

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

PRINTED: 01/19/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  01/11/2006
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NAME OF PROVIDER OR SUPPLIER  CASTLE COUNTRY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1340 EAST 300 NORTH PRICE, UT 84501
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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 518 SS=D	<p>483.75(m)(2) DISASTER AND EMERGENCY PREPAREDNESS</p> <p>The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews, it was determined that the facility did not ensure that 1 of 4 staff was knowledgeable in how to respond in an emergency fire situation.</p> <p>The findings included: On 1/10/06 at 10:15 AM, a direct care staff member was interviewed regarding her knowledge of emergency procedures. The staff was asked what procedure she would follow if, while working with a resident, she were to discover a fire in the room. The staff member stated the first thing to do would be tell the Director of Nursing (DON) and the charge nurse, then go back to make sure the resident was okay and ready to transport out. The staff was asked if there was anything else she should do before reporting to the DON. The staff responded that she would turn on the call light so that people would know where the fire was, then go tell the DON, then go back to check on the resident. The staff stated that resident's in wheelchairs and those who could do for themselves would be evacuated first.</p> <p>On 1/11/06, the staff member was interviewed again regarding her knowledge of emergency</p>	<p>F 518</p> <p><i>1/27/06</i></p> <p><i>Poc acceptable</i></p> <p><i>Completion date 2/10/06</i></p> <p><i>Bucanbank RN</i></p>	<p>1. Staff member was inserviced on 01/11/06 on the correct procedure during a fire by D.O.N.</p> <p>2. Receptionist will apply the R.A.C.E. cards to the back of the name badges of all current staff and future staff. 02/10/06</p> <p>3. R.A.C.E. will be added to the general staff inservices scheduled to be taught once every three months. D.O.N. will monitor. 02/10/06</p> <p>4. A.D.O.N. will pick 4 staff members at random and question them about R.A.C.E. during her monthly compliance rounds. Their responses will be noted and added to the QA meeting done monthly.</p> <p>5. R.A.C.E. is taught during new hire orientation to all new staff.</p> <p>All of the above to be fully implemented by 02/10/06</p>	
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Utah Department of Health  
1-27-06  
JAN 30 2006  
7003101000521281148  
Bureau of Health Facility Licensing,  
Certification and Resident Assessment

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Ronald R. Decker Administrator*

TITLE  
*1/27/06*

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 518	<p>Continued From page 1</p> <p>procedures she would take if she were to be with a resident in a room and she discovered a fire in the room. The staff stated that she would go tell the DON and then go back to check on the resident. The staff member repeated was asked what would be the very first action she would take upon discovering the fire. The staff stated she would run tell the DON and, then, go back to check on the resident..</p> <p>On 11/15/06, the DON and a charge nurse were interviewed regarding the facility's protocol regarding a fire emergency. The DON and the charge nurse stated the protocol was "Race" (Rescue, Alarm/Announce, Contain, and Evacuate/Extinguish). The first action was to rescue" the resident.</p>	F 518		