

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

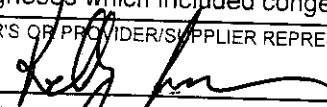
PRINTED: 06/26/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2006
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NAME OF PROVIDER OR SUPPLIER ASPEN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2325 MADISON AVENUE OGDEN, UT 84401
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F 279 SS=D	<p>483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, it was determined that the facility did not develop a comprehensive care plan for 1 of 14 sample residents that included measurable objectives and timetables to meet the residents' safety needs related to his use of oxygen, smoking, and potential impaired judgement. Resident identifier 9.</p> <p>Findings include: Resident 9 was admitted to the facility on 4/25/06 with diagnoses which included congestive heart</p>	F 279 7/12/06 poc acceptable completing date 7/14/06 Bussanbaker KA	<p>As of July 5, 2006, all residents who smoke will be reviewed for safety issues regarding smoking; care plans will be formulated as indicated by assessment. Assessments will be conducted by the nursing staff and care plans, when indicated, will be completed by the MDS Coordinator, involving the interdisciplinary team and reviewed quarterly. Residents who smoke, will be reviewed for safety issues by the Quality Assurance Committee on July 6, 2006</p> <p>Utah Department of Health 7/6/06 JUL 07 2006 7005 1160 0004 9902 3656 Bureau of Health Facility Licensing, Certification and Resident Assessment</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Hornick	(X6) DATE 7-6-06
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	<p>Continued From page 1</p> <p>failure, chronic obstructive pulmonary disease, hypertension, peptic ulcer, renal failure, kidney anomaly, failure to thrive and diabetes mellitus.</p> <p>A review of resident 9 's medical record was completed on 6/14/06. Resident 9's admission MDS (minimum data set) assessment, dated 5/07/06, triggered behavioral symptoms of being verbally abusive and resistant to care. Facility staff assessed that resident 9's behaviors were not easily altered.</p> <p>A review of physician orders for resident 9 was completed on 6/14/06. Upon admission, 4/25/06, resident 9 was to receive oxygen at 2 liter per minute, per nasal cannula, to keep his oxygen saturation level greater than 90%.</p> <p>A review of nursing notes from 4/25/06 to 6/12/06 was completed. On most days nursing staff documented that resident 9 either took himself or was assisted by staff outside to smoke.</p> <p>On 5/4/06, the facilities consultant social worker completed a psychosocial assessment of Resident 9. The social worker documented that resident 9 "...displays impaired insight and judgment regarding safety and care needs...."</p> <p>An interview with CNA 1 (certified nurse aide) was held on 6/13/06 at 8:45 AM. The CNA 1 stated they were familiar with resident 9 and had been assigned to resident 9 on several occasions. CNA 1 stated that there had been times when resident 9 had tried to go outside to smoke while wearing his oxygen. CNA 1 stated that resident 9 had been instructed several times not to smoke while wearing the oxygen.</p>	F 279		
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F 279	Continued From page 2 On 6/13/06, during a meeting with the facility's administrative staff, the DON (Director of Nursing) confirmed that there had been times when resident 9 had gone out to smoke with his oxygen on. The DON stated that she believed that this was an oversight by resident 9 and not a deliberate attempt to smoke while wearing oxygen, against staff direction. A review of resident 9's care plan was completed on 6/14/06. Resident 9's care plan addressed his use of oxygen relating to his respiratory status; however, resident 9's safety associated with smoking was not addressed.	F 279		
F 371 SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility did not store and prepare food under sanitary conditions. Findings included: Observations in the kitchen on 6/12/06 at 7:00 AM revealed the following: 1. Greasy loose dust on piping over the range	F 371	7-7-06, All dietary staff will be in-serviced on proper food storage, thawing of frozen meats and sanitation of kitchen by Dietary Manager and Administration. Dietary Manager or Assistant Manager will check daily for compliance. Dish machine sanitizer was adjusted at time of survey 6-12-06, and will be checked monthly by third party technician.	

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F 371	<p>Continued From page 3</p> <p>and cook top.</p> <p>2. Spice lids up leaving open to possible contamination: nutmeg, paprika, celery salt, ginger and lemon-herb seasoning.</p> <p>3. The food store room had a broken cover over the light fixture.</p> <p>4. A scoop was left in the Thicket bin. Scoops must be stored out of food bins, to prevent possibility of handle falling down into the food.</p> <p>Observations in the kitchen on 6/12/06 at 2:15 PM revealed the following:</p> <p>5. The dish machine sanitizing rinse was measured by the Dietary Manager at less than 50 ppm (parts per million) of chlorine sanitizer. The Dietary Manager said the specifications for the machine were 50 ppm and he would call the dish machine technician.</p> <p>6. The reach in food cooler had fresh raw shell eggs stored on a shelf above bean sprouts and raw cabbage.</p> <p>7. Raw hamburger (five pound roll) was thawing in an empty sink. Frozen cooked sliced turkey and sliced ham were sitting in a pan of water in the sink. There was no running water. The hamburger was observed to be in the sink for 25 minutes without running water. The preferred method for thawing frozen meat is in the refrigerator. If thawed out of the refrigerator, it must be under continuously running cold water.</p> <p>8. Spice lids were up on ginger, Mrs. Dash, and</p>	F 371	<p>Light fixture in store room was replaced at time of survey 6-12-06, maintenance manger will check monthly.</p> <p>All Dietary issues will be implemented into Quality Assurance committee on 7-6-06.</p>	
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F 371	Continued From page 4 Lemon/herb seasoning.	F 371		
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