STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465146	A. BUILDING _____ B. WING _____	06/06/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON VALLEY REHABILITATION CENTER	2472 SOUTH 300 EAST SALT LAKE CITY, UT 84115

(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)	(X5) COMPLETE DATE
C 004 SS=J	R432-35-4(1)(a) Bureau of Criminal Identification The health care facility shall submit applicant information within ten days of initially hiring an individual, include fees and releases to the Department to allow the Department to perform a criminal background screening. This STANDARD is not met as evidenced by: THIS IS A CLASS 1 DEFICIENCY Based on review of facility personnel files and interview with facility administrator, it was determined that for 1 of 11 personnel files reviewed the Criminal Background Screening (BCI) had not been approved by the Department. Staff identifier: S1 Findings: Staff S1's date of hire was 08/15/06. S1's Criminal Background Screening was submitted on 08/16/06 but had not been stamped as approved by the Department. Also found in the file was documentation that S1 had been convicted of a felony in August of 2005. In an interview with the facility administrator, on 06/06/07 at 2:30 PM, he stated that S1 was a direct care staff and he was not aware that her BCI had not been approved until he received a call from the Department on 06/01/07 to inform him. He stated that he could not recall receiving a denial letter from the Department. He also stated that S1 was immediately suspended until the issue could be resolved. He provoded a copy of S1's time sheet to verify that she had not been working since 06/01/07.	C 004		6/7/07

Your Agency Name

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE