

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

PRINTED: 08/01/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2006
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NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF SALT LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 76 SOUTH 500 EAST SALT LAKE CITY, UT 84102
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(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) COMPLETION DATE
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<p>F 494 SS=B</p> <p>483.75(e)(2)-(3) REQUIRED TRAINING OF NURSING AIDES</p> <p>A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of 00483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in 0483.150(a) and (b).</p> <p>A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: A recertification survey was conducted from 7/6/06 to 7/11/06.</p> <p>Based on employee record review and interview, it was determined that the facility did not follow Federal and State regulations when they hired an individual to work as a nurse aide who was not certified by a State-approved training and competency evaluation program. An interview conducted with the Director of Nursing (DON) revealed that Employee 3 was hired with the understanding that the mandated program with resulting competency exam would be completed within the State and Federal guidelines.</p> <p>Findings included:</p>	<p>F 494</p> <p><i>8/15/06 Completed 8/31/06 Bureau of Health Facility Licensing</i></p>	<p>If N.A.'s are hired the administrator, Director of Nursing and Human Resources Representative will monitor the dates of hire and ensure that the certification takes place within the 4 months per state regulation. H.R. Rep. will have N.A. sign a statement that they will be discharged if they fail to become certified within the 4 months. H.R. Will provide Director of Nursing and Administrator with monthly tracking forms of any N.A.'s. This will be reviewed monthly by administrator, D.N.S. and H.R. Rep. and a report will be given to the Quality Assurance Committee quarterly.</p> <p style="text-align: right;">8/31/06</p> <p style="text-align: center;">Utah Department of Health # 54933563042 AUG 14 2006</p> <p style="text-align: center;">Bureau of Health Facility Licensing, Certification and Resident Assessment</p>	<p>(X5) COMPLETION DATE</p> <p>8/31/06</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>George B. Wright</i>	TITLE <i>Administrator</i>	(X6) DATE 8/8/06
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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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Employee 3 was hired on January 18, 2006, (approximately 5 and 1/2 months prior to survey date). The personnel file for Employee 3 was reviewed on 7/6/06. The personnel file did not contain any documentation that Employee 3 had completed the necessary requirements for training or a certificate of completion of a final exam. The DON was interviewed at 3:00 PM on 7/6/06 regarding the status of Employee 3 and stated that Employee 3 was still in the class and had not taken the test as of 7/6/06. The DON stated she understood that a nurse aid could continue to work while finishing the program.

F 494



**BRIGHTON
GARDENS
ASSISTED LIVING**

Hiring of Nursing Assistants at Brighton Gardens.

Brighton Gardens at times hires nursing assistants who have completed an approved 80 hour class but have not taken their certification test. Once hired the N.A. has to complete the certification within a four month period. Anyone hired as an N.A. will be required to take the certification test within the four month time period and to bring proof of certification to the Human Resources Representative.

This memo will serve as a letter of understanding between _____ and Brighton Gardens. The above mentioned N.A. has until _____ to complete the certification for C.N.A. and provide proof to Brighton Gardens H.R.Dept'. It is understood that failure to obtain certification and provide a copy of such will result in termination of employment.

_____ N.A.

 Executive Director.

Assisted Living | Alzheimer's Care | Nursing & Rehabilitative Care

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A  **SUNRISE** SENIOR LIVING COMMUNITY