

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/15/01
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NAME OF PROVIDER OR SUPPLIER CHRISTUS ST JOSEPH VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115
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F 324 SS=G	<p>483.25(h)(2) QUALITY OF CARE</p> <p>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility did not ensure that resident 1 received adequate supervision and assistive devices (siderails) as assessed and care planned. On 10/1/01, the facility staff did not ensure that resident 1's siderails were in the upright position while she was in bed resulting in resident 1 rolling out of bed and falling to the floor. Resident 1 continued to complain of pain and was assessed as having bruising and pain on movement on 10/2/01. The facility staff did not inform the resident's attending physician of this assessment until 10/3/01, at which time resident 1 was diagnosed with a fractured hip and discharged to the hospital.</p> <p>Findings include:</p> <p>Resident 1 was admitted to the facility on 4/26/99 with diagnoses that included, dementia with depressive features, hypothyroidism and osteoporosis.</p> <p>1. Review of resident 1's medical record revealed the following documentation:</p> <p>a. The "Interdisciplinary Progress Notes", documented the following:</p> <p>i. A note, dated 10/1/01 at 2:30 PM, documented, "Pt. [patient] rolled out of bed. Side Rail down at x [time], Pt has small abrasion [and] contusion on L [left] side of head, small amount of bleeding, cleansed, ice</p>	<p>F 324 OK 12/17/01 Additional info added per summary of Adm during phone call 12/17/01 R</p>	<p>Assistive Devices: In order to assure that future residents are provided the appropriate assistive devices such as side rails per the plan of care and physician orders, a "Resident Care Information Sheet" has been provided in every resident room on the back of a cabinet door. The Resident Care Information Sheet shall provide detailed information regarding the plan of care for the individual and any specific needs. It is placed behind the closet door to assure confidentiality and maintain the dignity of the person.</p> <p>The Resident Care Information Sheet will be reviewed at every Care Planning Meeting to assure it adequately reflects the current conditions of the resident. It will also be updated any time there is a change in condition.</p> <p>Oversight of the implementation is the responsibility of the Director of Nursing. <i>INSERVICES done by DDN.</i></p> <p>Quality Monitoring for Assistive Devices: Each calendar quarter, every resident with an order for an assistive device will be reviewed to assure the assessment, orders, and care plan match. The Nursing Supervisors will report the results of the review to the Quality Steering Committee.</p> <p>Assessment Procedure: A fall protocol for assessment has been developed and provided to the Charge Nurses and Nursing Supervisors throughout CHRISTUS St. Joseph Villa. The protocol will outline steps to be taken by a nurse in the event of a fall and any continued monitoring that is required due to the condition of the resident.</p>	<p>1/4/02</p> <p>1/11/02</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator DATE: 12/7/01

A deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide patient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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F 324	<p>Continued From Page 3</p> <p>The facility documented an update to this intervention, dated 2/2001 that documented to continue the 1/2 rail for positioning and safety.</p> <p>f. The quarterly minimum data set (a resident assessment and care screening form) dated 8/9/01, section P.4. (Devices and Restraints), documented that resident 1 used half rails, on one side of the bed, daily.</p> <p>2. In an interview with the facility director of nursing (DON) on 11/15/01, she stated that she had been informed of resident 1's fall and that it had been determined that a temporary CNA (certified nursing assistant) from an outside agency had worked with resident 1 on 10/1/01. She stated that it had been determined that the CNA had been unaware that resident 1 needed to have the right siderail up while in bed.</p> <p>When asked how the facility staff informed temporary staff of the needs of the residents, she stated that in the past the staff keep an information sheet, regarding the resident's needs, in the resident's closets. She stated that she was unsure if these sheets were still used and was unsure exactly how the facility staff communicated the needs of the residents to the temporary staff.</p> <p>She further stated she was unsure as to why resident 1's physician was not notified of resident 1's bruising and increased signs and symptoms of pain on movement until 10/3/01.</p>	F 324	<p>Temporary Staff Orientation: An orientation checklist and documentation form has been established to assure that each outside Licensed Nurse or Certified Nursing Assistant will have appropriate orientation to the residents and patients. On the checklist is a series of items including any special needs of the residents assigned to the temporary personnel and the location of the Resident Care Information Sheets.</p> <p>Orientation is the responsibility of the Director of Nursing. <i>IN SERVICE by DON</i></p> <p>Quality Monitor for Temporary Staff Orientation: The Nursing Staffing Coordinator will interview twenty percent (20%) or more of the first-time agency personnel to determine if the person received the orientation and if the orientation was sufficient to begin work. The results will be reported monthly to the Quality Steering Committee.</p> <p><i>ORIENTATION/DONE by STAFF DEVELOPER NURSING SUPERVISOR OR CNA COORDINATOR.</i></p>	<p>12/21/01</p> <p>1/11/02</p>

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F 324	<p>Continued From Page 1 applied."</p> <p>ii. A note, dated 10/1/01 during 3:00 PM to 11:00 PM shift, documented, "[up] for supper, moaning, [increased] s/s [signs and symptoms] pain, Lortab [pain medication] given [at] 1700 [5:00 PM], ineffective. Dr. [resident 1's attending physician] was called [at] 2100 [9:00 PM] [and] order rec'd [received] for MSO4 [Morphine Sulfate] 2-5 mg [milligrams] sq [subcutaneous] q [every] 2 [hours] prn [as needed]. 5 mg mso4 given in abdomen [with] good results...Difficult to assess [secondary to] severe dementia."</p> <p>There was no documentation that resident 1 was assessed as to why she was having increased signs and symptoms of pain.</p> <p>iii. A note, dated 10/2/01 during 3:00 PM to 11:00 PM shift, documented, "... Pt. [up] in w/c [wheel/chair] Feed by [family member] c/o [complains/of] pain when positioned, bruising noted on L side and breast area, given 5 mg morphine at 1630 [4:30 PM], and again at 2000 [8:00 PM], staff report when moving her she has pain in L leg [and] side, will continue to monitor."</p> <p>There was no documentation that resident 1's attending physician was notified of resident 1's bruising and pain in her left leg on moving.</p> <p>iv. A note, dated 10/3/01 at 10:45 AM, documented, "Spoke with [resident 1's attending physician] about Pt. guarding [and] [increased] c/o [complaints/of] pain upon movement, morphine given per order. X-ray obtained results indicate pt. does have fx [fractured] L hip [and] displaced. Spoke [with] [resident's family member]. Will be sent to [name of hospital] [after] [resident's attending physician] looks at x-ray."</p>	F 324	<p>The fall protocol specifically identifies those residents and patients that are unable to express themselves verbally due to dementia and other factors. It identifies appropriate times to contact the physician for additional assessment.</p> <p>Oversight of the implementation will be done by the Director of Nursing. <i>INSERVICES by DON</i></p> <p>Quality Monitoring for the Fall Assessment: After every fall, the Nursing Supervisors will conduct a quality check to determine if the protocol was implemented. The results of the quality check will be reported quarterly to the Quality Steering Committee.</p>	<p>1/4/02</p> <p>1/11/02</p>

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PRINTED: 11/19/
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F 324	<p>Continued From Page 2</p> <p>v. A note, dated 10/3/01 at 1:15 PM, documented that resident 1 was sent to the hospital.</p> <p>b. An undated facility "Safety Assessment" documented that resident 1 had been having multiple falls and had been assessed as requiring the use of 1/2 siderails on the right side of the bed for positioning and safety. This assessment further documented that the facility's Interdisciplinary Team (IDT) had reviewed this assessment and recommended the use of this siderail restraint.</p> <p>c. A facility "Physical Restraint Consent" form, dated 8/7/00, documented that resident 1's representative had signed this consent authorizing the use of the siderail restraint.</p> <p>d. A signed physician's telephone order, dated 8/7/00, documented, "Half side rail on rt [right] of bed to assist [with] mobility/repositioning r/t [related to] weakness r/t osteoporosis".</p> <p>e. The comprehensive care plan included a care plan problem of "Falls". This care plan problem had an original date of 5/5/99. This problem documented that resident 1's had a history of falls. The goal for this problem documented that resident 1 would remain free from falls on a daily basis. The interventions for this problem included, that the staff would ensure that resident 1 was safe and all the resident's needs were met on an every 30 minute basis. The interventions included an intervention, dated 8/7/00, of 1/2 siderails on the right side of the bed to assist with mobility and repositioning related to weakness and osteoporosis.</p>	F 324		