PRINTED: 05/04/2006 FORM APPROVED OMB NO. 0938-0391

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		465098	B. WING		C 04/25/2006
	PROVIDER OR SUPPLIER COUNTRY CARE CE	NTER	13	EET ADDRESS, CITY, STATE, ZIP CODE 40 EAST 300 NORTH RICE, UT 84501	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE COMPLETION
F 157 \$S=J	A facility must immore consult with the resident involving injury and has the intervention; a sign physical, mental, of deterioration in he status in either life clinical complications significantly (i.e., and existing form of the consequences, or treatment); or a deterioration in the resident from 15483.12(a). The facility must an and, if known, the or interested family change in room of specified in \$483 and, if known, the or interested family change in room of specified in \$483 and regulations as specified in \$483 and regulations as specified in \$483 and plegal representations. The facility must in the address and plegal representations as specified in \$483 and plegal representations.	rediately inform the resident; sident's physician; and if esident's legal representative mily member when there is an the resident which results in potential for requiring physician inficant change in the resident's or psychosocial status (i.e., a alth, mental, or psychosocial threatening conditions or ons); a need to alter treatment in need to discontinue an eatment due to adverse to commence a new form of ecision to transfer or discharge the facility as specified in also promptly notify the resident resident's legal representative by member when there is a roommate assignment as a roomm	5/20 oc occasional sous la	Utah Department of Heal 5-15-04 MAY 17 2006 Bureau of Health Facility Licensin Certification and Resident Assessm	g,

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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		465098	B. WING		1	C 5/2006
	ROVIDER OR SUPPLIER	ENTER	13	EET ADDRESS, CITY, STATE, ZIP CODE 40 EAST 300 NORTH RICE, UT 84501	04/2	0/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	the resident's physresident 2 had bee to breathe or expe 2 experienced a cheing able to breat room to get some returned to resider unresponsive, then the nurses' station Upon returning to nurse found resider Endings include: Resident 2 was adwith diagnoses who Chronic Obstructive generalized anxiet Resident 2's media 4/23/06. Review of residen Utah Living Will. Following types of resident 2 was will emergency: 1. Oxygen therapy 2. Respiratory Tre 3. Suctioning 4. Chest Compres 5. IV (Intravenous 6. NG/G (naso-ga 7. Oral, intramuso antibiotics.	sical condition. Specifically, en complaining of not being able ctorate mucus. When resident mange in condition (i.e. not the) the facility nurse left the medication for resident 2, at 2's room to find resident 2 an left resident 2's room to go to and call resident 2's family. The resident 2's room the facility ent 2 to be expired. Imitted to the facility on 2/24/04 aich included, lleus, paralysis, we Pulmonary Disease, sy, and major depression. It 2's medical record revealed a This document described the "life-sustaining" procedures ling to undergo in case of an attents.	F 157	F-157 Resident 2 Expired on 4/22/2006 and no plan of correction was done for resident 2. 1. All residents charts have been audited for their coorstatus to ensure the information is correct and charts reflect that information. This was completed by Social Serv on April 24,2006. This are was redone by the RN consultant following the Directed Plan of Correction This was completed on Na, 2006	ve de d vice udit	

	OF DEFICIENCIES OF CORRECTION	DENTIFICATION NUMBER:	` ´	ULTIPLI LDING	E CONSTRUCTION	(X3) DATE S COMPLI	ETED
		465098	B. WIN	IG		•	C 25/2006
	AME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 2 witnessed on December 31, 2003. Review of resident 2's medical record revealed a nursing note entry dated 4/22/06 at 3:00 AM. The facility nurse who was assigned to resident 2 for the 10:00 PM to 6:00 AM shift wrote the following entry: "Pt. (patient) c/o (complains of) having alot of			134	ET ADDRESS, CITY, STATE, ZIP CODE 0 EAST 300 NORTH ICE, UT 84501		
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157	witnessed on Decoration Review of resider nursing note entry facility nurse who the 10:00 PM to 6 entry: "Pt. (patient) c/o (mucus in throat. on the shift, [at] 0300 something more. 0310 (3:10 AM) [without nurresponsistation to notify faction to notify faction for the shift of the shift of the shift of the shift was interesident 2 had be problems for alm or 3 different antiresident 2 had cough medicine a stated that she chaving a hard timestant in the shift was interesident and the shift was interesident and cough medicine a stated that she chaving a hard timestant in the shift was and the shift was and cough medicine a stated that she chaving a hard timestant in the shift was and the s	tember 31, 2003. It 2's medical record revealed a dated 4/22/06 at 3:00 AM. The was assigned to resident 2 for 3:00 AM shift wrote the following	F	157	2. The Black Dot system been put into place. The Black dot indicates that person is DNR. The Stipplaced on the door next resident's name. The admission coordinator was monitor quarterly to ensaccuracy. The RN constincted this as part of service on May 8, 2006 During the resident's caplan meeting, their code status will be addressed DON will monitor. This will be included in our meetings. 3. A list of all residents their code status has been updated and place in the of the Med Rand. This is be monitored quarterly DON.	cker is to the will sure ultant her in- are es s item QA and en e front will	

FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 157 Continued From page 3 and said she was having trouble coughing up mucus and that she could not breathe. She stated that she went to the medication cart to find something to give to resident 2. She stated that she was searching for something she could, "legally" give resident 2 and decided she would give resident 2 phenergan and mucinex to try and dry up the secretions even though resident 2 do not have a physician's order for these medications. The nurse stated that she returned to resident 2's room at 3:00 AM to find resident 2 to be unresponsive. She stated that she left the room to go and get the aides (Certified Nursing Assistants), the aides went into resident 2's room and she went to the nurses' station to call the family. The nurse reported going back to resident 2's room at 3:05 AM, after calling the family, to find that resident 2, "was gone." The nurse further stated that resident 2 had been sent two other times to the hospital, "for not being able to cough mucus out of bronchioles." When questioned about an assessment no resident 2 the nurse reported that she tried to get an oxygen saturation on resident 2 at 12:30 AM but was unable to obtain a reading on a brand new finger pulse oximetry instrument. She further reported that		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLET	ED
AMME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG TAG TAG TAG TAG TAG TAG			465098	B. WII	۱G _			
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saturation due to a system malfunction with the new equipment. The nurse further stated that she did not attempt to get any other vital signs at the time she tried to get the oxygen saturation. The nurse stated that she tried to get a complete set of vital signs at 3:00 AM. The nurse further reported that resident 2 did not appear to be in	PRÉFIX TAG	Continued From pand said she was mucus and that she was searching legally give resident 2 pharmon to be unresponsive room to go and go Assistants), the and she went to the family. The nurse 2's room at 3:05 A find that resident stated that she on resident 2 at 1 obtain a reading of oximetry instruments she thought she was attraction due to new equipment. She did not attem the time she tried The nurse stated set of vital signs at the side of vital signs at the s	age 3 having trouble coughing up ne could not breathe. She ent to the medication cart to find to resident 2. She stated that g for something she could, lent 2 and decided she would energan and mucinex to try and ons even though resident 2 did an's order for these nurse stated that she returned m at 3:00 AM to find resident 2 e. She stated that she left the et the aides (Certified Nursing des went into resident 2's room ne nurses' station to call the e reported going back to resident AM, after calling the family, to 2, "was gone." The nurse further nt 2 had been sent two other ital, "for not being able to cough nehioles." When questioned nent on resident 2 the nurse tried to get an oxygen saturation 2:30 AM but was unable to on a brand new finger pulse ent. She further reported that was unable to get an oxygen a system malfunction with the The nurse further stated that pt to get any other vital signs at to get the oxygen saturation. that she tried to get a complete at 3:00 AM. The nurse further	PREF TAG	IX S	4. The DON did an in-second periode on April 25, 2006. Discondition forms that are in the Med Rand for each resident. See in-service material and sign in she service on May 3rd with nurses discussing the Cl Alert system that trigger nurses to follow up with residents who have char in condition. A new 24 shift report was introducin-service as well as a nuncident report forms. To DON will monitor. See service material and sign sheet.	now the nart as hour ced in ew the in-n in	COMPLETION DATE

	OF DEFICIENCIES OF CORRECTION					
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NAME OF P	ROVIDER OR SUPPLIER	403098	STRE	EET ADDRESS, CITY, STATE, ZIP CODE	04/2	5/2006
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F 157	On 4/23/06 at 9:35 Nursing Assistants 2 during the 10:00 interviewed. She sher call light alot the stated that resident being able to breatl went into resident 2 resident 2 was unrepoorly. She further room and went to the family. She stated pressure on reside "error" so the nurse pressure and went when the nurse retinurse said resident 10 murse said protrespiratory status and poor mucle tor coughing up secret he did not receive and rece	AM one of the Certified who was assigned to resident PM to 6:00 AM shift was tated that resident 2 was on enight of her death. The CNA 2 was complaining of not he. She stated that when she 2's room later in the shift esponsive and breathing stated that the nurse left the he nurses' station to call the that she tried to get a blood at 2 and the machine said e wanted to do a manual blood to retrieve a stethoscope but urned to resident 2's room the 2 was already gone. PM resident 2's physician was telephone. He stated that blems on and off with her and the facility had flown her coassion to a different hospital re. He further stated that alyzed from the waist down, he and did have problems with tions. The physician stated that a phone call over the weekend 2 and had just been informed	F 157	6. RN consultant was hire on May 1, 2006 to comply with the directed plan of correction. She has done audits on patient care whi was completed on May 8, 2006. She has done an in-service DNR status, DOT system CPR protocol, change in condition and Dr's Notifications. Her in-service training was completed M8, 2006. See in-service material and sign in sheet 7. The above plan will be incorporated into QA meetings monthly. All of the above to be in effect on May 16, 2006	ch e on ice lay	

	OF CORRECTION	IDENTIFICATION NUMBER:		LDING	E CONSTRUCTION	(X3) DATE S COMPLI	
		465098	B. WIN	1G			25/2006
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F 309 SS=J	Each resident must provide the necess or maintain the hig mental, and psych	of CARE It receive and the facility must sary care and services to attain thest practicable physical, osocial well-being, in the comprehensive assessment	F	309			
	by: Based on medical was determined the residents the facility care and services practicable physic well-being, in accordances assessment and pand 3) The deficit residents 1 and 2 an immediate jeoppractice identified	record review and interview it hat for three of twelve sampled ty did not provide the necessary to attain or maintain the highest al, mental, and psychosocial ordance with the comprehensive plan of care. (Residents 1, 2, ent practice identified for was found to have occurred at pardy level. The deficient for resident 3 was found to a harm level and will not be mediate jeopardy.					
	to be blue in the fa on something. Fa and then asked re speak, if she wan a facility nurse, re "no" to the nurse; wanted anything of initiate CPR (Caro held resident 1's la Resident 1 did ha record requesting	nt 1 was found by a facility nurse ace and appeared to be choking acility staff initiated a call to 911 esident 1, who was unable to ted anything done. According to sident 1 mouthed the words when she was asked if she done. Facility staff did not dioPulmonary Rescuitation) and nand until she was "done". The properties of the properties of the properties of the properties of the tale of the properties of t					

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F 309	record inidicated to status, i.e. CPR signal of the modern of the facility nurse return discovered that rephysician of resid 2's difficulty with the notified when resident 3 experis 3 complained of vieg for the next the that the right leg of 4/3/06. Facility stresident 3's leg unshowed that resident 3's leg unshowed that resident as adocumentation of administered pair	hat resident 1 was a full code hould be initiated. redical record of resident 2 plaints of not being able to orate mucus. When resident 2 plaints of not being able to orate mucus. When resident 2 plaints of not being acough up the mucus, the nurse went to get resident 2 some or returning to resident 2's room, ound resident 2 to be the facility nurse left resident 2's room she are facility nurse left resident 2's room she resident 2 had expired. The tent 2 was not notified of resident preathing nor was the physician dent 2 expired. The enced a fall on 4/2/06. Resident resident 3 was swollen on the resident 3 was swollen on the resident 3 was swollen on the resident 3 had a supracondylar that femur. No documentation show that facility staff resessment after the fall nor did now that facility staff and medication for the three days or resident 3 was complaining of	F	309	F-309 Resident 1 chart was clowhen she expired on 4/05/2006. No plan of correction was done for resident 1. 1. All residents charts have been audited for their constants to ensure the information is correct and charts reflect that information. This was completed by Social	nave ode and ervice a audit ne ection.	

	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE S COMPL	
		465098	B. WIN	IG		j	C 25/2006
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F 309	Resident 1 was a 12/23/03 with dia and bronchitis. Resident 1's med 4/19/06. Review of resider bright pink piece advance directive This piece of pap stickers. The stic cardiopulmonary her allergies. On indicated that resimitiate CPR in an 1's "Advance Directly behind the construction pappersigned by resider Social Worker or 1 did want to be the evaluation but remechanical vention. Facility staff com assessment for responsible for not the above in the and did not indicated will or whether or Code status.	dmitted to the facility on gnoses which included, asthma lical record was reviewed on the 1's medical record revealed a of construction paper behind the estab of the medical record. For er contained two orange exers indicated resident 1's resuscitation (CPR) status and e of the orange stickers ident 1 was a "Full Code" ident 1 would want staff to a emergency situation. Resident ective Statement" was found e bright pink piece of er. The document which was at 1 and witnessed by the facility a 10/19/04 indicated that resident transferred to the hospital for sident 1 did not want CPR or	F	309	2. The Black Dot system been put into place. The Black dot indicates that person is DNR. The Steplaced on the door nex resident's name. The admission coordinator monitor quarterly to enaccuracy. The RN consincluded this as part of service on May 8, 2000 During the resident's coplan meeting, their code status will be addresse DON will monitor. The will be included in our meetings. 3. A list of all residents their code status has be updated and place in the of the Med Rand. This be monitored quarterly DON.	t to the will sure sultant Ther in- is it to the will sure sultant Ther in- is are les d. is item QA and een ne front will	

	F CORRECTION	IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SU COMPLE	
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F 309	"Res (resident) [d (Certified Nursing (oxygen) sat (satu 85% - noted [at] audible wheezing Auscultated lungs noted [with] a tem to MD who gave of (Emergency Roor Nursing note doctresident 1 returned 11:00 AM with net the treating emergency with the treating emergency Book with resident 1 returned 11:00 AM with net the treating emergency "Progress" section following: "A - 1) flare of CC Pulmonary Disea 2) fever -? Plan - Cont. (continuous formal (every day) # 7, A inhaler) [plus] aircany worsening." Review of nurse's documentation: "4/5/06 (1100) 11 bed c/o (complain Wheezing SaO2 Requests cough	facility nurse: own] in room - reported by CNA Assistant) that res O2 Irration) [check] was [less than] 76%. Assessment yielded Upon entering the room. Inspiratory/expiratory wheezing Ip. (temperature) of 100.8. Call Irration revealed to ER In) for eval. (evaluation)" Umentation revealed that Id from the hospital on 4/4/06 at Iw orders for antibiotics. Idical record revealed paperwork Isident 1 on 4/4/06 and signed by Igency room physician. The In of the paperwork indicated the IPD (Chronic Obstructive Isse) UTI Inue) Pulmocort, Avelox 400 QD Ilbuterol MDI (metered dose Inchamber, and f/u (follow up) Is notes revealed the following Ino AM Pt (patient) sitting on Ins of) abd (abdominal) pain. In occupance of the paper. In occupance of		309	4. The DON did an in-ser on April 25, 2006. Discus Vitals sheets, pain assessments, change of condition forms that are n in the Med Rand for each resident. See in-service material and sign in sheet 5. DON completed an inservice on May 3rd with the nurses discussing the Change in condition. A new 24 has shift report was introduce inservice as well as a new incident report forms. The DON will monitor. See in service material and sign sheet, produced in the concernation of the correction. She has done audits on patient care whith was completed on May 8, 2006. She has done an in-service DNR status, DOT system CPR protocol, change in	he art es our d in we continue monder with the winds with the winds with the continue monder wi	lig me
FORM CMS-2	567(02-99) Previous Version	ons Obsolete Event ID: TEIU11	F	acility ID	or it protocol, change in	shee	Page 9 of 20

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
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	ROVIDER OR SUPPLIER COUNTRY CARE CE	NTER		1:	REET ADDRESS, CITY, STATE, ZIP CODE 340 EAST 300 NORTH PRICE, UT 84501	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPIDEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	[and] back to bed. 16 reg. (regular) no 2.5 L/M (liters per r cannula). 4/5/06 (1400) 2:00 (antibiotics) for UR	o (by mouth) {up} to bath room Sleeping. Resp. (respirations) on-labored. O2 (oxygen) [at] minute) per NC (nasal PM Continues on ABX I (upper respiratory infection) ion noted [at] this time.	F	309	condition and Dr's Notifications. Her in-ser training was completed 8, 2006. See in-service material and sign in she	May	
	"4/5/06 1710 (5:10 indicated that she time-"	PM) - Pt. expired after seizure, wanted to be left to go at this	7. The above plan will be incorporated into QA meetings monthly.		e		
	at the time resident She stated that she stated that she stated that she look RN's (Registered Notes that they need to stated that she look RN's (Registered Notes that down the resident 1's room, side, her face was on something." Chinstructed her to go CNA 2 stated that grabbed resident 1 room. She stated looked through resident 1. CNA 2 and told staff at the then she returned stated that when she room the RN instructed the stethoscope. She get the stethoscope	PM CNA 2, who was present to 1 expired, was interviewed. The was standing at the nurses' to boy came up to her and told to help in Room 105. She ked down the hall and saw the flurse) cart. CNA 2 stated that the hall and when she got into resident 1 was rolled on her blue, and, "she was choking NA 2 stated that the RN to and grab resident 1's chart, she ran up the hall and 's chart and returned to the that when she returned, the RN ident 1's chart and instruced and call 911 and the niece of stated that she ran up the hall to resident 1's room. CNA 2 the returned to resident 2's lected her to go and retrieve a stated that she left to go and the RN looked at CNA 2 and			All of the above to be in effect on May 16, 2006	1	

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F 309	another facility CN its too late." CNA paramedics arrive already dead. Sh was conscious du appeared that resorange/beefstew lying on the bed in stated that she did the Heimlich man obstruction). On 4/20/06 at 7:3 present at the tim interviewed. She 1 expired, around call light on. CNA check on resident complaining of he stated that reside so she (CNA 1) pthe vital sign equishe was retrieving asked the RN if resident 1. CNA to the room she tresident 1 but was get her temperate Fahrenheit). CNA to the room she tresident 1 but was get her temperate fahrenheit). CNA to the room to answ few minutes later hall and ask for in that she went doentering the room in the face and siair. She stated the and told her to go all the control of the stated the room in the face and siair. She stated the and told her to go and told her tol	la with, "a look on her face, like 2 stated that when the d at the facility resident 1 was e further stated that resident 1 ring the incident and it ident 1 had vomitted an material because of the towel ext to resident 1's face. CNA 2 d not see the RN do CPR nor euver (to clear a possible O AM CNA 1, who was also e resident 1 expired, was stated that on the day resident dinnertime, resident 1 had her a 1 stated that she went down to a 1 and resident 1 was er stomach hurting. She further int 1 did not have her oxygen on ut the oxygen on and left to get pment. She stated that when g the vital sign equipment she she could go down and check on 1 stated that when she got back ried to get a blood pressure on a unable to, but she was able to ure and it was 96.0 (degrees A 1 stated that she left resident er some other call lights and a she saw CNA 2 come up the esident 1's chart. CNA 1 stated wn to resident 1's room and upon a resident 1 was puffy and blue ne (resident 1) could not get any nat the RN looked at the chart of call 911 and resident 1's niece. It she left the room and went to		309			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ULTIPL LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	NTER	<u> </u>	134	ET ADDRESS, CITY, STATE, ZIP CODE 10 EAST 300 NORTH 1.ICE, UT 84501	1 04/23	5/2006
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	the nurse's station niece was not hom the niece's son. S got back to resider gone. CNA 2 state during the incident She stated that the had thrown-up. W vomit, CNA 1 state pinkish. When que the nurse had said anything more to be nurse did not say to anything done. On 4/19/06 at 5:45 time resident 1 exp stated that she we around 5:00 PM to RN stated that resident to her coughing. The requested cough room to retrieve the that when she retugave resident 1 the her swallow the mishe left resident 1 thall with her medic maybe two minute room the CNA cartold her (the RN) to resident 1. The R resident 1's room, she was having trestated that resident stated that resident stated that resident resident that the reside	to call the niece and since the se she had left a message with the further stated that when she at 1's room, resident 1 was ad that resident 1 could not talk because she was suffocating. RN had said that resident 1 then questioned about the ad that the vomit appeared astioned about whether or not that resident 1 did not want the done, CNA 2 stated the that resident 1 did not want the done, CNA 2 stated the that resident 1 her pills. The pired, was interviewed. She not into resident 1's room a give resident 1 her pills. The ident 1 was complaining of her abdomen could be hurting due. The RN stated that resident 1 medicine so the RN left the ecough medicine. She stated that is room and proceeded up the cation care. She stated that is room and proceeded up the cation care. She stated that is after leaving resident 1's room and that something was wrong with N stated that when she got into resident 1's face was blue and couble breathing. She further at 1 had a white, milky out of her mouth and that	F	309			

PRINTED: 05/04/2006 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465098	B. WING			04/25/2006	
NAME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER				134	ET ADDRESS, CITY, STATE, ZIP CODE 40 EAST 300 NORTH RICE, UT 84501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	resident 1's eyes was almost like she RN stated that she chart. She stated protector that resident of the roll resident of the roll resident of the chart she instructed that looked at resident (the resident) wan the RN stated that and stayed with rewither stated that and stayed with rewine asked what the RN stated in a no code status because the staff resident. The RN code the staff will the resident alive CNA 1 and CNA resident 1 mouth The RN stated the liping residents spirtual experience. On 4/19/06 at 5:2 Nursing (DON) of the former DON 1 expired. The former DON 1 expired.	vere rolled back in her head, "it e was having a seizure." The e told the CNA to go and get the that she grabbed the clothes dent 1 was wearing and resident 1's mouth out and on to her side on the bed. In the CNA came back with ucted the CNA to go call 911. In the she then leaned down and 1 and asked resident if she ted her (the RN) to do anything at resident 1 could not talk but words "No" to the RN. The RN she kept resident 1 comfortable esident 1 until she was "done." It resident 1's code status was to resident 1 was a full code. 50 AM the RN was again ding the incident with resident 1, her interview that if a resident is the facility will not do anything are to respect the wishes of the stated that if a resident if a full do everything they can to keep. She further stated that both 2 were in the room when ed the words "No" to the RN. at she gets, "excited about die" and feels that it is, "a		609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465098	B. WING _		C 04/25/2006	
NAME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER			1	REET ADDRESS, CITY, STATE, ZIP CODE 340 EAST 300 NORTH PRICE, UT 84501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPOPER (EACH)	OULD BE COMPLETION	
F 309	and purple. She st they needed to get resident 1. The for said, "No, No CPR didn't want anything when the RN said that she left. On 4/19/06 at 6:40 Medical Services) sto the 911 call for r stated that when he were just standing stated that when the (EMS staff) were to He stated that resident stated if any she did not want C On 4/20/06 LPN 1 LPN 2 were intervisif a resident is lister would initiate CPR who was unable to more to be done. a resident is a no cinitiate CPR anywar contacted for instrument of the stated that resident is a no cinitiate CPR anywar contacted for instrument of the stated that when the stated in the stated in the stated if any she did not want C are sident is a no cinitiate CPR anywar contacted for instrument of the stated that was any stated that when the were just standing that was any stated that when the were just standing that was any stated that when the were just standing that was any stated that when the were just standing that was any stated that when the were just standing that was any	ated that she told the RN that the suction machine for mer DON stated that the RN. No suction, she said that she done." She further stated that that resident 1 had expired PM an EMS (Emergency staff member, who responded esident 1, was interviewed. He arrived at the facility the staff around resident 1. He further ey received the dispatch they old that CPR was in progress. Ident 1 had expired when they had the nurse told him that the ything happened to her that PR. (Licensed Practical Nurse) and ewed. Both nurses stated that d as a full code the nurses and not question a resident speak if they wanted anything The nurses further stated that if ode status that they would y until the family could be	F 309	F-309 Resident 2 Expired on 4/22/2006 and no plan correction was done for resident 2. 1. All residents charts libeen audited for their constatus to ensure the information is correct a charts reflect that information. This was completed by Social Secon April 24,2006. This was redone by the RN consultant following the Directed Plan of Correct This was completed on 8, 2006 2. The Black Dot system been put into place. The Black dot indicates that	of or have code and ervice audit e ction. May	

PRINTED: 05/04/2006 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		LE CONSTRUCTION	(X3) DATE SU COMPLE	
		465098	B. WIN	IG		1	5/2006
	ROVIDER OR SUPPLIER	NTER		13	EET ADDRESS, CITY, STATE, ZIP CODE 40 EAST 300 NORTH RICE, UT 84501	1 0472	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	10/18/05. Facility assessment that a responsible for responsible for her indicated that residual Do Not Resuscit Review of resident Utah Living Will. I following types of resident 2 was will emergency:	eted an admission sessment on resident 2 on staff indicated on the family member was ident 1 and resident 1 was rself. Facility staff also dent 1 had a Living Will and had ate status. 2's medical record revealed a This document described the "life-sustaining" procedures ing to undergo in case of an	F	309	person is DNR. The Stice placed on the door next resident's name. The admission coordinator we monitor quarterly to ensure accuracy. The RN constinctuded this as part of I service on May 8, 2006. During the resident's caplan meeting, their code status will be addressed DON will monitor. This will be included in our meetings.	to the vill sure ultant her in- ure es s item QA	
	7. Oral, intramusor antibiotics. This document was witnessed on Decoration of resident nursing note entry facility nurse who the 10:00 PM to 6 entry: "Pt. (patient) c/o (mucus in throat.	atments sions) fluids stric/gastronomy) tube ular, and intravenous as signed by resident 2 and			3.A list of all residents their code status has been updated and place in the of the Med Rand. This be monitored quarterly DON. 4. The DON did an insort on April 25, 2006. Discovitals sheets, pain assessments, change of condition forms that are in the Med Rand for earesident. See inservice material and sign in sheets.	en e front will by the service cussed e now	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465098	A. BUILDI		С	
NAME OF F	DOWNER OF SURBLIED	465096			04/25/2006	
NAME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER		s ·	TREET ADDRESS, CITY, STATE, ZIP CODE 1340 EAST 300 NORTH PRICE, UT 84501			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
F 309	something more. 10310 (3:10 AM) [w found unresponsiv station to notify far (3:15 AM) pt. was pt. is DNR (Do Not notified had stated (3:10 AM) pt. expir No documentation medical record to contacted the phys 6:00 AM shift to coregarding resident On 4/23/06 at 10:0 assigned to reside AM shift was intervesident 2 had been problems for almo or 3 different antibresident 2 had corthe the nurse had cough medicine at stated that she conhaving a hard time. The RN stated that she was mucus and that she stated that she was mucus and that she was mucus and that she was mucus and that she was searching "legally" give resident 2 ph dry up the secretic not have a physici medications. The	Nurse returned to pt. room at ith] meds per request pt. was e. Nurse returned to nurses nily. Returned to room at 0315 [without] pulse or respirations. Rescuitate) status family when "no heroic measures." 0310 ed, no VS (vital signs) noted." could be found in resident 2's show the facility nurse sician during the 10:00 PM to ensult with the physician 2's change in condition. O AM the RN who was not 2 for the 10:00 PM to 6:00 viewed. She stated that en experiencing respiratory st 1 month and had been on 2 iotics. The RN stated that enplained of not feeling well and given resident 2 Tylenol and 12:00 AM. The RN further all hear that resident 2 was e getting air in to, "cough it up." It at 2:50 AM resident 2 called having trouble coughing up he could not breathe. She ent to the medication cart to find to resident 2. She stated that g for something she could, ent 2 and decided she would energan and mucinex to try and ons even though resident 2 did an's order for these RN stated that she returned to at 3:00 AM to find resident 2 to	F 30		ges nour sed in ew he in- n in nour red oly f e hich 8, ice on m, n	

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		ELE CONSTRUCTION	COMPLE	TED
		465098	B. WI	1G		1	C 5/2006
	PROVIDER OR SUPPLIER	ENTER	,	13	EET ADDRESS, CITY, STATE, ZIP CODE 140 EAST 300 NORTH RICE, UT 84501		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	be unresponsive. room to go and ge Assistants), the ai and she went to th family. The RN re 2's room at 3:05 A find that resident a stated that resident stated that resident mucus out of bron about an assessn reported that she on resident 2 at 1 obtain a reading of oximetry instrume she thought she w saturation due to new equipment did not attempt to time she tried to g RN stated that sh vital signs at 3:00 that resident 2 did The RN stated du called the family do. She stated th aggressive. On 4/23/06 at 9:3 Assistant (CNA 3 2 during the 10:0 interviewed. She her call light alot 3 stated that resi being able to bre went into resider resident 2 was u	She stated that she left the at the aides (Certified Nursing des went into resident 2's room he nurses' station to call the aported going back to resident M, after calling the family, to 2, "was gone." The RN further at 2 had been sent two other tal, "for not being able to cough herical." When questioned hent on resident 2 the RN tried to get an oxygen saturation 2:30 AM but was unable to on a brand new finger pulse and. She further reported that was unable to get an oxygen a system malfunction with the The RN further stated that she get any other vital signs at the get any other vital signs at the get the oxygen saturation. The set tried to get a complete set of AM. The RN further reported do not appear to be in distress. The get interview that she only to see what they wanted her to neat the family told her not to be stated that resident 2 was on the night of her death. The CNA dent 2 was complaining of not athe. She stated that when she at 2's room later in the shift mresponsive and breathing her stated that the nurse left the mresponsive and breathing her stated that the nurse left the		309	7. The above plan will be incorporated into QA meetings monthly. All of the above to be in effect on May 16, 2006	n	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE S COMPLE	
		465098	B. WIN	IG		i	5/2006
	ROVIDER OR SUPPLIER	NTER		13	EET ADDRESS, CITY, STATE, ZIP CODE 40 EAST 300 NORTH RICE, UT 84501		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	room and went to the family. She stated pressure on resident and went when the nurse returns a said resident. On 4/24/06 at 2:37 interviewed via the resident 2 had proper respiratory status out on one other of for respiratory failuresident 2 was partially and poor mucle to coughing up secrete did not receive regarding resident about her death the C. Resident 3 was an with diagnoses will disease, hemipare Resident 3's med 4/20/06. Review of resider care plan for falls "Approaches" sec following interventions.	he nurses' station to call the that she tried to get a blood and 2 and the machine said be wanted to do a manual blood to retrieve a stethoscope but turned to resident 2's room the to 2 was already gone. If PM resident 2's physician was a telephone. He stated that blems on and off with her and the facility had flown her accassion to a different hospital are. He further stated that relyzed from the waist down, and and did have problems with a phone call over the weekend a 2 and had just been informed that morning. In a did to the facility on 9/7/01 high included, degenerative joint easis, and diabetic neuropathy. In the case of a dated 10/24/05. In the case of a dated 10/24/05. In the case of a staff to do in case of a dated to do	F	309	F-309 Resident 3 returned to cacenter on 4/5/06. She is a shift charting. We are monitoring her for pain, monitoring her surgical wound, tolerance to there tolerance for transfers, monitoring for change in condition. Have place in 4. The DON did an in-s on April 25, 2006. Disc Vitals sheets, pain assessments, change of condition forms that are in the Med Rand for earesident. See in-service material and sign in she	apies, the ervice ussed e now	

	DF DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE						
		465098	B. WING			04/25	
	NAME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER			1340	ET ADDRESS, CITY, STATE, ZIP CODE 0 EAST 300 NORTH ICE, UT 84501	1 04720	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MIST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	ROM (Range of Midetermine cause - If fail occurs assfall and/or until sta" Review of facility in revealed and incid 4/2/06. In the section what happened, a following: "While be chair, started to pinhelped her backwatthe floor." In the section whe physician's name was notified, it was the physicians name on 3/5/06. No documentation record regarding to documentation correcord to show that the fall for 72 hou notified of the fall. Review of resider the following nurs "4/3/06 1300 (1:0) and unable to sta w/c (wheel chair). 4/4/06 0700 (7:00) Pt started on O2 use to keep sat (0.90%	nsure safety: VS, neurochecks, otion), assess for injuries, sess resident for 72 hours after ble incident and accident reports ent report for resident 3 dated tion where staff are to describe facility nurse documented the leing transferred from bed to to forward and two aides and and gently lowered her to re staff are to put the and what time the physician is documented by a facility nurse me and that he was contacted in could be found in the medical the fall on 4/2/06. No fould be found in the medical at resident 3 was assessed after its or that the family or MD was at 3's medical record revealed ing note entries: 10 PM) Pt. has c/o being weak and. Hoyer lift used to help pt. in		309	5. DON completed an inservice on May 3rd with nurses discussing the Charlet System that triggers nurses to follow up with residents who have changin condition. A new 24 h shift report was introduce inservice as well as a ne incident report forms. The DON will monitor. See it service material and sign sheet. Production of Confection and 1, 2006 to comp with the directed plan of correction. She has done audits on patient care who was completed on May 2, 2006. She has done an inservice DNR status, DOT system CPR protocol, change in condition and Dr's Notifications. Her inservice material and sign in she material and sign in she	ges our ed in we ne in ced beta ly ice on m, n rvice May	ronitel

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		465098			•	[C 25/2006	
	NAME OF PROVIDER OR SUPPLIER CASTLE COUNTRY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 EAST 300 NORTH PRICE, UT 84501				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 309	x-ray. 1130 (11:30	wollen. MD ordered pt to go for AM) Pt. found to have a lotified family. Will see what	F3	809	7. The above plan will be incorporated into QA meetings monthly.	oe		
	for resident 3 for A was given no pain on the days followi	ication Administration Record pril revealed that resident 3 medication per documentation ng her fall. Resident 3 did Tylenol to be given every 4 r pain.			All of the above to be in effect on May 16, 2006			
	resident 3 on the dinterviewed. She seems are sident 3's leg be but that there was she did give resident 3 complaints.	N who was assigned to lay of her discharge was stated that she remembered ing swollen the day after the fall no bruising. She stated that ent 3 extra strenght Tylenol for stated that the next day ined of pain and then on 4/5/06 was still complaining of pain or an x-ray.						
	with the diagnosis comminuted, ostel supracondylar frac	dmitted to the hospital on 4/5/06 of "Closed, severe, oporotic distal femur cture on the right." Resident 3 all procedure to fix the fracture il stay.						