

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

PRINTED: 10/16/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2006
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NAME OF PROVIDER OR SUPPLIER CANYON RIM CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2730 EAST 3300 SOUTH SALT LAKE CITY, UT 84109
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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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F 167 SS=B 483.10(g)(1) EXAMINATION OF SURVEY RESULTS

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

This REQUIREMENT is not met as evidenced by:
Based on observations and interview, it was determined that the facility did not ensure that the most recent survey results were posted in a place that were readily accessible to residents, without having to ask a staff member.

Findings included:

An on site recertification survey was conducted on 10/02/06 to 10/04/06. On 10/02/06 at 3:45 PM, the previous survey results were found posted on the second floor bulletin board approximately 5 feet high, making it not readily identifiable or accessible for all the residents.

During a group interview on 10/2/06 at 2:00 PM, 8 residents were asked if they knew where to access a copy of the most recent survey results and plan of correction for the facility. The 8 residents indicated that they were not aware of the location of the facility's most recent survey results.

10/28/06 P.O. acceptable with addendum completion date 11/16/06 Busenbark RN

F 167

On 10/04/06 the facility's most recent survey was relocated to the bottom of the bulletin board (approximately 3 1/2 feet above ground) so as to be accessible by wheel chair.

On 10/23/06 the facility's most recent survey/plan of correction was moved to the front receptionist desk and placed in a 3 ring binder, which is clearly marked "Canyon Rim Care Center - Utah Department of Health - Most Recent Survey."


Notices identifying the location of the facility's most recent survey were placed on the 2nd and 3rd floor bulletin boards, on 10/23/06.

In resident Council meeting, on 10/26/06, residents were informed of the location of the notices and most recent facility survey/plan of correction.

The Administrator/designee will complete environmental focused rounds weekly to ensure Survey binder remains in proper place.

Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate.

Utah Department of Health
 Heidi 766626
OCT 30 2006
 Bureau of Health Facility Licensing,
 Certification and Resident Assessment

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	Certification and Resident Assessment (X6) DATE <i>Administrator</i> 10/27/06
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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 167 Continued From page 1
During the exit conference on 10/04/06 at 3:30 PM, the cooperate administrator stated that just recently, the state survey results had been posted up higher.

F 364 483.35(d)(1)-(2) FOOD
SS=E
Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined the facility did not prepare food by methods that conserved nutritive value and that was at the proper temperature.

Findings included:

On 10/2/06 at 7:15 AM, observation was made of the kitchen and the breakfast tray line. The steam table was set up and breakfast was ready to be served. Cooked cereals were holding in the steam table compartments. On top of the table, three trays of poached eggs had been stacked. The eggs were in cups which had been set on the trays. The top tray was not covered.

At 7:30 AM, dietary staff began to set up breakfast trays to be delivered to residents upstairs. The egg cups were put on a plate and covered. As soon as four resident trays had been prepared and put in an insulated cart, the cook

F 167 10/30/06
per telephone calls with adm.
completion date for all tags
11/21/06 - added to POB with
permission
UBusenbank pd

F 364
An in service will be held with all dietary staff on appropriate food temperatures, logging tray line temperatures, covering and storing food, and on how early food should be placed on the tray line for service to conserve nutritive value, by 11/15/06.

The Administrator/designee will complete focused rounds on tray line temp logs, appropriate food temperatures, logging tray line temperatures, covering and storing food, and how early food is being placed on the tray line for service to conserve nutritive value.

Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate.

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F 364	<p>Continued From page 2</p> <p>was asked to take the temperature of the remaining eggs on the top of the stack of serving trays. The cook tested the eggs in two cups to be 90 degrees F (Fahrenheit). A corporate dietician stated that those eggs could not be served and the cook discarded them. The first four plates remained in the cart and were not discarded.</p> <p>On 10/3/06 at 4:30 PM, the kitchen was observed. The supper meal was observed to have been prepared and had been set in the steam table. A cook stated that the food had been holding on the steam table about 15 minutes. The cook stated that she knew the baked macaroni and cheese was not up to temperature. The macaroni around the edges of the pan appeared to be browned and dried. The rest of the macaroni appeared to be dry. The cook rearranged biscuits that were baking in the oven to put both pans of macaroni and cheese in the oven. The cook stated the macaroni and cheese looked dry and she might need to add more milk to keep it from drying out further.</p> <p>Ham slices on the steam table were covered in a clear liquid. The temperature of the ham slices and the water was 170 degrees F.</p> <p>The macaroni and cheese was being held at a potentially hazardous low temperature level and the ham slices were being held at high temperature levels, which would destroy nutritive value. Prolonged holding time will affect nutritive value, appearance and palatability of food.</p> <p>The cook had stated the supper meal was not scheduled to be served until 5:30 PM, 75 minutes after it had been set out.</p>	F 364		

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F 364 Continued From page 3

In separate interviews with two registered dieticians at the Utah Department of Health, on 10/3/06 and 10/10/06 each of the dieticians stated that foods should not be placed in the steam table more than 30 minutes before it was to be served.

F 364

F 371 483.35(i)(2) SANITARY CONDITIONS - FOOD SS=E PREP & SERVICE

F 371

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

F 371

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined that the facility did not prepare, distribute and serve food under sanitary conditions.

Finding included:

1. On 10/02/06 at 7:15 AM, observations were made in the facility kitchen.

.A processed ham roll was observed thawing in a sink of standing water. The ham should have been thawing under running water. At 9:28 AM, a corporate dietician noticed the meat and turned on the water to the sink.

.At 7:15 AM and during tray line, three trays with cups of pureed foods were stacked on a side counter near the food processor. The top tray

An in service will be held with all dietary staff on the safe handling of meat and dairy products and on the appropriate handling/storage of food items that will not be immediately served (i.e. covering/storing food items that are not in immediate service). All in-services will be completed by 11/15/06.

Administrator/designee will complete focused rounds on the handling and storage of meat and dairy products, and the appropriate handling/storage of food items that will not be immediately served (i.e. cover food when appropriate).

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F 371 Continued From page 4

was not covered. In addition, a gallon jug containing approximately one quart of milk was left sitting on the side counter near the food processor.

The area of wall above the stove and the tray line had a build up of dust stuck to it. The two vents above the tray line had a build up of dust stuck in the louvers.

Three trays of poached eggs in cups were stacked on the edge of the steam table. The top tray was not covered. The temperature of the eggs on the top tray were tested by the cook during tray line. The eggs were being served at 90 degrees Fahrenheit.

On 10/2/06 at 4:30 PM, an hour before supper was to be served, two pans of macaroni and cheese were observed to be on the steam table. The cook stated the pans had been set out approximately 15 minutes earlier. The cook stated that she knew the macaroni and cheese was "not up temp". After having cooled, the cook stated she would put the macaroni and cheese back into the oven to reheat.

2. On 10/2/06 at approximately 3:00 PM, a cart with two open warewashing baskets of wet dishes were observed near the tray line. Some of the glasses and bowls were upright with water in them, some were upside down, some were tilted and some were on their sides. Three glasses were stuck together and another two glasses were stuck together in the top basket. All of the dishes were laying on and touching other dishes.

A kitchen staff was observed to shake water from

F 371 371 cont.

The 3 soiled vent grills above the tray line were immediately cleaned and replaced prior to the survey team's exit on 10/03/06. The 3 vent grills will be replaced with new vent grills on or before 11/15/06.

The dusty wall above the tray line was cleaned on 10/03/06.

The Administrator/designee will complete environmental focused rounds weekly.

The vent grills and wall above the tray line have been added to the "TELS" computerized maintenance checklist. The vent grills and wall will be inspected and cleaned each quarter by Administrator/designee.

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F 371	Continued From page 5 the bin and begin stacking the wet glasses and bowls on open weave plastic mats which were on metal trays. Drips of water were observed in the glasses. The staff dumped water out of a bowl and placed it on a mat. When interviewed by the surveyor, the staff stated that she had been working at a facility that had drying racks in the dish room, but that this facility didn't have them. Dishes that are properly stacked in the warewashing baskets and rinsed in very hot water will usually air dry quickly and can be stacked on the open weave plastic mats safely. Dishes that are allowed to cool while stacked, transferred to the mats while still wet, and allowed to stand on wet mats can breed bacteria in the moist environment. 2. On 10/2/06 at approximately 12:30 PM, on the 3rd floor a kitchen cart was observed being taken into the assisted dining room. The middle shelf on the cart had a burgundy colored tray on it that had puddles of water on it. There were 4 burgundy colored mugs that were rim down in the water. These wet mugs were used to serve the residents hot drinks of their choice. 3. On 10/3/06 at approximately 7:15 AM, a kitchen cart was observed in the main dining room on the first floor. On the top shelf of the kitchen cart there was a burgundy colored tray that had puddles of water on it. There were 4 burgundy colored mugs that were rim down in the water. These mugs were used to serve the residents hot drinks of their choice. 4. On 10/3/06 at 9:20 AM, glasses stacked on the open weave mats were observed with the dietary	F 371	F 371 cont. An in service will be held with all dietary staff on appropriate food temperatures, logging tray line temperatures, covering and storing food, and on how early food should be placed on the tray line for service to conserve nutritive value, by 11/15/06. The Administrator/designee will complete focused rounds on tray line temp logs, appropriate food temperatures, logging tray line temperatures, covering and storing food, and how early food is being placed on the tray line for service to conserve nutritive value. Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate. 371 cont. The dietary employee who on 10/02/06 was observed to be stacking wet dishes in the dish room was promptly (10/02/06) educated by the Dietary Manager on the appropriate methods of stacking and drying of dishes to avoid breeding bacteria. An in service with all dietary staff will be held on the measures to prevent cross contamination and the proper stacking, drying, and storing of dishes. All in-services will be completed by 11/15/06. Administrator/designee will complete focused rounds weekly to ensure the proper stacking, drying, and storing of dishes.		

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F 371	Continued From page 6 manager. A quick glance revealed visible water drops inside a glass on the front row. No further observation was made. 5. Observations of the walk in refrigerator, on 10/2/06 and 10/3/06, revealed the refrigerator did not maintain a temperature equal to or less than 41 degrees Fahrenheit. It was observed the door did not always close tightly. The dietary manager and the director of maintenance were interviewed on 10/3/06. The managers stated that they had been aware there was a problem with the door and that it needed to be replaced. (see F 456)	F 371	Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate. F 371 cont. The coils, drain line, and evaporator to the walk-in refrigerator were de-iced on 10/03/06 and soon thereafter the fridge temp was brought down below 41 degrees Fahrenheit. An in service with all dietary staff will be held on the appropriate walk-in temperatures and on the facility's policy for logging walk-in temperatures. All in-services will be completed by 11/15/06.
F 426 SS=D	483.60(a) PHARMACY SERVICES - PROCEDURES 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 resident. This REQUIREMENT is not met as evidenced by: Based on record review, it was determined the facility did not ensure accurate acquiring and administering of medications for 1 of 15 sample residents who had not received a physician prescribed medication over the three weeks she had resided at the facility. (Resident identifier: 12) Findings included: Resident 12 was admitted to the facility 9/13/06 with diagnoses that included multiple sclerosis	F 426	Per the direction of restaurant specialist's technician the facility Maintenance Director cleaned, repaired, and reattached the walk-in door's gasket making a good seal. He also attached a new door sweep at the bottom of the door to provide a better seal on the bottom. The Administrator/designee will complete environmental focused rounds weekly to ensure proper temperatures. The facility Maintenance Director has added the walk-in service inspections to the computerized "TELS" maintenance program and will be completed and recorded on a monthly basis. Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate.

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F 426	<p>Continued From page 7</p> <p>and constipation.</p> <p>Resident 12 ' s medical record was reviewed on 10/4/06.</p> <p>The physician ' s orders, signed 9/13/06, for resident 12, included the order for " Bisacodyl 10 mg (milligram) 1 supp (suppository) PR (administered per rectum) daily " .</p> <p>Resident 12 ' s Medication Administration Records (MARs) dated September 2006 and October 2006 were reviewed. The physician ' s order had been transcribed to resident 12 ' s September 2006 MAR as " dx (diagnosis) constipation Bisacodyl 10 mg 1 PR or PO/qd (by mouth/every day). Nurses had signed their initials each day to document the other medications that had been administered to resident 12 during September 2006. There were no nurses ' initials documenting that Bisacodyl had ever been given to resident 12 from the day she admitted, 9/13/06, through the end of the month, 9/30/06.</p> <p>Resident 12 ' s Medication Administration Records (MARs) dated September 2006 and October 2006 were reviewed. The physician ' s order had been transcribed to resident 12 ' s October 2006 MAR as " Bisacodyl 10 mg 1 P.R. QD prn " (to be given as needed). There were no nurses ' initials documenting that Bisacodyl had been given to resident 12 from 10/1/06 through 10/3/06.</p> <p>Resident 12 ' s bowel movement frequency was documented by the nurses on the MARs. From 9/29/06 through 10/3/06, resident 12 was documented as having had one small bowel</p>	F 426	<p>F 426</p> <p>On 10/04/06 the house physician came in and review the residents record and spoke with the resident. An order was obtained to discontinue previous order for Bisacodyl and start 10 mg by mouth every day and 10 mg suppository per rectum every day as needed if no bowel movement for three days.</p> <p>Director of Nursing/designee will complete a review of all resident records to ensure the accuracy of all residents medication. Audits will be completed buy 11/15/06.</p> <p>An in service, with all nurses, regarding thorough review of the medication administration record, specifically the "5 rights of administration" and transcription of medication will be completed by 11/15/06.</p> <p>Director of Nursing/designee will complete focused round on medication transcription weekly.</p> <p>Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate.</p>

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F 426	Continued From page 8 movement.	F 426		
F 456 SS=E	<p>483.70(c)(2) SPACE AND EQUIPMENT</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</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 maintain all essential mechanical equipment in safe operating condition. The door to the walk in refrigerator did not maintain a tight seal in order to maintain safe holding temperatures for refrigerated foods.</p> <p>According to the 1993 United States Food and Drug Association Food Code, refrigerator temperatures should be maintained at 41 degrees Fahrenheit (F) or below. Potentially hazardous foods must be subject to continuous time/temperature controls in order to prevent either the rapid and progressive growth of infectious or toxigenic micro-organisms such as Salmonella or the slower growth of Clostridium Botulinum.</p> <p>Findings included:</p> <p>Initial tour of the kitchen was done on 10/2/06 at 7:15 AM. Breakfast had been prepared and set on the steam table. Breakfast was ready to be served. Three kitchen staff were working near the tray line in preparation to serve the meal.</p>	F 456	<p>F 456</p> <p>The coils, drain line, and evaporator to the walk-in refrigerator were de-iced on 10/03/06 and soon thereafter the fridge temp was brought down below 41 degrees Fahrenheit.</p> <p>An in service with all dietary staff will be held on the appropriate walk-in temperatures and on the facility's policy for logging walk-in temperatures. All in-services will be completed by 11/15/06.</p> <p>Per the direction of restaurant specialist's technician the facility Maintenance Director cleaned, repaired, and reattached the walk-in door's gasket making a good seal. He also attached a new door sweep at the bottom of the door to provide a better seal on the bottom.</p> <p>The Administrator/designee will complete environmental focused rounds weekly to ensure proper temperatures.</p> <p>The facility Maintenance Director has added the walk-in service inspections to the computerized "TELS" maintenance program and will be completed and recorded on a monthly basis.</p> <p>Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate.</p>	

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F 456 Continued From page 9

The facility's thermometer was observed to be set on a shelf near the center of the walk in refrigerator. The thermometer reading was just over 42 degrees F (Fahrenheit).

On 10/2/06 at 4:30 PM, the supper meal had been prepared. Macaroni and Cheese had been baked and ham had been cooked. The meal had been set out on the steam table. The facility's thermometer was observed to be in the center of the walk in refrigerator. The thermometer reading was 45 degrees F.

On 10/3/06 at 9:20 AM, breakfast had been served and cleaned up. The door to the walk in refrigerator appeared to be closed, but it was not closed tightly. The facility's thermometer was observed to be in the center of the walk-in refrigerator. The thermometer reading was 45 degrees F.

On 10/3/06 at 9:20 AM, the dietary manager was interviewed. The dietary manager stated that the refrigerator "doesn't always close tight". The dietary manager stated that whenever the Director of Maintenance came into the kitchen, he would push the refrigerator door closed and remind the kitchen staff.

On 10/3/06 at 9:25 AM, the Director of Maintenance (DM) was interviewed. The DM stated that they had been aware of the problem. The DM stated that a restaurant specialist company had been in the facility on 9/21/06 to assess the problem. The DM stated that they were going to get a new door for the refrigerator. The DM was asked how soon the new door was

F 456

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2006
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NAME OF PROVIDER OR SUPPLIER CANYON RIM CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2730 EAST 3300 SOUTH SALT LAKE CITY, UT 84109
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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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F 456 Continued From page 10

expected. The DM stated the date wasn't certain because the refrigerator was so old the door would have to be custom made. When asked for a copy of the invoice that authorized purchase of the new door, the DM stated that the door had not yet been ordered.

Review of the work order summary, dated 9/21/06, from the restaurant specialist's technician revealed that, "Walk in cooler door damaged walk in not holding temp". The technician documented, "Showed maintenance how to repair walk in door. Decided to install time clock on unit to prevent icing of door".

On 10/3/06 at 3:30 PM, the temperature of the walk in refrigerator was measured by the facility's thermometer, after maintenance had begun to work on the refrigerator fans. The temperature reading was 40 degrees F. At the time, the door to the walk-in freezer was open into the refrigerator to help maintain the temperature while the equipment was being worked on. Covered dishes of ice cream in the freezer, dated 10/2/06 and 10/3/06, were observed to be in the freezer near the door. The ice cream had softened enough that a covered finger could easily penetrate through to the bottom of the scoop of ice cream.. At 3:32 PM, the maintenance staff returned to the refrigerator.

F 456

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NAME OF PROVIDER OR SUPPLIER CANYON RIM CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2730 EAST 3300 SOUTH SALT LAKE CITY, UT 84109		
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F 467 SS=B	<p>483.70(h)(2) OTHER ENVIRONMENTAL CONDITIONS - VENTILATION</p> <p>The facility must have adequate outside ventilation by means of windows, or mechanical ventilation, or a combination of the two.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility did not provide for adequate ventilation for 5 resident bathrooms.</p> <p>Findings included:</p> <p>During a general tour of the facility environment on 10/02/06 at 12:35 PM and on 10/03/06 at 11:25 AM, it was noted that the hallway between rooms 304 and 305 was malodorous, with the smell of urine.</p> <p>Between 10/2/06 and 10/3/06 the ceiling vents in the bathrooms in rooms 201, 207, 303, 315, and 317 were found not to provide adequate air movement so as to cause a piece of toilet tissue to adhere to the vents. These rooms were noted to be malodorous, with the smell of urine.</p> <p>On 10/03/06 at 10:30 AM, during a tour of the facility with the director of maintenance, the director was interviewed. The director of maintenance stated that the vent in room 317 had a motor that was unplugged and burned out. He further stated that he would need to check with the corporate maintenance director to determine how the main ventilation system functions for the resident rooms. He stated that he usually tried to check the ceiling vents in the residents' bathrooms each month, but was unaware that the</p>	F 467	<p>F 467</p> <p>The five defective fans in rooms 201, 207, 303, 315, and 317 will all be replaced by 11/15/06.</p> <p>A complete audit of the fans in the building, all fans found to not work will be replaced by 11/15/06</p> <p>Administrator/designee will complete Environmental focused rounds weekly to ensure proper maintenance of the fans.</p> <p>Bathroom fans will be added the computerized maintenance program "TELS" and will be checked and recorded monthly during maintenance rounds.</p> <p>Identified trends will be reported/reviewed monthly and as needed to the Quality Assurance Committee until lesser frequency is deemed appropriate.</p>	

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NAME OF PROVIDER OR SUPPLIER CANYON RIM CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2730 EAST 3300 SOUTH SALT LAKE CITY, UT 84109
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F 467	Continued From page 12 vents in rooms 201, 207, 303, and 315 were not functioning.	F 467		
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F 467