



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/16/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/03/2006
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NAME OF PROVIDER OR SUPPLIER  ALPINE VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 EAST ALPINE DRIVE PLEASANT GROVE, UT 84062
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F 241	<p>Continued From page 1</p> <p>sitting at a table that was at her chin level. Resident 18 's plate was at nose level. At 8:15 AM the aide helped Resident 18 with her jam and ketchup then Resident 18 attempted to feed herself. At 8:35 AM the aide fed Resident 18 her food.</p> <p>2. 8:00 AM Resident 15 was observed to be sitting at a table that was between her nose and her upper lip level. Resident 15 's plate was at eye level. 8:10 AM the aide fed 3 bites to Resident 15 then gave her the spoon to feed herself. At 8:17 AM Resident 15 attempted to feed her self but could not get her elbow above the table edge. At 8:37 AM the aide attempted to feed Resident 15. Resident 15 refused to eat and went back to her room without eating the rest of her breakfast.</p> <p>3. Resident 16 was observed at 8:05 AM as he attempted to open a ketchup packet using his fingers, a knife and his teeth. At 8 20 AM Resident 16 stopped trying to open his ketchup packet and ate his hash browns without ketchup on them and then left the dining room.</p>	F 241	<p>9/7/06 - Per telephone call to adm. Adm stated completion date for all F tags is 9/26/06 added with permission. ABusenbank pn</p>	

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F 314 SS=D	<p>483.25(c) PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined the facility did not provide necessary services to prevent new and recurrent pressure ulcers and to promote healing of existing pressure ulcers for 1 of 11 sample residents. Specifically, one open wound had not been assessed, tracked or treated and other wounds did not receive treatment as ordered. Resident 5.</p> <p>Findings included:</p> <p>Resident 5 was admitted to the facility 7/19/02. Resident 5 was re-admitted 5/23/06, following a temporary hospitalization, with diagnoses that included diabetes, multiple sclerosis, and a history of pressure ulcer.</p> <p>Resident 5's medical record was reviewed 7/31/06 and 8/3/06.</p> <p>A comprehensive Minimum Data Set assessment, dated 8/1/06, was completed for resident 5 by the facility Interdisciplinary Team (IDT). The IDT documented that resident 5 did</p>	F 314		

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F 314	<p>Continued From page 3</p> <p>not ambulate. They documented resident 5 was bedfast and totally dependent upon staff for bed mobility and transfers between surfaces. The IDT documented that resident 5 did not have pressure ulcers, foot problems, or any bruises or abrasions when the resident returned from the hospital.</p> <p>The podiatrist examined resident 5's feet on 6/27/06. The podiatrist documented, that resident 5 "presented for some blistering on the distal aspects of the left second and third digits. Nursing staff is unsure where the blisters came from. The patient is bed-bound and does not wear any shoes." The physician noted that, at that time, "The bed sheets did not apply that much pressure to the ends of the toes." The physician documented that he "Aspirated blisters on the left second and third digits." The physician prescribed daily dressing changes and documented that resident 5 was to have a follow up in one to two weeks.</p> <p>There was no documentation of a podiatry follow up in resident 5's medical record.</p> <p>A physician's order, dated 6/27/06, was written for the daily dressing changes to resident 5's toes. The order was to apply Betadine solution to blisters on left 2nd and 3rd toes daily and to cover with a dry dressing.</p> <p>Resident 5's Treatment sheets revealed the podiatrist's treatment orders had been carried over from July 2006 to August 2006, but there were no nurses' initials to document that the dressings had been done in August.</p> <p>Resident 5's Treatment sheets for July 2006 and</p>	F 314	<p>F-314</p> <p>Podiatrist notes were obtained for his visit on 7/10/06 and placed in the chart 8/4/06</p> <p>Nurses will be inserviced on documentation of treatments on a daily basis. This will be completed by 8/31/06 by the DON or designee</p> <p>An audit tool was developed by the DON to assess documentation on treatment sheets. The audits will be completed biweekly x 2, weekly x 4, the randomly for 6 months to monitor continued compliance.</p> <p>The audit tool will be reviewed in monthly QA with the first meeting to be held September 14, 2006.</p>	

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F 314	<p>Continued From page 4</p> <p>August 2006 revealed the resident's last skin assessment had been done on 7/28/06. There was no nursing documentation of a more recent assessment. There was no documentation in resident 5's medical record that any nurse had assessed resident 5's coccyx wound or obtained treatment orders for the wound.</p> <p>Resident 5's Care Plan was dated 5/30/06. The Care Plan included a problem that resident 5 was at risk for skin breakdown related to her decreased mobility and dependence for positioning. The goal of the Care Plan was that resident 5 would have no skin breakdown. Nursing interventions to prevent breakdown included:</p> <ul style="list-style-type: none"> <li>. Monitor pressure areas such as heels, coccyx area and elbows and to encourage the resident to avoid prolonged pressure in these areas.</li> <li>. Monitor for redness. Help keep off pressure areas.</li> <li>. Skin assessments with interventions as needed.</li> <li>. Keep the residents skin as dry as possible.</li> <li>. Wears pad for protection. (Resident 5 had a supra pubic catheter and a colostomy with continued bowel incontinence.)</li> <li>. If breakdown occurs, initiate dietary interventions.</li> </ul> <p>A surveyor and two nursing assistants observed resident 5's skin on 8/2/06, after the resident had been showered. Resident 5 had 3 blackened areas on the distal (end) and plantar (upper) aspect of her 2nd, 3rd, and 4th toes of her left foot and on the ball of her foot. Resident 5 was observed to have a round, open pressure ulcer in the gluteal crease. The pressure ulcer was</p>	F 314	<p>Weekly skin assessments will be conducted by the nurse as per current protocol. Resident 5's nursing assessment was scheduled on Thursdays. It was completed by the nurse on Thursday, August 4, 2006 as scheduled.</p>	

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F 314

Continued From page 5

approximately two centimeters in diameter with a bright red area at the deepest part of the wound. There was a trace of yellow/brown colored exudate from the wound. The skin surrounding the wound and the peri area was reddened.

On 8/3/06, a facility nurse and two surveyors observed resident 5's skin while she was in bed. There were no dressings on any of resident 5's wounds. The bed coverings were tightly tucked in over resident 5's feet and the resident did not have protective footwear on. The bright red area in the open wound on resident 5's coccyx appeared to have increased in size.

On 8/3/06 at 9:30 AM, the nurse providing cares for resident 5 was interviewed. The nurse stated resident 5's coccyx wound had not been there the day before.

On 8/3/06, confidential interviews were conducted with two of the nursing assistants who provided cares for resident 5. The nursing assistants stated they had been routinely using a moisture barrier cream to protect resident 5's buttocks and peri area when her briefs were changed.

One nursing assistant stated that a facility nurse had been notified of resident 5's coccyx wound a few days before, on 7/28/06.

The other nursing assistant stated that a nurse had been aware of the open wound on resident 5's coccyx for several days. The nursing assistant stated that the wound looked worse than it had been the previous day.

A Weekly Skin Condition Assessment for resident

F 314

MD notes 8/3/06, states the area of question is not a pressure sore by a reoccurring "central irregular induration with a spot bleed due to Coumadin". Continued treatment of this reoccurring, unavoidable sore will be reviewed with all staff by the DON or designee by August 31, 2006

CNA's will be inserviced on reporting changes in skin condition to the charge nurse in a timely manner. This will be conducted by the DON or designee by August 31, 2006

Because it can not be verified which aide reported to the nurse there was a new sore or which nurse it was reported to, an inservice will be given to the CNA's concerning accuracy of reporting changes on the skin/body sheets done with showers checks. This will be completed by the DON or designee by August 31, 2006.

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F 314	<p>Continued From page 6</p> <p>5 revealed documentation of the treatments for resident 5's toe wounds from 6/27/06 through 7/30/06. The wounds were described as debrided blisters that were "black" and had "serous" drainage. The size of the foot wounds were charted 6/25/06 and 7/30/06 on an E-Z Graph Wound Assessment Worksheet.</p> <p>There was no nursing documentation or tracking of resident 5's open wound on her coccyx.</p>	F 314	<p>The nursing staff will be inserviced on following up on new area's of skin changes as they are reported by the CNA's. This inservice will be conducted by the DON or designee by August 31, 2006</p> <p>Audits tool to monitor shower sheet accuracy will be developed by the DON or designee buy August 31, 2006.</p>	
F 465 SS=C	<p>483.70(h) OTHER ENVIRONMENTAL CONDITIONS</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview with the facility maintenance supervisor, it was determined that the facility failed to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> <li>In the shared bathroom between rooms 2 and 4 the paper towel dispenser was missing. There were 4 holes in the wallboard measuring 2 inches in diameter and 2 inches deep.</li> <li>The sink in the shared bathroom between rooms 1 and 3 was very slow to drain.</li> </ol>	F 465	<p>The tools will be completed by the DON or designee biweekly x 2, weekly x 2 and then randomly x 6 months to assure continued compliance.</p> <p>Audit tools will be reviewed in the monthly QA meeting, with the first to be held September 14, 2006. It will continued to be monitored x 6 months to ensure continued compliance</p> <p>A tracking sheet was developed on the sore for resident 5's coccyx area when the treatment nurse became aware of the problem. It will continued to be monitored until healed.</p>	

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F 465	Continued From page 7 3. The door to the bathroom in room 5 was warped and very difficult to open. 4. The door to the bathroom in room 9 had a 2 inch round hole with jagged edges. 5. In room 26 the vinyl strip covering the seam between the carpeting and the linoleum in the shared bathroom had slipped 2", exposing the seam in the linoleum and loose carpeting. The 2 inches of exposed linoleum was covered in a black, sticky substance. 6. The carpeting in front of the bathroom door in room 18 was loose and prevented opening the door to the bathroom. 7. The bathroom wall in room 13 had 2 1/2 inch holes in the wall next to an existing shelf. 8. The exterior of the building had several pieces of molding missing along the roof line. There were cable and telephone lines exposed and hanging. These lines were intended to be concealed behind the moldings. 9. There were multiple areas of large accumulations of dead leaves, trash, plastic bottles and loose papers on the grounds of the facility. Under a picnic table in the smoking area a large accumulation of dry, dead leaves, weeds and trash was near the ashtray. Vegetable and flower beds in the secured unit area contained dead plants and weeds from the previous growing season. The flower beds and planter boxes around the building were overgrown with grass and weeds. The lawn appeared intended, full of weeds and in need of mowing. The overall	F 465	F-465 1. Installed new towel dispenser in the four holes in the wallboard by Director of Maintenance (DOM) 8/23/06 2. Plunged and put chemical down drain to open the blockage. Drain now works. Completed by DOM on 8/23/06 3. DOM fixed hinge to the door and was able to tune it so the door closed on 8/23/06 4. DOM repaired door holes on 8/25/06 5. DOM removed old vinyl strip and put in a flat, metal threshold that was able to screw down on 8/23/06 6. DOM oversaw the installation of new carpet in room 18 on 8/21/06 7. DOM patched the 2 small holes in room 13 on 8/23/06 8. DOM will hang up the sagging phone lines and cable and will put up missing pieces of molding by 8/31/06 9. DOM and administrator cleaned smoking area and garden of dead leaves and pulled weeds in flower areas on 8/23/06. Weeds had been sprayed prior to survey by the DOM on 7/27/06.	



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F 465	Continued From page 8  appearance of the grounds was that of neglect. In an interview with the maintenance supervisor (S5) on 8/2/06 it was stated that there were many ongoing projects in the facility and the grounds were not a priority.	F 465	DOM and administrator have a contract to have the lawn mowed and edged. Lawn services were completed 8/4/06.	
F 467 SS=C	483.70(h)(2) OTHER ENVIRONMENTAL CONDITIONS - VENTILATION  The facility must have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two.  This REQUIREMENT is not met as evidenced by: Based on observation and interview with the facility maintenance supervisor, it was determined that the facility did not maintain adequate outside ventilation by means of windows, or mechanical ventilation in 4 of 6 shared bathrooms on the West hall and 6 of 9 bathrooms on the East hall.  Findings Include:  1. Shared bathrooms in rooms 1/3; 2/4; 5/7; and 6/8 on the West hall had mechanical ventilation systems in the ceilings that failed to provide adequate movement of air to cause a piece of toilet tissue to adhere to the vent.  2. Bathrooms in rooms 13, 24 and 25 and shared bathrooms in rooms 16/18; 17/19; 21/23; and 26/28 on the East hall had mechanical ventilation systems in the ceilings that failed to provide air to cause a piece of toilet tissue to adhere to the	7	Daily maintainace log will be posted by the nursing station for staff to report recent problems. The DOM or designee will review the log 5 days per week and date when the project is complete. The staff will be inserviced on this log by the DOM or designee by August 31, 2006.  The DOM will use the General Building Inspection tool to monitor the building monthly for problems. The findings from this tool will be reviewed in monthly QA, with the first meeting to be scheduled 9/14/06. It will be reviewed x 6 and then prn to maintain compliance.  Audit tool will be developed by administrator or designee on the environmental condition of the outside of the building by 8/31/06	

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F 467	Continued From page 9 vent.  3. Mechanical ventilation systems in the shared bathrooms in rooms 9/11 and 20/22 were functional but very noisy.	F-465	<p>Audit tool will be developed by administrator or designee on the environmental condition of the outside of the building by 8/31/06</p> <p>Audits will be conducted by DOM weekly x 4 and randomly thereafter x 6 months</p> <p>Audits will be evaluated in the QA meeting with the first QA meeting to take place on September 14, 2006. Changes will be made as needed to continue compliance</p> <p>F-467 DOM contracted with Gunther Comfort Air to install new fans in all bathrooms. Supplies will be obtained 9/5/06 and the project is to be completed by 9/26/06 DOM will inspect the fans monthly along with the general building inspection using the audit tool titled "General Building Inspection"</p> <p>Evaluation and progress of the project and tool will be reviewed in monthly QA meetings with the first meeting to be held September 14, 2006 and monthly x 6 to insure compliance</p>	
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