 2002 March 2002 146	157 pounds pounds					
Between the month of resident 10 lost 11 lbs	February 2002 to Ma (7%) which is signific	rch 200 cant.				
	pounds pounds					
Between the month of resident 10 lost 10 lbs	June 2002 and July 20 (6.8%) which is signif	002 ficant.	!			:
A lab value taken at the showed an albumin le	ne facility and dated 7/ vel of 3.2 g/dl.	19/02	!			: - !
The yearly nutritional the FSS on 9/11/01 an 11/20/01. The protein	d co-signed by the RD	on				
(IBW in kg x 1.2). The at 104 pounds, the pro	ey calculated resident tein requirement shoul	10's IBW	:			
been calculated at 57 g	•	:	:			-
Review of resident 10' revealed that no RD as loss or low albumin ha	sessments addressing	the weight				
10.		-				:
Review of resident 103 documentation that the the weight loss or low	physician had been no	led no interpretation in the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading to the leading				:
Review of resident 10's nutritional care plan ad was no date of originat	dressing the weight lo	ss. There	:			
document a target date goals included: "1. Re- meals and encouraged	of 8/28/02. The care sident will be assisted	plan with	:			
meals. 2. Resident wil	I not have a weight los	ss of				

DEPARTMENT OF HEALTH AND HUMA. SERVICES HEALTH CARE FINANCING ADMINISTRATION

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDING		(X3) DATE COMPL	
1	•	465088		B. WING	····		3/8/02
•.	PROVIDER OR SUPPLIER VALLEY CARE CEN	TER	25 EAST	DRESS, CITY, STA ALPINE DRIV VT GROVE, U	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 325	more than 5% in one Review of resident Inutritional care plan On 3/3/02, the FSS of "Continues to gain we dema. Weight not broken" Resident (7%) in the month of have a weight gain. Review of resident Indictary interventions snack and continue of dated 6/4/02. No of documented in resident Investment of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	e month." O's medical record reveraddressing the low albudocumented the following veight, may be d/t [duedone d/t [due to] scales 10 had a significant were february to March, shows a significant were february to March, shows medical record reversible to offer a bound of the following medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medical record medic	imin level. ing, to] some have been ight loss e did not caled dedtime t) diet s were . I'm happy inted to in them. FSS stated She snack ator in her is also weight loss . Resident ter, green ravy and observed ssistance green % of her herry	F 325			

HEALT	H CARE FINANCING	I AND HUM. SERVE ADMINISTRATION	VICES			PRINTED: 8/14/ FORM APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIE IDENTIFICATION NU	R/CLIA	(X2) MI	ULTIPLE CONSTRUCTION DING	2567 (X3) DATE SURVEY COMPLETED
		465088		8. WIN	G	
NAME OF	PROVIDER OR SUPPLIER		STREET AI	DDRESS, CITY	7. STATE, ZIP CODE	8/8/02
ALPINE	VALLEY CARE CEN	TER	25 EAST	ALPINE D		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	' FI II I	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE CONTRACTOR
F 325	25% of her meal, on interventions. On 8/8/02, resident 1 second time and there	et to consume approper the country with no staff O's care plan was review as no care plan addressired weight loss prog	wed a	F 325		
SS=G :	If a qualified dietitian facility must designate director of food service scheduled consultation. A qualified dietitian is upon either registration of Association, or on the experience in identification, and implementation, and implementation.	eloy a qualified dietitian on a consultant basis. is not employed full-ties a person to serve as the who receives frequent from a qualified dietic one who is qualified bon by the Commission of the American Dieteti basis of education, training attion of dietary needs, entation of dietary programs.	me, the ne ntly tian. based on c ning, or rams.	F 361	Crandall and Associates was hired As the new consulting firm with Lynette Perkins, RD, CD as the differ this facility Monthly RD reports to the follow Areas: Sanitation, Meal Service, Nutritional Assessment, Budget C Staff Development. This report is In an exit meeting with the Admin Director of Nursing, Food Service Supervisor and RD. A sample copy Enclosed. Crandall and Associates Manager And Clinical Manuals have been pand the staff have been given an orangement of these manuals also inclusions.	etitian \\0-7-0
: 	determined that the face part-time consultant disprovided adequate sup- or dietary staff regarding assessing residents at repressure sores or woun	w and observations, it is still the property of the provision to the dietary ranged 1. accurately monitorisk for weight loss, heards and/or low proteins 4, 5, 10, 14, 15, 24, 31	ir ch manager oring and ling of		Practice Guidelines" for weight los Ulcers, low albumin, dialysis and to Feeding. The food service supervisor was in: On August 10,2002 and again on S 3,2002 regarding the Special Nutrit to provide additional calories and p	e, pressure ube serviced eptember ion Program

foods.

CR1) and 2. monitoring the sanitation of the kitchen,

ensuring proper storage, distribution and serving of

to provide additional calories and protein to

residents with altered milk tid, super cereal

8 oz q am, super pudding 4 oz at lunch. This

program was implemented on August 15,2002.

PRINTED: 8/14/02 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMA **JERVICES** HEALTH CARE FINANCING ADMINISTRATION 2567-I STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE ALPINE VALLEY CARE CENTER PLEASANT GROVE, UT 84062 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 361 Continued From page 25 F 361 Findings include: The food service staff was inserviced on September 3,2002 regarding the following 1. Based on clinical record review it was determined Proper labeling and dating of food items. that the facility did not ensure that each resident Storage (see attached leftover policy), maintained an acceptable parameter of nutritional Interpreting the spreadsheet, portion control status as evidenced by 2 of 10 sampled residents plus And distribution. At least1 meal service is an additional 2 residents experienced significant Monitored each month via the RD monthly weight loss with no dietary interventions implemented Report. to prevent further weight decline. 2 of 10 sampled résidents plus and additional 4 residents experienced lbw albumin (a protein) levels with no dietary interventions implemented to help increase the albumin levels and prevent further protein depletion. 3 of 10 sampled residents with pressure sores or wounds did not have dietary interventions implemented to help promote healing. Further, the dietitian did not provide services and supports, through assessment, monitoring and recommendations, to meet each resident's nutritional needs. The facility failed to provide dietetic supports and services which maintained the body weights for residents 5, 24, 31 and 10 as evidenced by: a. Resident 5 was admitted to the facility on 9/7/01 with diagnoses including mood disorder due to cerebrovascular disease, hypothyroidism and hypertension.

January 2002 144 pounds

following:

MS-2567L

February 2002 149 pounds

March 2002 144 pounds

April 2002 141 pounds

May 2002 139 pounds

June 2002 132 pounds

July 2002 126.5 pounds

ATG112000

A review of resident 5's weight history revealed the

Event I EH6511 Facility ID: UT0001

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

TATEMENT	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUM	CLIA BER	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE S COMPLI	ETED		
1	-	465088		_			/8/02		
	ROVIDER OR SUPPLIER	TER	25 EAST AL	ET ADDRESS, CITY, STATE, ZIP CODE AST ALPINE DRIVE ASANT GROVE, UT 84062					
(X4) ID PREFIX TAG	CACU DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
F 361	Continued From page	26		F 361			: 		
Between the months of January 2002 and July 2002 resident 5 lost 17.5 pounds (12%) which is significant		significant.	; ; ;	·		!			
	resident 5 lost 14.5	s of April 2002 and July pounds (10%) which is	significant.	:	,		! ! :		
	A review of dietary notes completed since resident 5's admission did not evidence that the dietitian re-assessed his nutritional needs based on his significant weight loss. There was no documented evidence that dietary interventions were attempted to increase calories in resident 5's diet. Resident 5's weight had been on a downward trend since March 2002.		n is imented tempted to dent 5's						
	b. Resident 24 wa with diagnoses inc dementia.	is admitted to the facility luding rib fracture, hype	on 1/23/02 ertension and				· · :		
	A review of reside following:	ent 24's weight history re	evealed the	!			!		
	May 2002 124 June 2002 115 July 2002 110 August 2002 110	pounds pounds pounds pounds pounds pounds pounds pounds							
	Between the months of January 2002 and resident 24 lost 14 pounds (10.1%) which significant.		l April 2002, h is	! !	:				
	Between the mor	nths of January 2002 and 29 pounds (21,%) which	d July 2002, is significant		; }		:		
	!	ATG112000 Event I	EH6511	Facility ID:	UT0001	If con	ntinuation sheet 27		

DEPARTMENT OF HEALTH AND HUMA, SERVICES

HEALTH	CARE FINANCING	ADMINISTRATION				am PATE	VIDVEV			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER	CLIA	(X2) MULTII	PLE CONSTRUCTION	(X3) DATE S COMPLI				
AND PLAN O	F CORRECTION	IDENTIFICATION NUM	IBER	A. BUILDIN						
7 .				B. WING		8	/8/02			
		465088	ATTRECT A DDI	DESC CITY ST	ATE ZIP CODE					
NAME OF PR	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE						
	TATE OF THE CENT	TED	25 EAST A	ST ALPINE DRIVE SANT GROVE, UT 84062						
ALPINE	VALLEY CARE CEN	LEN	PLEASAN	I GROVE,		CORRECTION	(VE)			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE			
				F 361	!					
F 361	Continued From page	27	ecident	1 501	!					
:	A review of dietary	notes completed since r	titian							
;	24's admission did n	not evidence that the die	er :				!			
	re-assessed her nutr	itional needs based on b	mented				'			
	significant weight ic	oss. There was no docu y interventions were att	empted to	:	:					
	evidence that dietar	resident 24's diet. Res	ident 24's	!			İ			
	increase calories in	a downward trend since	e February	ļ.	1		;			
}		a downward from sine		Į.			ŧ			
]	2002.			· }	,					
	: Decident 31 was	admitted to the facility	on 6/16/99	1			!			
	C. Resident of was	uding anemia, Parkinso	n's with				•			
	depressive features	and arthritis.		:			•			
1	depressive teatures	and an investor		!			1			
	A raview of resider	nt 31's weight history re	vealed the	1			4			
	following:			•	•					
	i lottowing.				÷					
	December 2001	139 pounds		İ						
	January 2002 138 p	ounds		1						
		131 pounds		1						
	March 2002 131 [1						
	April 2002 123 p	pounds		1			1			
		pounds					:			
	June 2002 118 j	pounds								
	July 2002 122 j	pounds		!	:					
	August 2002 120	pounds			1					
	1		1.1 2000	, ;			•			
	Between the mont	hs of December 2001 a	nd June 2002	2 · !	:					
1	resident 31 lost 21	l pounds (15.1%) which	1 IS .				÷			
	significant.			i	•		1			
			tuna 2002	:	•		1			
	Between the mont	ths of March 2002 and .	June 2002							
	resident 31 lost 8	pounds (6.1%) which is	s significant.	:			:			
	i	uEMov 2002 and Iv	ne 2002	1	4		:			
	Between the mon	ths of May 2002 and Ju	e cionificant	!						
1	resident 31 lost 7	pounds (5.5%) which is	o organiticant.	1	\$		į			
		and 7/C	1/02 and	;	1		i			
	A quarterly dietai	ry assessment, dated 7/9	AOS AIR A				:			
	completed by the	FSS was reviewed. The was made to increase the	ne high calor	ie						
l l	 recommendation 	was made to increase the	ic man caror		•		:			

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEME	NT OF DEFICIENCIES			·		——————	<u>2567-</u>	
AND PLAN OF CODDECTION: (XI) I KOVID		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SI COMPLE		
						30.11.22	.100	
		465088		B. WING		0.	0.00	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AI			RESS, CITY, STA	TE, ZIP CODE	8/3	8/02	
ALPINE VALLEY CARE CENTER 25 EA		25 EAST AI	REET ADDRESS, CITY, STATE, ZIP CODE 5 EAST ALPINE DRIVE LEASANT GROVE, UT 84062					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE. MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	ा ।। स	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EACH) (EA	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
F 361	Continued From page 28 supplement at medica eating well. There was the high calorie supplementation of the high calorie supplementation of the high calorie supplementation. A review of all dietary 31's admission did not re-assessed her nutrition significant weight loss evidence that dietary in increase calories in resemblementation of the high calories in resemblementation.	s no documented evidence was added as notes completed since evidence that the dietional needs based on he. There was no documenterventions were attentident 31's diet. Residiownward trend since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leading to the since leadi	e resident itian ented inpted to ent 31's February	F 361				
:	d. Resident 10 was ad with diagnoses which i depressive features, ost decompression lamined	ncluded spinal stenosisteoarthritis and chronic	s with			 		
i	A review of resident 10 following:	s weight history revea	iled the	; ;		!		
	February 2002 157 g March 2002 146 pound	oounds ds		!		į		
	Between the months of 2002 resident 10 lost 1 significant.	February 2002 and Mal pounds (7%) which is	arch :					
	June 2002 148 pound July 2002 138 pound		:	:		!		
1	Between the months of resident 10 lost 10 poun	June 2002 and July 20 ds (6.8%) which is sig	02 nificant.	:		!		
	On 8/8/02 at 9:40 AM reshe stated that she was land wanted to lose it. Shoot want snacks.	nappy to have lost the	weight	:		 - - 		

DEPARTMENT OF HEALTH AND HUMA , SERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 8/14/02 FORM APPROVED 2567-L

If continuation sheet 30 of 50

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 465088		R/CLIA MBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
NAME OF PROJUCT			STREET ADD	BESS CIT	Y, STATE, ZIP CODE		8/8/02
ALPINE	VALLEY CARE CEN	ΓER	25 EAST A	LPINE I			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		मारा	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE CONTINUE THE APPROPRIATE	
F 361	Continued From page 2		F 361				
 	weight loss plan. She	mately 11:00 AM, the led that resident 10 was further stated that she of resident 10's weigh	not on a				
	documented as a goal loss of more than 5%	10's nutrition care plan "resident will not have in one month". The ca anned or resident desir	re plan				
	10's admission did not	notes completed since evidence that the dietint weight loss or the factors weight.	tian		: :		
	services to maintain or	rovide dietetic support improve the protein st 24, and 31 as evidence	atus for		: :		1
. 1	 a. Resident 3 was adm with diagnoses including mellitus and dementia. 	nitted to the facility on ng Alzheimer's disease	3/16/98 , diabetes				
: c u	dated 4/12/02 showed a used to determine nutri	e taken and the facility an albumin (a laborator tional status) level of 2 A more current lab valu	ry test 2.6 g/dl				
: '	//15/02, showed an alb	umin level of 2.7 g/dl.					:
s g d	evere visceral protein ddl- 2.9 g/dl is conside leficit and an albumin l	s than 2.4 g/dl is considerate, an albumin levered a moderate visceral level of 3.0 g/dl-3.5 g/dral protein deficit. (R	el of 2.4 l protein		! !		i
g	uidance: Manual of C	linical Dietetics, Amer h edition, 2000, page 2	ican		!		:
<u> </u>			į		1		:
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DEPARTMENT OF HEALTH AND HUMA. SERVICES

HEALT	H CARE FINANCING	ADMINISTRATION	<u> </u>			1010	2567-L
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION N 46508			A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 8/8/02		
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET ADD	ORESS, CITY, STAT	TE. ZIP CODE		0/0/02
٠.	VALLEY CARE CEN	TER	25 EAST A	ALPINE DRIVI T GROVE, UT	E		
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F 361	3's admission did not re-assessed her nutrit albumin levels which depletion. There was dietary interventions protein provided in reb. Resident 5 was as with diagnoses include.	ry notes completed sind evidence that the dieti- tional needs based on hat indicated a moderate is no documented evide were attempted to incr	er low protein nee that ease the on 9/7/01	F 361			
	A lab value taken at t showed an albumin le	the facility and dated 5, evel of 3.0 g/dl.	/17/02	:			
	5's admission did not re-assessed his nutriti albumin levels which depletion. There was	y notes completed since evidence that the dietional needs based on his indicated a mild protes no documented evidence attempted to increasident 5's diet.	tian is low in nce that				
	with diagnoses which	dmitted to the facility of included spinal stenos steoarthritis and chron ectomy.	is with				
	A lab value taken at the facility and dated 7/19/02 showed an albumin level of 3.2 g/dl.			:			
:	10's admission did no re-assessed her nutriti albumin levels which depletion. There was	y notes completed since the diet on all needs based on he indicated a mild protein no documented evider were attempted to incressident 10's diet.	itian er low in nce that				

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DEPARTMENT OF HEALTH AND HUMA SERVICES HEALTH CARE FINANCING ADMINISTRATION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALPINE VALLEY CARE CENTER 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (X.5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 31 F 361 d. Resident 15 was admitted to the facility on 7/29/85 with diagnoses which included mental retardation, cerebral palsy, dysphagia and G-tube (gastrostomy tube) placement for feeding. Resident 15's albumin levels were documented as 2.9 g/dl in a dietary note dated 1/20/02 and 3.0 g/dl in a dietary note dated 1/28/02. A lab value taken at the facility and dated 8/7/02 showed an albumin level of 2.8 g/dl. A review of all dietary notes completed since resident 15's admission did not evidence that the dietitian re-assessed her nutritional needs based on her low albumin levels which indicated a moderate protein depletion. There was no documented evidence that dietary interventions were attempted to increase the protein provided in resident 15's tube feeding. In an interview with the dietitian on 8/6/02 she stated, "the last protein and calorie calculations for resident 15 were done on 4/3/97". e. Resident 24 was admitted to the facility on 1/23/02 with diagnoses including rib fracture, hypertension and dementia. A lab value taken at the facility and dated 5/17/02 showed an albumin level of 2.9 g/dl. A more current lab value, dated 6/3/02, showed an albumin level of 3.0 g/dl.

CMS-2567L

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A review of all dietary notes completed since resident 24's admission did not evidence that the dietitian re-assessed her nutritional needs based on her low albumin levels which indicated a moderate protein depletion. There was no documented evidence that dietary interventions were attempted to increase the

> Event ! EH6511

Facility ID:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 8/14/02

FORM APPROVED HEALTH CARE FINANCING ADMINISTRATION 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE ALPINE VALLEY CARE CENTER PLEASANT GROVE, UT 84062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 32 F 361 protein provided in resident 24's diet. f. Resident 31 was admitted to the facility on 6/16/99 with diagnoses including anemia, Parkinson's with depressive features and arthritis. A lab value taken at the facility and dated 4/12/02 showed an albumin level of 2.7 g/dl. À review of all dietary notes completed since resident 31's admission did not evidence that the dietitian re-assessed her nutritional needs based on her low albumin levels which indicated a moderate protein depletion. There was no documented evidence that dietary interventions were attempted to increase the protein provided in resident 31's diet. (Refer to Tag F-325) The facility failed to provide dietetic support and services to help promote pressure sore or wound healing for residents 4, 14 and CR1 as evidenced by: a. Resident 4 was a 66 year old female who was admitted to the facility on 7/19/02 with the diagnoses of multiple sclerosis, congestive heart failure, hypothyroidism, pressure sores, urinary tract infection, colostomy, and atrial fibrillation. Resident 4 was alert and oriented. The medical record of resident 4 was reviewed from 8/6/02 - 8/8/02. The admission nursing assessment, dated 7/19/02, documented that resident 4 was admitted with five pressure sores. Four of these pressure sores were at a stage 4 and the fifth pressure sore was a stage 2.

The Nutritional Assessment, signed by the food service supervisor (FSS) on 7/22/02 and by the registered dietitian (RD) on 7/24/02, recorded the

DEPARTMENT OF HEALTH AND HUMA. JERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMEN	NT OF DEFICIENCIES			·			2567-L	
AND PLAN OF CORDECTION 1(A1)		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUI	IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	465088			B. WING				
NAME OF PROVIDES OF STREET		STREET AD	DRESS, CITY, STA	TE ZIP CODE		/8/02		
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	Continued From page 33 admission weight of re (which is equal to 69 If the nutrition assessment also document like milk, resident with Monitor intake of mean increased pro (protein) the protein needs of re-83gm". Below this, the gm/kgm". Considering that reside pressure sores, one of the drainage, the dietitian of the recommendations of the Association (ADA), the for resident 4 should have set her 103.5. The dietitian co based on the multiple producing an interview with confirmed that resident based on the menus and by the facility's food superior and any, if the resident and the resident and the resident and the facility provided a protein a day, if the resident served.	esident 4 to be 152 por kg). ent documented that reded salt, soft diet. The mented that resident 4 in multiple pressure sor ls. Assess for supplem ly, zinc, etc." esident 4 were figured the dietitian wrote in " ent 4 was admitted with which was producing in the dietitian wrote in " ent 4 was admitted with which was producing in the sores. Base American Dietetic eminimal protein calculate the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein needs between the protein n	ridoes not res - ment with to be "69 1.0 - 1.2 in five moderate rotein this red on the rotein this rotein this rotein this rotein this rotein this rotein rotein this rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rotein rote	F 361		PROPRIATE		
F r	On 8/7/02, the Director or ovided to the survey to eceived a liquid protein luring medication pass a	eam a list of individual supplement from the i	s who					

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

TOTAL THANCING	ADMINISTRATION		T			2567-I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIED IDENTIFICATION		VCLIA MBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALPINE VALLEY CARE CEN	TER .		LPINE DRIVI I GROVE, UT			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
F 361 Continued From page 3 received "special nou Resident 4 was not or	rishment" from the kite	chen.	F 361			· · · · · · · · · · · · · · · · · · ·
asked if she received meals or between me explained as anything liquid drink or cheese	with resident 4 on 8/8/0 any special supplementals. (Special supplements with extra protein like or boiled eggs, etc.) Find the second supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental	ts with her this were a sweet Resident 4			:	
and hot chocolate in t did not receive any ac supplements. She als milk. During further stated that she would	o stated that she did no interview with resident eat anything with choco	t like 4, she	: : :		i !	
chocolate ice cream o	y a chocolate protein she boiled eggs. She also nd her hot chocolate be	stated				
member on 8/8/02, the chocolate for resident water. The dietary state with water and add ounce cup of hot chocolate it with water and add ounce cup of hot chocolate it with water and add ounce cup of hot chocolate it with water and add ounce cup of hot chocolate it with water and add ounce cup of hot chocolate it water and add ounce cup of hot chocolate it was a supplied to the control of the chocolate it was a supplied to the chocolate it was a supplied to the chocolate it was a supplied to the chocolate for resident water.	with the FSS and a dietal ey were asked if the hot 4 was prepared with must member stated that the altitle milk. Making olate with milk, instead tely 8 grams of protein	ilk or hey make an 8				
FSS on 8/8/02 at 11:30 facility provided high "super cereal". The redid not and that she for too labor intensive". Sliked the residents to e	ith the facility's dietitian of AM, they were asked protein diets or things ligistered dietitian stated and "those types of this of the continued to say that what was served to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to	if the ike I that they ngs to be at she hem and				
then if they needed mo provided with a protein In addition to the abov	re, the resident would be a supplement.	be				

DEPARTMENT OF HEALTH AND HUMens SERVICES HEALTH CARE FINANCING ADMINISTRATION

	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE COMPI	.ETED
·.	ROVIDER OR SUPPLIER	465088		RESS, CITY, STA LPINE DRIV			3/8/02
ALPINE	VALLEY CARE CE	NTER		T GROVE, U			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIE CY MUST BE PRECEEDED BY R LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 361	the facility's nurses were not following resident's with press "Residents with we called for residents the "special nutrition of the facility's polit Nutrition Program (43 grams of addition). The special nutrition for resident 4. b. Resident 14 was re-admitted to the facility and the admission nursing a documented that resident". The nutritional asset	the facility's dietitian are the facility's policies registure sores. The policy to ight loss, and / or pressure with pressure sores to be on program with 2 Cal/coldrink four times a day)." cy documents that the Sprovided 1403 additional	arding tiled re sores" e placed on med pass Page 249 pecial i calories / emented o was ffering a The area on	F 361			
	dietitian. The FSS 7/9/02, resident 14 kg). The FSS docureceive a low concedaily protein needs The calculation of 6 would not even equivould still be below repletion of an individual still surgical site and a lift resident 14's protein based on ADA recompleted.	documented that upon active weighed 156 pounds (equation of the pounds) and the were 66 grams. 66 grams of protein for real 1.0 gram per kilogram of the minimum recomme vidual trying to heal tissue the pressure sore area. ein needs had been calcummendations, the minimum promote healing for residence with the pressure sore area.	dmit, ual to 70 was to at her esident 14 which indation for les both at lated				
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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 8/14/02 FORM APPROVED

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DATE	(X3) DATE SURVEY		
7	•			A. BUILDING	G		COMPLETED		
		465088		B. WING					
NAME OF	NAME OF PROVIDER OF SUPPLIER		STREET AR	DRESS STEEL		_	8/8/02		
				DRESS, CITY, STA					
WILLIAM	E VALLEY CARE CEN	TER	PI FASAN	ALPINE DRIV	E				
(X4) ID	STIMMADY DO	TATEMENT OF DEFICIENCIE	TOLASAI	NT GROVE, U	I 84062				
PREFIX	(CACH DEFICIENC	Tree .	iD	CORRECTION					
TAG	REGULATORY OR	TION	PREFIX	(EACH CORRECTIVE ACT	JON SHOULD BE	(X5)			
·	<u>:</u>	.,	TAG	CKO22-KELEKENCED TO T	HE APPROPRIATE	COMPLETE DATE			
F 361	Continued From page	36		 	DEFICIENC	Y) -	1		
	page ,	50		F 361			:		
	The facility had estal	blished a care plan for re	- '1				1		
	regarding "notential	for altered nutritional st	esident 14				i		
	(related to) diabetes	anemia". The care plar	atus r/t	;			İ		
	address nutritional co	oncerns related to her re	did not				į.		
	fracture, surgery or n	ressure area to her heel.	cent hip				i		
	plan directed staff to	provide a nutritional su	The care	i			!		
l i	if resident 14 ate less	the 50% of	pplement 🍦	1					
i	Neither the nutritions	if resident 14 ate less than 50% of most meals. Neither the nutritional assessment nor the nutritio					1		
:	care plan discussed a	dding additional	tritional	i					
i	care plan discussed adding additional protein to me the needs of resident 14.			1			į		
i	me meda of resident	14.	1				i		
i	During review of the					!			
1	During review of the s	"special	:		•	i			
	14 was not on either li	8/8/02, it was noted that	resident	1		:	i		
	a , was not on chiler if	ist.	:	i		!			
i	During an interview w	ith the registered dietiti	:			1			
1	8/8/02, she stated that	the protein requirement	an on	!					
1 :	resident 14 had been "	figured was -"	s for	:			i		
- 1		nguied wiong .	İ	:					
	Also, the facility did n	ot implement the specia		i		!	1		
1	nutrition program for r	1	!		:				
. (own policy.	esident 14 as required b	y their	:			İ		
	[į	:			4		
c	Resident CR La 73	year old female, was ad	!	i		i	1		
t	o the facility on 2/14/0	mitted	i :		į.	- 1			
i f	racture, osteoporosis	history of bowel obstruc	nt hib			:	1		
h	lypoglycemia, hypothy	roidism, history of seize	ction,	:		i			
a	nd a hysterectomy.	roldism, mistory or serzi	ures,				}		
:	,		i			:	1		
i A	review of resident CI	RI's medical record reve	ا الحامد	1		!	1		
i ir	nitial nursing assessme	nt which identified a sta	cated an	:		;			
i pi	ressure ulcer on the co	occyx measuring 3 X 3 c	ige II	i					
st	age II pressure ulcer o	on the bottom measuring	m, a	!		:	[
ar	nd red spots on both he	eels. The initial nursing	2.2 cm	:		:			
as	ssessment identified th	at resident CR1 was on	3	:		: I			
re	gular diet and did not	need any nutrition	a	1					
su	ipplements.	need any nutritional		i i		!	1		
		t	İ	:					
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DEPARTMENT OF HEALTH AND HUMAL SERVICES

PRINTED: 8/14/02

HEALTH CARE FINANCING ADMINISTRATION FORM APPROVED STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 465088 NAME OF PROVIDER OR SUPPLIER 8/8/02 STREET ADDRESS, CITY, STATE, ZIP CODE ALPINE VALLEY CARE CENTER 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 37 F 361 The yearly Nutritional Assessment was completed by the FSS on 2/19/02. There was no documentation of the stage II pressure ulcers identified by the facility's nursing staff. The protein needs were not calculated for resident CR1. There was no documentation to provide evidence that the RD assessed or calculated resident CR1's nutritional needs or protein requirements. There were no lab values to assess if resident CR1 had a low albumin level due to the identified pressure sores. During an interview on 8/8/02, at approximately 11:00 AM, the RD stated that the FSS usually sees all residents as close to admission as possible to determine what they like or dislike. She further stated that unless she gets a call from the FSS she won't be in to see a resident, even with pressure sores. When the surveyor asked the RD about resident CR1 she stated, she usually remembers residents with pressure ulcers, but she doesn't remember resident CR1. According to the facility's policies and procedures (pg 261), "Residents identified with weight loss and/or pressure sores will be provided with additional calories, proteins and other nutrients if appropriate." There was no documentation to provide evidence resident CR1 received additional protein to help heal her pressure sores. (Refer to Tag F-281) 2. Based on observations it was determined that the facility did not store and serve food under sanitary

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items not being labeled and/or dated.

(Refer to Tag F-371)

conditions as evidenced by multiple food and beverage

Event I EH6511

Facility ID: UT0001

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DEPARTMENT OF HEALTH AND HUMA. SERVICES

PRINTED: 8/14/02 HEALTH CARE FINANCING ADMINISTRATION FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLLA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 465088 NAME OF PROVIDER OR SUPPLIER 8/8/02 STREET ADDRESS, CITY, STATE, ZIP CODE ALPINE VALLEY CARE CENTER 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG DATE DEFICIENCY) F 361 Continued From page 38 F 361 3. Based on observations it was determined that the facility did not follow the approved menus as the dietary staff was unaware of the proper amounts of foods to serve residents, which resulted in inconsistent meal servings and variances in the amount of calories, protein and other nutrients provided to each resident. When the food distribution errors were brought to the attention of the food service supervisor (FSS), she examined the scoops and spoons the dietary staff were using and confirmed that the staff member had been serving the wrong amount. The FSS was observed to instruct the dietary staff member to continue to use the same utensils but to serve larger amounts. This method would not ensure the accuracy of the amount dispensed. (Refer to Tag F-363) On 8/8/02 at from 10:30 AM to 12:30 PM, the consultant dietitian was interviewed. She stated that she visited the facility 5-10 hours for one day each month. When asked if, for example, a resident was admitted to the facility on a day after she'd already made her monthly visit if the resident would not been seen until her next visit which could be weeks, she stated yes unless someone at the facility calls me. She stated that she did not attend any of the weight or care plan meetings held by the facility. Based on observations in the kitchen on 8/5/02 and 8/7/02 it was determined that the dietary staff lacked supervision to direct them in proper dietary procedures including the storage and serving of foods. There was no documented evidence that the consultant dietitian had identified and/or attempted to correct any of the deficient practices found during the re-certification

survey.

HEALTH CARE FINANCING ADMINISTRATION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465088 NAME OF PROVIDER OR SUPPLIER 8/8/02 STREET ADDRESS, CITY, STATE, ZIP CODE ALPINE VALLEY CARE CENTER 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 363 : Continued From page 39 F 363 F 363 483.35(c)(1)-(3) DIETARY SERVICES F 363 SS=E Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: An inservice was held on Based on observation and interview, it was determined September 3,2002 with the that for the noon meal of 8/7/02, the facility's dietary Dietary staff which included 10/7/02 The following: portion control, staff were not following the approved menu. Reading/following spreadsheets Specifically, food portions were inadequate. Scoop sizes, with specific focus On portions for the mechanically Findings include: Altered diets. 1. A member of the facility's dietary staff was The monthly RD report includes observed to dish up the lunch meal on 8/7/02 between The monitoring of a least 1 meal 11:10 AM and 11:30 AM. Per month to ensure compliance With the menu via the spreadsheet For the puree diets, the facility's menu required staff to And portion control. This report is provide one cup of the entree (Turkey A LA King), Reviewed in the exit interview with 1/2 cup of puree rice and 1/3 cup of puree broccoli. The Administrator, Director of Nursing, Director of Food Service For 8 of the 8 puree diets, staff provided 1/2 cup of the Supervisor. entree and 1/3 cup of the puree rice. The menu was not followed for these two items. The surveyor then observed approximately 8 additional regular textured diets being prepared. For the regular diets, the facility's menu required staff to provide one cup of the entree (Turkey A LA King), 1/2 cup of rice and 1/2 cup of broccoli. For 8 of the 8 regular textured diets prepared, the

dietary staff did not use a measured scoop, but rather a large spoon. The staff was observed to place 2 scoops of the rice on the plate and then cover it with 2 scoops of the entree and sometimes 2'and 1/2 scoops. Staff

The facility must store, prepare, distribute, and serve food under sanitary conditions.

This REQUIREMENT is not met as evidenced by: Based on observations within the kitchen and further observations within the facility hallways, it was determined that the facility did not store and serve food under sanitary conditions.

Findings include:

1. A brief initial tour of the kitchen was conducted on 8/5/02 at 2:30 PM with the food service supervisor (FSS).

The facility's freezer was observed to contain 3 different bags of breaded meats which did not have labels and were not dated. There was an additional bag of meat patties (reported by the FSS to be pepper

DON on August 23,2002 regarding the Proper storage of the ice scoop during The distribution of ice. A plastic labeled Container is available on the ice cart for The scoop storage when not is use. Staff Were instructed not to leave the ice scoop In the ice when not in use.

An inservice was given by Lynette Perkins, RD, CD on September 3,2002 with the dietary Staff on the following items: proper storage Of items- sealing, labeling, and dating. The Staff have been instructed to check all areas Daily to ensure that all items are appropriately Labeled, dated and sealed.

The RD will monitor all areas of the kitchen For compliance to this issue as part of the Regular monthly sanitation check and report.

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Event | EH6511

Facility ID:

UT0001

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DEPARTMENT OF HEALTH AND HUM, PRINTED: 8/14/02 **SERVICES** HEALTH CARE FINANCING ADMINISTRATION 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE ALPINE VALLEY CARE CENTER PLEASANT GROVE, UT 84062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (XS) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 371 Continued From page 41 F 371 steak) with no label and no date. The refrigerator was observed to contain 4 one gallon pitchers of juice which were not dated. An additional smaller pitcher was observed to contain amber colored liquid. This smaller pitcher had no label, no date and no lid or cover. The refrigerator was also observed to contain a mostly

empty gallon container of mayonnaise and half empty container of buttermilk ranch dressing. Neither container was dated as to when the original seal was broken.

On 8/8/02, between 9:50 AM and 9:55 AM, two facility staff members were observed to pass ice to 14 facility residents. The ice was located in a large clear container and was sitting on a wheeled cart. The staff members would take a metal scoop by the handle, scoop ice into a resident's container and then leave the scoop sitting within the ice so that the handle touched the other ice. This technique contaminated the ice within the large container.

F 387 483.40(c)(1)&(2) PHYSICIAN SERVICES SS=B

> The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.

> A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.

This REQUIREMENT is not met as evidenced by: Based on record review and interviews, it was determined that 3 of 10 sample residents were not seen by a physician at least every 60 days as required. Resident Identifiers: 5, 20 and 15.

If dictations from MD visits not Received I week after visit Medical Recorders will call MD and request Dictations be sent to the facility within 1 week. Medical Records will provide charge nurse with a weekly list of residents due to be seen by MD. Charge nurse will notify MD of Required visit and make appointment For resident to be given either at the Facility or at MD's office, or if MD Is unable to come to facility house Physician will resume care.

10/7/02

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DEPARTMENT OF HEALTH AND HUMA. ERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 8/14/02 FORM APPROVED

2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2)	MULTIPLE	CONSTRUCTION
/		

(X3) DATE SURVEY COMPLETED

465088

A. BUILDING
B. WING

8/8/02

NAME OF PROVIDER OR SUPPLIER

PREFIX TAG

F 387

STREET ADDRESS, CITY, STATE, ZIP CODE

25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062

ALPINE	VALLEY	CARE	CENTER
(X4) ID		SUMMA	JRY STATEM

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	:	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(XS) COMPLETE DATE
	:		1		_	

Continued From page 42

F 387

Findings include:

1. Resident 5, a 91 year old male, was admitted to the facility on 9/7/01 with diagnoses of fever, altered level of consciousness, mood disorder due to cerebral vascular disease, hypothyroidism, CVA and hypertension.

Arreview of resident's 5 clinical record revealed that the resident was seen by a physician on 1/29/02, \$3/29/02 and 5/15/02. Resident 5 should have been seen by a physician on or around 7/15/02. There was no documentation in the clinical record to provide evidence that resident 5 had been seen by a physician.

The facility administration was asked by the survey team to provide documentation that resident 5 had been seen by a physician on or around 7/15/02. They were unable to locate any documentation to evidence that resident 5 had been seen by a physician in July 2002 for a 60 day review.

2. Resident 20 was a 24 year old female who was admitted to the facility on 11/13/00 with the diagnoses of coma, traumatic brain injury, obstructive hydrocephalus, other quadriplegia, dysphagia, incontinence, constipation, anemia, and venous thrombosis.

The medical record for resident 20 was reviewed on 8/7/02. During review of this record, it was noted that physician progress notes were present and documented visits for 9/13/01, 1/17/02, and 6/27/02. A nurse's note in May 2002 mentioned that the physician had been in to see resident 20, but there was no correlating physician's progress note. There was also no documentation to evidence that the physician performed visits every 60 days as required. Physician's progress notes were missing for November

		AND HUMAN LERV ADMINISTRATION					M APPROVE 2567-
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER 465088		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE COMP!	LETED
NAME OF P	ROVIDER OR SUPPLIER	403000	STREET ADDRESS, CITY, STATE, ZIP CODE			8/8/02	
'.	VALLEY CARE CEN	TER		ALPINE DRIVI IT GROVE, UT			
(X4) ED PREFIX TAG	EACH DEFICIENCY MUST BE PRECEEDED		BY FULL PREFIX (EACH CORRECTIVE AC MATION) TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THIS DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(XS) COMPLETE DATE
ਰ 387	Continued From page - 2001 and March 200			F 387			
	On 3/8/02, facility st that resident 20 had b required. Facility sta	ın as					

notes document that the physician saw resident 20 in May 2002, but "as of now we can not show she was actually seen." 3. Resident 15 was admitted to the facility on 7/29/85. with the diagnoses of mental retardation, seizure ,

disorder, dysphasia, hypomenorthea, G-tube, 🥂 🖰 quadriplegia, cerebral palsy, and constipation. A review of resident 15's clinical record revealed that

the resident was seen by a physician on 1/24/02 and 6/13/02. Resident 15 should have been seen by a physician on or around 3/24/02 and 5/24/02. There was no documentation in the clinical record to provide evidence that resident 15 had been seen by a physician.

The facility administration was asked by the survey team to provide documentation that resident 15 had been seen by a physician on or around 3/24/02 and 5/24/02. They were unable to locate-any documentation to evidence that resident 15 had been seen by a physician in March and May 2002 for a 60 day review.

F 426 483.60(a) PHARMACY SERVICES SS=D

> A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each

This REQUIREMENT is not met as evidenced by:

Insulin sliding scale was developed By DON based on physicians formula. All licensed nursing staff was Inserviced by DON on August 16,2002 On how to use scale which was placed In the MAR. Weekly audits to be conducted By DON or designee x 1 month, then Monthly x 2. Audits to be reviewed In QA meeting.

10/7/02

F 426

DEPARTMENT OF HEALTH AND HUMAL LERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 8/14/02 FORM APPROVED

2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

. (X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY
COMPLETED

465088

B. WING

8/8/02

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A. BUILDING

25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(XS) COMPLETE DATE

F 426 Continued From page 44

ALPINE VALLEY CARE CENTER

Based on interview and medical record review, it was determined that the facility was not providing pharmaceutical services (including procedures to assure the accurate administering of all drugs) to meet the needs of 1 of 10 sample residents. Specifically, one of the ten sample residents was an insulin dependent diabetic and did not receive sliding scale insulin as ordered by the physician. Resident identifier: 14.

Findings include:

Resident 14 was a 78 year old female who was admitted to the facility on 7/9/02 with insulin dependent diabetes mellitus and several other diagnoses.

The medical record of resident 14 was reviewed on 8/7/02. During this review, it was noted that physician's orders, dated 7/10/02, required facility staff to obtain pre-meal blood sugars and provide sliding scale insulin based on the results of the blood sugars. The physician provided a formula to follow to figure the amount of insulin that resident 14 would require. The formula was as follows: If blood glucose greater than 150, then (blood glucose - 100)/25. Based on this formula, facility nurses were not always providing insulin as ordered by the physician.

From July 10 through 31, 2002, a total of 22 days, facility nurses gave the wrong amount of insulin to resident 14 nineteen times.

On 7/10/02, at 4:00 PM, the blood sugar for resident 14 was 161. Facility nurses should have given 2 units of insulin, but instead gave none.

On 7/11/02, at 7:00 AM, the blood sugar for resident 14 was 219. Facility nurses should have given 4 units

F 426

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 8/14/02 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(XI) PROVIDER/SUPPLIER/CLLA IDENTIFICATION NUMBER

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

8/8/02

465088

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

25 EAST ALPINE DRIVE

PLEASANT GROVE, UT 84062

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

F 426

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(XS) COMPLETE DATE

F 426 Continued From page 45

ALPINE VALLEY CARE CENTER

of insulin, but instead gave 2 units.

On 7/11/02, at 4:00 PM, the blood sugar for resident 14 was 224. Facility nurses should have given 4 units of insulin, but instead gave 5 units.

On 7/12/02, at 11:00 AM, the blood sugar for resident 14 was 293. Facility nurses should have given 7 units of insulin, but instead gave 8 units.

On 7/12/02, at 4:00 PM, the blood sugar for resident 14 was 222. Facility nurses should have given 4 units of insulin, but instead gave 5 units.

On 7/14/02, at 11:00 AM, the blood sugar for resident 14 was 273. Facility nurses should have given 6 units of insulin, but instead gave 7 units.

On 7/14/02, at 4:00 PM, the blood sugar for resident 14 was 136. Facility nurses should have given no insulin, but instead gave 1 unit.

On 7/17/02, at 4:00 PM, the blood sugar for resident 14 was 291. Facility nurses should have given 7 units of insulin, but instead gave 4 units

On 7/18/02, at 7:00 AM, the blood sugar for resident 14 was 197. Facility nurses should have given 3 units of insulin, but instead gave 4 units.

On 7/19/02, at 11:00 AM, the blood sugar for resident 14 was 170. Facility nurses should have given 2 units of insulin, but instead gave I unit.

On 7/20/02, at 4:00 PM, the blood sugar for resident 14 was 240. Facility nurses should have given 5 units of insulin, but instead gave 6 units.

On 7/22/02, at 7:00 AM, the blood sugar for resident

MS-2567L

ATG112000 Event I EH6511

Facility ID: UT0001

If continuation sheet 46 of 50

DEPARTMENT OF HEALTH AND HUMAN, LERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 8/14/02 FORM APPROVED 2567-L

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

465088

B. WING

8/8/02

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION

PREFIX TAG

F 426

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(XS) COMPLETE DATE

F 426 Continued From page 46

ALPINE VALLEY CARE CENTER

14 was 205. Facility nurses should have given 4 units of insulin, but instead gave 2 units.

On 7/25/02, at 7:00 AM, the blood sugar for resident 14 was 293. Facility nurses should have given 7 units of insulin, but instead gave 5 units.

On 7/25/02, at 4:00 PM, the blood sugar for resident 14 was 158. Facility nurses should have given 2 units of insulin, but instead gave none.

On 7/26/02, at 7:00 AM, the blood sugar for resident 14 was 213. Facility nurses should have given 4 units of insulin, but instead gave 2 units.

On 7/27/02, at 7:00 AM, the blood sugar for resident 14 was 136. Facility nurses should have given no insulin, but instead gave 1 unit.

On 7/28/02, at 7:00 AM, the blood sugar for resident 14 was 147. Facility nurses should have given no insulin, but instead gave I unit.

On 7/29/02, at 7:00 AM, the blood sugar for resident 14 was 146. Facility nurses should have given no insulin, but instead gave I unit.

On 7/30/02, at 7:00 AM, the blood sugar for resident 14 was 129. Facility nurses should have given no insulin, but instead gave 1 unit.

August 2002

From August 1 through the 7th, 2002, facility nurses provided the wrong amount of insulin to resident 14 five times.

On 8/2/02, at 7:00 AM, the blood sugar for resident 14

DEPARTMENT OF HEALTH AND HUMAN PRINTED: 8/14/02 HEALTH CARE FINANCING ADMINISTRATION FORM APPROVED 2567-L STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 465088 8/8/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE ALPINE VALLEY CARE CENTER PLEASANT GROVE, UT 84062 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION Φ REFIX LEACH DEFICIENCY MUST BE PRECEEDED BY FULL ധ PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 426 Continued From page 47 F 426 was 150. Facility nurses should have given no insulin, but instead gave 2 units. On 3/3/02, at 11:00 AM, the blood sugar for resident 14 was 153. Facility nurses should have given 2 units of insulin, but instead gave none. On 3/4/02, at 7:00 AM, the blood sugar for resident 14 was 177. Facility nurses should have given 3 units of insulin, but instead gave none. On 3/4/02, at 11:00 AM, the blood sugar for resident 14 was 229. Facility nurses should have given 5 units of insulin, but instead gave 3 units. On 8/4/02, at 4:00 PM, the blood sugar for resident [4 was 162. Facility nurses should have given 2 units of insulin, but instead gave none. During interview with the Director of Nurses (DON) right after the mini-exit on 8/7/02, she agreed that errors had been made in the administration of insulin to resident 14. During further interview with the DON on 3/13/02, she stated that they did not have a policy of when to round up or down when calculating the formula given by the physician. She stated that the nurses should not round up when calculating this formula. F 495 483.75(e)(4) ADMINISTRATION Nursing assistant's who have not E 495 SS=D

A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual is a full-time employee in a State-approved training and competency evaluation program; has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or

Nursing assistant's who have not
Obtained a CNA certificate within
4 months of employment will
be taken off the schedule uptil

be taken off the schedule until a certificate is in his/her personal file. Monthly audits will be conducted to ensure compliance. The audit will be conducted by

The staff developer.

10/7/02

(S-25671.

ATG (12000

Event | EH6511

Facility (D: UT000

(ficontinuation sheet 48 of 30

HEALT	H CARE FINANCING	ADMINISTRATION	1020			FORM APPR	
AND PLAN OF CODDECTION 1		(XI) PROVIDER/SUPPLIED IDENTIFICATION NUT	R/CLIA	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	<u>2567-L</u>
NAME OF I	ROVIDER OR SUPPLIER	405000	STREET AD	DRESS, CITY, STA	TE 779 CODE	8/8/02	
	VALLEY CARE CEN	TER	25 EAST	ALPINE DRIV NT GROVE, UT	E		
(X4) ID PREFIX TAG	SUMMARY ST EACH DEFICIENC REGULATORY OR I	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION	ON SHOULD BE COM E APPROPRIATE D	XS) IPLETE ATE	
F 495		48 on program; or has bee etent as provided in s48		F 495			
	Based on review of elinterviews with the El Nursing Assistants (I determined that I of months, was not certifacility for more than 3. Findings include: NA 3 was employed finished her nursing a listed as working as a schedule for the dates. In an interview with they stated, "she has a schedule for the stated."	or is not met as evident employee personnel file Director of Nurses (DO) NA) Coordinator, it was a facility NA's, hired it ified and had been work a months. Employee at the facility on 3/25/0 aide class on 7/9/02. Standard end on the current factor of August 5, 6 and 7, the DON and NA Coordinate and is waiting for elass, and is waiting for	es and N) and the s n the last 8 king in the identifier: 22. She he was acility 2002. dinator, ide test yet.				
F 516 SS=B	483.75(l)(3) ADMIN The facility must safe information against louse.	Il on the schedule."	- uthorized	F 316		10/7/0	DZ_
	Based on observation that the facility did no	and interview, it was do t keep clinical records ainst loss, destruction o	letermined in a place		·		

unauthorized use.

DEPAR' HEALT	TMENT OF HEALTH H CARE FINANCING	AND HUMA ERV ADMINISTRATION	ЛCES I			PRIN FORM	TED: 8/14/ A APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 465088		(X2) MULTIPLE CONSTRUCTION A. BUILDING , 8. WING		2567 (XJ) DATE SURVEY COMPLETED	
NAME OF RROVIDER OR SUPPLIER ALPINE VALLEY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE			8/8/02	
			25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE (MUST BE PRECEEDED BY SC DENTIFYING INFORMA	FI (I	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRI DEFICIENCY)	tit o ac	(XS) COMPLETE DATE
F316	Continued From page 49 Findings include:			F 516	On September 4,2002 all medical Records that were stored in the tunnel		
	On 3/5/02 at approximations of the seconds were	ıl boxes of		Were removed. All old records 7 year And older were taken to West Jordan	rs		

timical records were observed in a lower basement runnel within the facility. The records appeared to have gotten wet and appeared to have a great amount of mildew on them.

The physical plant supervisor was interviewed by the life safety surveyor on 8/8/02. The physical plant supervisor confirmed that the files were resident β clinical records and were as current as 1996.

Be destroyed. All records now are stored In a central location safe from water. The Medical records storage room will be Organized quarterly by administrator and The medical records director. In January The Administrator and Director of Medical Records will destroy all old medical records That are 7 years old, by doing this and monitoring The medical records room there will always be Enough storage space in a area were the medical Records can be stored safely. In the future there Will be no storage of medical records in the Tunnel.



Sep 18 02 07:56a - ALPINE VALLEY CARE CENTER BO1 785 5908 ---.
Sep 17 02 03:29p doc warners 8012988140 p.1

AHn Bruce Allison 4 paps total

Hi Bruce,

Hope your day goes well. Let me know if you have any questions.

F-281

The RD will visit monthly to review all high risk charting. A diet technician (DT) has been hired who has 2 years experience charting with Crandall & Associates systems. The DT will chart on all high risk residents (monthly and weekly significant weight changes, pressure ulcers, abnormal labs) and the RD will review, add a progress note and cosign. The DT will follow the Best Practice Guidelines – attached to the original POC. This will be the procedure until the dietary manager has received sufficient training that the RD determines that she can begin the high risk charting. The RD will continue to review, add a progress note and cosign as part of the monthly visit.

The RD meets monthly with the Administrator, DON or other nursing designee, FSS to review the monthly report compiled by the RD. The FSS has responsibility for the following areas from the RD's report: Sanitation, Meal Service, Staff Development, Dietary Budget, Nutritional Assessment. Nursing also has responsibilities in the areas of Meal Service and Nutritional Assessment. The RD makes recommendations to Nursing and Dietary based on the monthly report. The DON and FSS are responsible for addressing and implementing the policies and procedures specific to their areas of responsibilities.

The Administrator has the overall responsibility to ensure that the RD makes monthly visits and addresses all of the areas of the monthly report. The FSS will review the RD's report as part of the QA meeting. The RD will attend the QA meeting quarterly . HOW OFTEN DO YOU HAVE QA MEETINGS? DO WE WANT TO COMMIT ME TO A QUARTERLY RD VISIT AT THE QA MEETING?

F-325

Initially, the NAR meeting will be attended by the DT, FSS and a designee from nursing. When the FSS is fully trained, the meeting will be attended by the FSS and the designee from nursing. The RD will review the minutes from these minutes to ensure that they are being conducted appropriately as part of the monthly report. The RD will report on the compliance with the NAR meeting to the Administrator as part of the monthly exit meeting.

The QA committee will receive the monthly RD report which addresses that the meetings are being held on a weekly basis. The minutes are available for review as needed.

F-361

The Administrator has the responsibility to employ a qualified dietitian on a consultant basis. The RD will notify him each month when she will be planning to be in his building to compile the monthly report.

The QA committee will receive the monthly RD report as part of the QA meeting.

F-363

Food Portions will be monitored by the dietary manager or cook on a daily basis using the Trayline Checklist (see attached form 520). This form will be dated and filed for RD review each month. This will be done for 30 days and if the RD determines that it is acceptable, it will decrease to 3x/wk. The documentation will be kept in the dietary QA manual. The dietary manager has the responsibility to monitor and ensure the accuracy of scoop/portion sizes. The RD reviews at least 1 meal during her monthly visit.

The QA committee will receive the monthly RD report as part of the QA meeting.

F-371

As part of the daily recording of refrigerated temperatures, Form 403 (attached) has a column for checking the label, date and proper sealing of food items. This will be initialed daily by either the FSS, cook or aide to demonstrate that all food in the refrigerated units have been checked for proper labeling, dating and sealing.

The FSS will monitor the kitchen on a daily (5d/wk) basis to ensure that the labeling, dating and sealing is actually being accomplished as indicated by the form. The RD will check this form as part of her monthly visit. The completed forms will be kept in the Temperature Manual.

The QA committee will receive the monthly RD report as part of the QA meeting.

I HOPE THIS HELPS, I ALSO SENT THE 2 COPIES OF THE FORMS. PLEASE HAVE LYDIA BEGIN USING THEM ASAP. I WILL CALL YOU WHEN I KNOW WHEN I AM COMING. THE NEW DIET TECHNICIAN WILL COME IN WITH ME. THANKS FOR ALL OF YOUR HELP. PLEASE CALL IF YOU HAVE ANY LYNETTE

Lynasol