2567-L

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDI		(X3) DATE SURVEY COMPLETED C
		465095		B. WING_		05/01/2002
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, S	TATE, ZIP CODE	
CHRIST	US ST JOSEPH VILLA		451 BISHOI SALT LAKI			901 7S
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
F 157 SS=H		FICATION OF RIGHT	TS AND	F 157	F157	5/31/02
	A facility must imme consult with the resident's interested family mer involving the resident the potential for requisignificant change in or psychosocial status mental, or psychosocial status adverse consequences of treatment); or a decitive treatment; or a decitive treatment; or a decitive treatment; or a decitive treatment; or a decitive treatment (a). The facility must also and, if known, the resinterested family mentoom or roommate as: s483.15(e)(2); or a characteristic family must reconsider and phone metallic presentative or interested a significant presentative or interested and phone metallic presentative or interested and phone metallic presentative or interested family mentallic presentative or interested family mentallic presentative or interested family mentallic presentative presentative or interested family mentallic presentative presen	ord and periodically upon the resident's rested family member. Γ is not met as evidence and review of residus determined that the physicians when residuant change in medically, the physician was n	known, an accident y and has ntion; a , mental, in health, dons); a need to ue to ew form charge esident active or nange in in under need in date the legal ced by: eent facility dents ot notified es	RE	Resident 56: Multi-vitamins Arginade Geomat to bed Geomat to wheelchair Tegasorb dressing Resource Weekly weights Rule out restorative feeding late stage Alzheimer's Disease Head of bed not more than 30 Resident 116: Nylex mattress/electric bed House supplement three times Multi-vitamins Arginade twice daily Tegasorb dressing coccyx/change every three da PRN Spence boots Weekly weights Cushion pad to wheelchair Resident 165: CMP Boost (240 cc three times da Resource (120 cc three times da Resource (120 cc three times da) Irrigate with acetic acid in a.t with normal saline at h.s.	to ys and illy) or daily) twice m. and
	M	u Con	res		La ministrata	06/03/02
protection to up	ic Dauenis. The findings chara	ed above are disclosable wh <i>e</i>	ther or not a nian	of correction	correction of the first state of the contract of the contract of the continued program participation.	safeguards provide sufficient

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ATG112000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Event ID: 2WTY11

Facility ID: UT0082

The second secon

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE. TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 1 F 157 Reweigh (Resident 56, 116 and 165). The physician was not Arginine, 500 mg twice daily notified when resident blood sugars were out of Multi-vitamin each day ranges that were set by the physician. (Residents 29 and 42) The physician was not notified that a Air mattress registered dietitian had not been consulted, as Change diet to high protein ordered, in assessing and making changes to a mechanical soft, small portions resident's tube feeding regimen. (Resident 53) A change will be made to the Findings include: internal reporting format. nursing unit will receive a resident Residents with pressure sores: roster each day. The roster will be 1. Resident 56 was a 79 year old female who was used in conjunction with the current admitted to the facility on 12/5/01 with diagnoses of 24-hour report form as a quick organic brain dysfunction, vertebral fracture, and reminder of all the residents who bipolar disorder. live on that unit. The current 24hour report form does not list all A review of the resident 56's medical record was done residents on the unit. The Charge on 4/25/02 and revealed the following: Nurses are required to document on The "Weekly Nursing Summary", dated 1/27/02, those residents who have had a documented that resident 56 had a stage II pressure change in condition. By having a sore on her coccyx. The facility nurse documented daily roster at the nurses' station, that the pressure sore was treated with "Hydrcol/ the nurses are finding that it helps tegraden" and response to treatment was "? started them to remember at a glance who 1/27/02." they need to document on each day. This should help agency nurses as The "Interdisciplinary Notes" dated 1/28/02 at 4:00 AM documented that resident 56 had a stage II well pressure sore on her right inner buttock fold that measured 1 x 1 cm (centimeter). The The new form was developed and interdisciplinary note also documented, "placed the nursing staff was informed of

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Tegaderm with PolyMem to cover. Will have AM

The "Interdisciplinary Notes" dated 1/28/02 at 1:40

PM documented that physician's nurse practitioner

nurse call MD (physician) for orders."

saw resident 56.

Event ID; 2WTY11

Facility ID: UT0082

how to utilize it during their Charge

Nurse Meeting on Wednesday, May

implementation on Thursday, May

23, 2002, the Charge Nurses had

Following initial

2002.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 2 F 157 made suggestions for change that A review of the physician's progress notes would make the document work documented that the nurse practitioner had assessed resident 56 on 1/28/02. The nurse practitioner did better for them. Final revisions not document in her assessment that she was aware were made, and the Form was of resident 56's pressure sore. implemented following discussion of the process at the Charge Nurse A physician's order dated 2/4/02 documented the Meeting on Friday, May 31, 2002. treatment for resident 56's pressure sore was to It was implemented on Friday, May "cleanse with NS (normal saline) apply skin prep around area. Apply tegasorb change dressing q 31, 2002. (every) 3 to 5 days and prn (as needed)." The Ward Clerks will print out the daily rosters and check to see that An interview with the treatment nurse was done on 4/29/02 at 2:50 PM. The treatment nurse stated that the 24-hour reports indicate the physician had not been notified of resident 56's notification of appropriate pressure sore until 2/4/02. individuals when changes resident condition do occur. The facility did not notify the physician until 9 days after the pressure sore on resident 56 was first The new Pressure Ulcer Treatment identified by the facility nurses. Guideline and Notification form has 2. Resident 116, a 66-year-old male was admitted to been completed and added to the the facility, on 6/13/01, with diagnoses of medical records of residents 56, 116 quadriplegia, intraspinal abscess, esophageal reflux, and 165. This form requires the and hypothyroidism. nurse to initial the dates on which Review of the nursing notes, dated 4/19/02, the physician, family, dietitian and documented resident 116 had a stage III DQ on his Wound Care Nurse were notified of coccyx. A review of the decubitus/pressure ulcer any observation of a skin report, dated 4/19/02, documented a stage III pressure condition.. This same form was in ulcer on resident 116's coccyx, 1 cm, 1/8 in depth. On 4/22/02 the documentation stated "coccyx, stage II, development during the time that 1cm, pink in color, small slit, more from friction than Resident 53 was discharged, so it actual breakdown." was never entered into that medical record. A review of the nurses notes revealed no documentation of the physician being notified. The Ward Clerks have reorganized the medication sheets so that the In an interview with the physician on 05/01/02, she insulin administration and stated that she had not been notified of the pressure documentation of blood sugars is

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CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING CB. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA **SALT LAKE CITY, UT 84115** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 157 Continued From page 3 F 157 all on the same page. sore when it developed on 4/19/02. She had not been They have changed entries in the computer so informed until 4/25/02, when she gave orders for nursing staff to treat the pressure sore. This was 6 it prints out directions indicating where to chart the time, days after the development of the pressure sore. The what the blood sugar was, the physician also stated that she had identified a previous pressure sore on resident 116 prior to being number of units given, the site and notified by the facility. the nurse's initials. It also has a 3. Resident 165 was admitted to the facility, on space to initial if the physician was 2/9/01, with diagnoses which included dementia, notified of certain parameters as transient ischemic attacks, lumbago, renal insufficiency, degenerative joint disease, pancreatic ordered mass and digestive neoplasm. Resident 165 was re-admitted to the facility, on 9/24/01, following a When the Nursing Supervisors do temporary discharge for surgical repair of a fracture their daily checks and they discover to her left hip. an item which needed to be reported and it was not, they will In the interdisciplinary progress notes, dated 10/3/01, intervene by reminding the nurse to the charge nurse documented that resident 165 was call the family, the doctor, the given a tub bath and her TED hose (antiembolism dietitian or the Wound Care Nurse stockings) were removed. The charge nurse documented that resident 165 had been found to have right away if the nurse is on duty at dry, black scabs measuring two centimeters on both of the time. If the Charge Nurse who the resident's heels. made the omission is not on duty, the Nursing Supervisor will assume On 10/10/01, the wound team nurse documented she the task herself. had notified the resident's family of the pressure Intervention ulcers on resident 165's heels, and would notify the should take place immediately. physician. The wound nurse documented that resident 165's physician had been notified of the heel The Nursing Supervisors will report wounds on 10/11/01, 8 days after the wounds had first to the Director of Nursing the been observed. number of times interventions were Residents with Sliding Scale Insulin: required each month and action taken. The Director of Nursing will 1. Resident 29, a 81 year- old male, was admitted on 3/19/01, with diagnoses of diabetes mellitus, report the information to the osteoporosis, renal/ureter disorder, anemia, Quality Committee. hypertension, Alzheimer's and polymyalgia.

Review of resident 29's current physician's orders,

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	ERS FOR MEDICARE					FORM	APPROVEI 2567-L		
	NT OF DEFICIENCIES NOF CORRECTION	(XI) PROVIDER/SUPPLIENTIFICATION NUI		(X2) MULT	TIPLE CONSTRUCTION NG	(X3) DATE S COMPLE	URVEY ETED		
		465095		B. WING_		1	C 1/2002		
NAME OF	PROVIDER OR SUPPLIER	·	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	1 03/0	1/2002		
CHRIS	TUS ST JOSEPH VILLA	1		OP FEDERAL LANE KE CITY, UT 84115					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRODEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
F 157	dated 4/3/02, docume notified if resident 29, 400 mg/dl or below 8 The Medication and March 2002 and Apr 29, on 4/24/02. The sugar had been out of times in April as follows: DATE: TIME: 3/8/02 0630 3/14/02 1130 3/15/02 0630 3/17/02 1130 4/4/02 1130 4/4/02 1130 4/20/02 1130 4/20/02 1130 4/20/02 1130 4/20/02 1130 4/20/02 1130 4/20/02 1130 4/20/02 1130 4/20/02 1130 4/21/02 to 4/25/02 reflectabled to report out of In an interview with a 4/25/02, it was confirm	ented the physician ways blood sugar (BS) was blood was reviewed for MAR documented that range 7 times in Marcows; BLOOD SUGARS: BS 57 mg.dl BS 75 mg/dl BS 74 mg/dl BS 74 mg/dl BS 79 mg/dl BS 49 mg/dl BS 49 mg/dl BS 75 mg/dl BS 70 mg/dl BS 70 mg/dl BS 70 mg/dl BS 63 mg/dl BS 63 mg/dl BS 63 mg/dl	tes from d not been on	F 157	A sliding scale protocol h developed and was approved Medical Director in April 2 was not implemented prior arrival of the survey team, been presented to the Nurses, and implementation overseen by the Direct Nursing. The new protobegin May 31, 2002. This plan of correction is implemented by the Direct Nursing by May 23, 2002.	d by the 2002. It is to the but has Charge a will be ctor of scol will be sto be			

diagnosis of diabetes mellitus.

2. Resident 42 was an 82-year-old male who was admitted to the facility, on 1/10/99, with the

Review of resident 42's clinical record on 4/23/02

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUT		(X2) MULT A. BUILDIN B. WING	TPLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY
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CHRISTUS ST JOSEPH VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115				
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F 157	Continued From page 5	F 157		
	documented to notify the physician if resident 42's	1 15,		1
	blood sugars went below 90 or above 400mg/dl			
	The April 2002 "Medication and Treatment Record"			
	for resident 42 was reviewed on 4/23/02 and 5/1/02.			
	It was noted that during April 2002, the blood sugars			
	of resident 42 had been found by the facility nurses to			
	be out of the accepted ranges, as set by the physician,			
	on 24 occasions. The out of range blood sugars were			
	as follows:			
	DATE: TIME: BLOOD SUGARS:			1
	4/1/02 1700 59 mg/dl			
	4/4/02 0600 71mg/dl		ļ	! [
	4/4/02 1700 79mg/dl			
	4/7/02 0600 80mg/dl			}
	4/7/02 1700 77mg/dl			1
	4/7/02 2000 89mg/dl			
	4/8/02 1200 80mg/dl			
	4/10/02 1700 84mg/dl			
	4/11/02 1700 80mg/dl			
	4/12/02 1700 80mg/dl			
1	4/13/02 1700 39mg/dl			
1	4/14/02 1700 54mg/dl			
	4/15/02 0600 77mg/dl 4/16/02 1700 52mg/dl			
	1 6			
1	52			
1				
	3	i		Í
	4/26/02 1700 42mg/dl 4/28/02 1700 75mg/dl			
1	4/29/02 1700 73mg/dl			Ì
	4/30/02 2000 85mg/dl	Ì		
	55 mg/di			1
	A nurse's note, dated 4/4/02, in the medical record of			
	resident 42, documented that the physician had been			
	12, documented that the physician had been			

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	20 TOTAL MEDICATION	T TENEDICALD SERV	ICES		2567-		<u>25</u> 67-]
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MUI A. BUIID	TIPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		465095		B. WING			С
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE		<u>/01/2002</u>
CHRIST	TUS ST JOSEPH VILLA	1	451 BISH	OP FEDER KE CITY, I	AL LANE		
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F 157	notified once of an out of range blood sugar of 79 on 4/4/02. A review of the facility's hypoglycemia protocol on 4/25/02 revealed that if a resident had a blood sugar of 60mg/dl or below the physician should be notified. Resident 42 had nine out of twenty-eight blood sugars during the month of April 2002 that were below 60mg/dl. The facility could not provide any documentation that the facility nurses had followed the facility protocol.			F 157			
	5/1/02, the physician s notified once during A resident's blood sugar. resident 42 was a britt had notified her in the	uring an interview with resident 42's physician on 1/02, the physician stated she had only been stifled once during April 2002 regarding the sident's blood sugar. The physician also stated that sident 42 was a brittle diabetic and when nursing d notified her in the past about low blood sugars e had made changes to resident 42's insulin doses.					
	Residents with Nutrition	onal Changes:					
	Resident 53, an 82-year-old female was admitted to the facility, on 3/18/02, with diagnoses including cachexia, pancreatic mass causing obstructive jaundice, history of weight loss, right middle cerebrovascular accident with left sided weakness, gastrostomy (G-tube) tube placement secondary to dysphagia and diabetes mellitus.				 		
	dated 3/18/02, and phy 3/23/02 and 4/18/02, re	iew of resident 53's physician admission orders, 3/18/02, and physician progress notes, dated 02 and 4/18/02, revealed that a dietary consult rdered on 3/18/02 and again on 3/23/02.					
	On 4/29/02, a review on chart was done. There that the registered dieti	was no documented e	vidence				

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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUI	R/CLIA MBER:	F .		CONSTRUCTION		E SURVEY LETED	
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 _	US ST JOSEPH VILLA	<u></u>	SALT LA	SHOP FEDERAL LANE LAKE CITY, UT 84115					
(X4) ID PREFIX TAG	REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY C IDENTIFYING INFORMA	FIПI	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IDBE	(X5) COMPLETE DATE	
	Continued From page 7 assessment, assessing or the adequacy of the feedings. On 3/19/02 completed an "Initial listed a series of quest resident with a total so received. Residents reper the form, were con and a copy of the form registered dietitian. R of 6 and would have be nutritional risk. A care plan, initiated 3 resident 53 was in a stand wasting secondary biliary obstruction. The plan problem was that and stamina may improcare unit. Approaches nutritionist/dietitian to A nutritional care plan, that resident 53 was at status related to dysphate cerebrovascular accider. The goal addressing this the resident would have and consume greater. Approaches to the problem utritionist if needed. A tube feeding care plan apdated 4/17/02, documulate feeding placed related to the problem of the stay at the fifth of the stay at the fifth care plan problem was that and dysphagia through her stay at the fifth care plan problem was that and adequate calor.	e physician ordered tut, the facility nutrition. Nutrition Screening". ions, which would procore depending on the exceiving a score of 5 or asidered at high nutrition was to be given to the esident 53 received a treen considered at high seen considered at high at of a pancreatic mass of the goal addressing this resident 53's health; whose while on the transito the problem include evaluate the diet. Initiated 3/18/02, documented to the problem include evaluate the diet. Initiated 3/18/02, documented to the problem include evaluate the diet. Initiated 3/18/02, documented to the problem we shall be monited at and would be monited to the problem we no weight loss greate than 75% of meals date included, make resident 53 ted to a cerebrovascular and would be monitor acility. The goal address that the resident was the r	that attrition causing care veight attonal ed, cumented citional ored. That at that attrition causing care veight attritional ed, cumented citional ed, cumented citional ored. The causing care at that ar than 5 at the country of the causing care outly.	F 157					
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STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING C465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) TD (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 164 Continued From page 9 F 164 section, the resident may approve or refuse the resident" has been added to the care release of personal and clinical records to any plan of residents 95 and 98. individual outside the facility. ensure that the privacy and dignity of all residents is protected, the The resident's right to refuse release of personal and service delivery clinical records does not apply when the resident is monitor conducted monthly by the CNA transferred to another health care institution; or record release is required by law. Educator and the Nursing Supervisors. The CNA Educator will monitor this tag and will report findings of the service delivery monitor to the Quality Committee This REQUIREMENT is not met as evidenced by: each month Based on observation, it was determined that for 1 of 26 sample residents and 1 additional resident, the Corrective action will be completed facility did not provide personal privacy during times of personal hygiene. Specifically, 2 residents were by May 24, 2002. observed in their separate rooms sitting on bedside commodes while the doors to their rooms were open. Resident identifiers: 95 and 98. Findings include: 1. On 4/23/02, from 9:05 AM to 9:15 AM, resident 95 was observed to be in her room with the door open. Resident 95 was sitting on a bedside commode which was in plain view from the hallway. Resident 95's undergarments were observed around her calves. There was no curtain or other device to provide privacy to resident 95 while she was sitting on the commode. Staff were observed to walk past her bedroom door at least twice during this time and did not intervene to provide privacy. 2. On 4/23/02, from 9:10 AM to 9:20 AM, resident 98 was observed to be in her room with the door open. Resident 98 was sitting on a bedside commode and could be viewed from the hallway. There was no

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING \mathbf{C} 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 164 Continued From page 10 F 164 curtain or other device to provide privacy to resident 98 while she was sitting on the commode. Staff were observed to walk past her bedroom door at least twice during this time and did not intervene to provide privacy. Both of these residents needed staff assistance to get onto the bedside commode. Neither resident was able F282 to get up and close the bedroom door themselves. Physician orders for frequency of blood sugars on resident 42 have F 282 483.20(k)(3)(ii) RESIDENT ASSESSMENT been changed to twice daily F 282 SS=E5/23/02 0600 and 1700). Physician orders The services provided or arranged by the facility for frequency of blood pressures must be provided by qualified persons in accordance with certain with each resident's written plan of care. parameters administration of lisinopril have This REQUIREMENT is not met as evidenced by: been changed (Resident 57). Based on observation, interview and review of new order is based on stable blood resident medical records, it was determined the pressures and it reads 'D/C all Rx facility did not provide services in accordance with for daily BPs with parameters. each resident's written plan of care for 2 of 26 Continue weekly BPs." sampled residents. Specifically as per the residents plan of care, blood sugars were not monitored and The Ward Clerks will audit anti-hypertensive medication was given when the monthly recertification orders as resident's blood pressure reading indicated the well as telephone orders. The MDS medication should be held. (Residents 42 and 57) Nurse Assessors will monitor to ensure that plans of care are Findings include: implemented as ordered. 1. Resident 42 was an 82-year-old male who was assessing residents and completing admitted to the facility on 1/10/99 with the diagnosis MDS's, these nurses check to see if of diabetes mellitus. the appropriate care plans have been completed and Review of resident 42's care plan, dated 1/30/99, what interventions for care are taking revealed that the "staff will check and record blood place. They assess residents when sugars as ordered." there is a change of status, upon admission and quarterly throughout

FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 \mathbf{C} NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 282 Continued From page 11 A physician's order, dated 12/5/01, documented to F 282 the year. They also educate the monitor resident 42's blood sugars 4 times per day. Charge Nurses when they discover that a plan of care needs to be Resident 42's medical records for February 2002, completed or a treatment has been March 2002, and April 2002 were reviewed on 4/23/02 and 5/1/02. The following blood sugars that missed. The Nursing Supervisors also conduct one-to-one training of were not documented were as follows: the Charge Nurses when plans of DATE care are not being implemented TIME 2/6/02 1200 appropriately. 2/21/02 1200 2/29/02 2000 The Ward Clerks will conduct a 3/1/02 1200 quality check at least five times per 3/8/02 1200 week of every nursing unit for 3/8/02 2000 physician's orders. The orders will 3/27/02 1700 3/27/02 be checked for sign-off by a nurse 2000 4/3/02 0600 and whether they have been entered 4/5/02 1200 into medication or treatment sheet. 4/8/02 0600 If any steps are missing, the orders 4/10/02 2000 will be returned to the Charge 4/18/02 1200 Nurse 'for correction. 4/21/02 1200 4/21/02 2000 The Charge Nurses There was no documentation in the medical record of will informed of this additional step at resident 42 providing reasons for the missed blood the Charge Nurse Meeting held sugars. Wednesday, May 23, 2002. 2. Resident 57 was an 82 year old female who was The reviews will begin Thursday, May admitted to the facility, on 10/24/01, with the diagnoses of macular degeneration, hypertension, 23, 2002 lung disease, hyponatremia and fluid retention. The Ward Clerks will generate a A review of resident 57's medical record was done, on report of their quality checks 4/22/02, and revealed the following: showing the number of orders and the number of orders with missing A physician order for resident 57, dated 10/25/01, documented that vitals were to be done every Sunday steps along with information regarding action taken at the time of and to record the vital results.

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AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(XI) PROVIDER/SUPPLIE IDENTIFICATION NU	D OT A	(Х2) МИ	LTIPLE CONSTRUCTION	(X3) DATE	M APPRO
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F 282	Continued From page 12	;		F 282	DEFICIENCY)	THE STATE OF THE S	DATE
	lisinopril for her hypers' lisinopril 10 mg (milli	arder, dated 11/13/01, documented as to receive a medication, called her hypertension. The order stated, mg (milligrams) every day by mouth ½ ld if SBP<100 (systolic blood pressure 100).			the quality check. This reported to the Director of who will present the inform the Quality Assurance Teamonth.		
V 3 oi pi	A review of resident 57° orders dated April 2002 orders documented that ritals signs taken every 500 PM to 11:00 PM. Fordered to monitor, recorressure was less than 90° or monitors of hypotension	resident 57 should have sunday between the have sesident 57's physician d and call if systolic to the foreign sesident 50's and call if systolic to the foreign sesident 50's and call if systolic to the foreign sesident 50's and call if systolic to the foreign sesident 50's and call if systolic to the foreign sesident 50's and	cian We her Ours of In had		The person responsible overseeing the implementa this will be the Director of Notice Completion date is May 23, 2	tion of ursing.	
A rescaled to the control of the con	the care plan for resident cluded the problem decisident 57 was taking a rate of the care plan interessure) has been <100 (sinopril until needed. Could be been with the care plan interessure) has been <100 (sinopril until needed. Could be been with the care plan in the care of the care plan in	reased cardiac output of nedication for hyperte vention stated "BP(blosystolic) recently-hold nation to monitor BP. Medication Administra The months of Novem	nsion. ood ing on ation aber				
A re Resid stated and r 2001 that r Sunda	wiew of resident 57's tredent 57's tredent 57's treatment record to perform "vital signs record". The treatment January 2002 and Februsident 57 was to have ay monitor and record cont has s/s (signs and synthesizes).	eatment record was do rd dated November 20 s every Sunday monitor record for December ruary 2002 documente "vitals signs every	ne. 001 or				

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monitor and record of hypotension/diz treatment records if December 2001, Ja 2002 and April 200 pressure as ordered A review of the treatinterdisciplinary presummary's was don Resident 57 had low following days: On 12/23/01 resident 100. Lisinopril was don 12/30/01 resident 84. Lisinopril was don On 1/6/02 resident 57 100. Lisinopril was don On 1/12/02 resident 57 100. Lisinopril was don On 1/12/02 resident 598. Lisinopril was don On 1/14/02 resident 598. Lisinopril was don On 1/14/02 resident 598. Lisinopril was don On 1/14/02 resident 598. Lisinopril was don On 1/17/02 resident 598.	ness." The treatment recompril 2002 documented, "valued if SBP<90 or if patiziness very Sunday." Restor the months of November 102 did not document daily by the physician on 11/1: atment record, medication or or the sunday and monthly or the physician and physic	rd for vital signs ent has s/s ident 57's er 2001, 02, March viblood 3/02. record, record, rursing for the sure was 00 AM. was 00 AM.	F 282	DEFICIENCY		DAIE
671	s systolic blood pressure cumented as given at 8:00	was AM.				

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AND PLAN	OF OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIED IDENTIFICATION NU.	R/CLIA MBER:	(X2) M A. BUII	ULTIPLE CONSTRUCTION LDING			LETED
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F 282	Continued From page 1	4		F 282		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	On 1/20/02 resident 5 98. Lisinopril was do	57's systolic blood pres cumented as given at 8	sure was 3:00 AM.					
	On 1/21/02 resident 5 80 Lisinopril was doc	7's systolic blood pres- umented as given at 8.	sure was :00 AM.					
	On 1/22/02 resident 5 90. Lisinopril was doo	7's systolic blood press cumented as given at 8	sure was :00 AM.	-				
	On 1/23/02 resident 57's systolic blood pressure was 98. Lisinopril was documented as given at 8:00 AM		sure was :00 AM.					
	On 1/27/02 resident 5′ 90. Lisinopril was doc	nt 57's systolic blood pressure was documented as given at 8:00 AM. at 57's systolic blood pressure was a documented as given at 8:00 AM.						
	On 1/28/02 resident 57 100. Lisinopril was do							
1	On 2/3/02 resident 573 88. Lisinopril was doci	s systolic blood pressur umented as given at 8:	re was 00 AM.					
8	On 2/17/02 resident 57 80. Lisinopril was docu	l's systolic blood pressi umented as given at 8:	ure was 00 AM.					
3	Resident 57's nurse war 9:30 AM. The nurse stresident 57's blood pres	tated that the she did n	ot check					
F 309 SS=G	83.25 QUALITY OF	CARE		F 309				5/24/02
n ar	Each resident must rece provide the necessary con maintain the highest pra nd psychosocial well-bomprehensive assessm	are and services to atta acticable physical, me being, in accordance w	uin or					
-2567L	ATGI	12000 Event ID: 2WTY	711	Facility ID:	UT0082			

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2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

05/01/2002

465095

B. WING STREET ADDRESS, CITY, STATE, ZIP CODE

CHRISTUS ST JOSEPH VILLA

NAME OF PROVIDER OR SUPPLIER

451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETE DATE
F 309	Continued From page 15	F 309	F309	
	Use F309 for quality of care deficiencies not covered by s483.25(a)-(m). This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interviews, it was determined that for 3 of 27 sample residents and 1 additional resident, the facility staff did not ensure that residents received the necessary care and services to attain or maintain the highest practicable physical well-being by providing nutritional assessments and appropriate interventions based on those assessments. Resident identifiers: 109, 53, 163 and 45. Findings include: System breakdown: The facility had one consultant dietitian providing services for the facility. Her contract with the facility allowed her 10 to 12 hours a week in the facility, the consultant dietitian was responsible for the 173 residents in the facility, as well as all the residents in the facility's assisted living section (at least 80 additional individuals) and was also assigned to attend the weekly skin/weight team meeting. Actual harm was identified for residents 109 and 53 whose laboratory values reflected malnutrition (based on American Dietetic Association guidelines) These same residents received either late, inadequate or no dietary intervention. During interview with the consultant dietitian, on 4/25/02 at approximately 2:00PM, she stated that the person performing the Dietary Risk Assessments		Resident 53 was discharged on May 15, 2002. She moved to California to be closer to her son. Our staff had assisted in arrangements for hospice care in California prior to her discharge. The remaining residents (109, 163, 45) have all been reviewed by the Weight/Skin Team. The membership of this team includes a Wound Care Nurse, a Registered Dietitian, a Nursing Supervisor or delegate, the Nutrition Care Aide and the Nurse Educator. The Weight/Skin Team meets at least once per week until it is determined by the Quality Steering Committee that meetings can be held twice per month. The first meeting of the Weight/Skin Team was held May 21, 2002. A height and weight policy has been adopted facility wide, which include the form for standardized monthly weights and another form for weekly weights on those individuals identified at risk. The weekly weights will be taken for those individuals who are recommended by the Weight/Skin Team.	05/24/02

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING_ 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) F 309 Continued From page 16 An individualized weight/skin care F 309 "works in the kitchen, but has no formal training." plan will be initiated on every She further stated that the assessments completed by resident within 72 hours of admission this person from the kitchen were "not always to track weight/skin integrity issues accurate". The consultant dietitian indicated that she during their stay. Two new cameras was not being informed of residents who scored as "high risk" on the Dietary Risk Assessments although have been purchased the form directed the evaluator to notify the dietitian. photographs. The weight/skin care Based on record review performed throughout the plan will be brought to each survey, 3 of the 7 residents (109, 53, 45) who were weight/skin team meeting for every scored at high nutrition risk and/or had laboratory resident being reviewed during the values reflecting malnutrition (low albumin) had not meeting been evaluated by the registered dietitian. An additional registered dietitian was During an interview with the 2 individuals on the obtained through contract to begin skin/weight team on 4/25/02 at approximately 2:00 May 18, 2002 to assist the current PM, it was revealed that the skin/weight committee dietitian to evaluate the resident consisted of 1 registered nurse and the consultant needs dietitian. These two individuals stated that they met weekly. When asked if they had a written description All existing residents listed (residents of the duties of the skin/weight committee, the team 109, 163 and 145) were reviewed by members stated "no". When asked if the skin/weight a newly formed "Weight/Skin" Team team kept minutes of it's weekly meetings to identify residents discussed, recommendations made and May 21, 2002. interventions implemented, the team responded that The back of the Weight/Skin Care they kept no minutes. When asked how the team Plan contains signature lines to ensured follow-up on recommendations made during evidence which members attended the meeting, both members indicated that it was the the meetings. A photocopy of each individual nurses responsibility to provide resident's Weight/Skin Care Plan preventative measures. with the latest recommendations for A review was conducted on 5/13/02 of the quarterly intervention will serve as "minutes" Quality Assurance (QA) Committee Meeting minutes of the Weight/Skin Team Meeting. (dated 10/17/01, 1/16/02, and 4/17/02). A review The Wound Care Nurse will follow was conducted on 5/1/02 of the monthly Quality through on skin problems. Steering Committee minutes from July 2001 to The Registered Dietitian February 2002. None of the minutes reviewed will track nutrition issues. The Nutrition Care contained references to nutritional intervention and Aide will check the weights and assessment issues identified during the survey (refer report back to the Weight/Skin Team to F 521 for additional information.) at the next meeting. MS-2567L ATG112000 Event ID: 2WTY11 Facility ID:

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD B. WING		(X3) DATE SURVEY COMPLETED C	
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NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	1 03/01/200	J <u>Z</u>
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	to the facility on 12/1: hypothyroidism, organ On 4/22/02, a review facility weight history January 108.1 February 103 lbs. March 98.1 lbs. April 98.3 lbs. Between the months of 109 lost 10 lbs or 9.26 deemed "significant" to 1/30/02, resident 1 term care facility from value done at the hosp reviewed and revealed level of 2.8. A lab value 2/15/02, showed a albuthe lab used by the facility was 3.3-4.8 g/dl (gram the Manual of Clinical Association, 6th edition levels are as follows: Severe visceral protein	year-old female, was a 2/01 with diagnoses of nic brain syndrome an was conducted of resident and revealed the followand revealed the followand for January and March, and of her total weight by federal survey stands of her total weight by federal survey stands (at 1/27/02) was re-admitted to the hospital. A lab (latital (dated 1/27/02) was a serum albumin (prome taken at the facility amin level of 2.4. Accordity, a normal albumin per deciliter). Accordity, a normal albumin per deciliter (American In, 2000, page 22), albumin deficit = less than 2.4	d edema. dent 109's owing: resident which is lards. the long aboratory) as tein) dated ording to ording to Dietetic limin	F 309		an will weight se it has sht, last ost and ses their pressure pressure otein or ssed by sh the the lab ad dates upon auditing follow- s in the ving an i Clerks nem fax	
	Moderate visceral protein d Mild visceral protein d Using this as a guideling the bottom range deficit range.	ein deficit = 2.4 g/dl-2 eficit = 3.0g/dl-3.5 g/c ne, resident 109's albu	2.9 g/dl		identified as being at high a weight loss and/or malnutrition be monitored closely be Registered Dietitian and members of the Weight/Skin Specific orders will be write	risk for ion will by the other Team.	

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F 309	dated 1/30/02, and the documented "an as purplish-red-skin into 2/05/02 documented discovered reddened patient. On assessment (decubitus) on inner to approximately 2 cm-stage II decub on cook. A physician's order, or diet order for a mechanist assessment addressing breakdown or the low for resident 109. Their recommendations for calories needed to proful in an interview with the stated that she had now was not aware of the state of the skin breakdown or the skin breakdown of t	history and evaluation to nurses notes, dated by rea on coccyx that is fact." A nurses note da "CNA reported to nurse with tissue breakent patient has stage II top of right buttock not draining- and a snext." dated 03/01/02, docume anical soft NAS (no address of the weight loss, sking lab values had been on the weight loss, sking lab values had been on the increased protein about the increased protein about the increased protein about the dietitian, on 4/25/0 at been notified by nurse weight loss, the low lab in resident 109. The Nutritional weight Loss were revenented in the procedure an is responsible for the all intervention to ensure that the reliable parameters, such wels it is the responsion to ensure that the reliable dietitian, on 4/25/0 the dietitian the	ted se that she down on decub haller ented a ded salt). ho dietary ompleted and ent 109. 2, she sing and b levels or viewed, on e that " e re the as body ibility of esident o correct	F 309	interventions such as weights, high protein diet, vitamins, supplements to in calorie intake, smaller and frequent meals, enriched cere breakfast, and/or enteral feedi appropriate for each resident or orders for albumin levels written more frequently for residents found to be at rimalnutrition. The Nutrition Care Aide monitor all weights on a vibasis. She is responsible entering weights into computerized tracking proceed tracking proceed to weight/Skin Team Meetings week. She will also noting the week. She will also noting the week. She will also noting the week of the will also noting the week of the will also noting the week. She will also noting the week of the will also noting the week of the will also noting the week. She will also noting the week of the will also noting the weight of the weight of the weight of the weight of the weight loss/malnutrition or the weight loss	more als for ings as at risk. will be those sk for will weekly le for a the every fy the weight would may for an ispects isk for if the s that would All	

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 309 Continued From page 19 F 309 in to the Wound Care Nurse by the the wound nurse or by nurses pulling her aside in the halls." Ward Clerk. She will share the results with the Registered Dietitian 2. Resident 53 was an 82 year old female with so that appropriate interventions diagnoses including cachexia, pancreatic mass can be made. causing obstructive jaundice, history of weight loss, right middle cerebrovascular accident with left sided The following recommendations for weakness, gastrostomy (G-tube) tube placement intervention were made by the secondary to dysphagia and diabetes mellitus. Weight/Skin Team for the residents Resident 53 was admitted to the facility's transitional listed below: care unit, on 3/18/02. She was discharged from the transitional care unit, on 4/19/02, and was admitted Resident 109: to the facility's long term care unit, on 4/19/02. Spence boots Weekly weight On 4/29/02, resident 53's medical records from both Boost the transitional care unit and the long term care unit three times (or daily were reviewed. Resource) Turn and position every two hours A review of resident 53's admission weight, No restorative feeding due to documented in the nursing staff notes dated 3/18/02, dementia revealed that she weighed 82.5 pounds. A review of Pressure ulcer resolved resident 53's weekly weights, documented on the resident's treatment records, were as follows: 3/18/02 82.5 pounds. 3/30/02 119.5 pounds. 4/6/02 120.4 pounds. 4/13/02c77 pounds. This represents a significant weight loss of 5.5 pounds, or 6.6% from 3/18/02 to 4/13/02 (26 days). 4/28/02 75.2 pounds. This represents a significant weight loss of 7.3 pounds, or 8.8 % from 3/18/02 to 4/28/02 (41 days). 4/30/02 74.2 pounds. This weight was obtained at the request of the survey team and represents a significant weight loss of 8.3 pounds, or 10% from 3/18/02 to 4/30/02 (43 days).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

C 05/01/2002

465095

B. WING_ STREET ADDRESS, CITY, STATE, ZIP CODE

			P FEDERA E CITY, U		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FU 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) COMPLETE DATE
F 309	Continued From page 20 Calculating weight loss percentages is done be subtracting the current weight from the previous and multiplying by 100. Significant weight leas follows: 5% in one month, 7.5% in 3 month 10% in 6 months. (Reference guidance: Mar Clinical Dietetics, American Dietetic Associatedition, 2000, page 14). On 4/29/02, a review of resident 53's laborated values was done. The following albumin (a plevels were documented: 3/20/02 2.3 g/dl 3/28/02 3.6 g/dl 4/4/02 2.7 g/dl 4/11/02 2.8 g/dl 4/18/02 3.0 g/dl 4/18/02 2.7 g/dl With the exception of the value obtained on 3 all of resident 53's albumin levels were low. reference range, according to the lab used by facility, was 3.3-4.8 g/dl. An albumin level of than 2.4 g/dl is considered a severe visceral profesion deficit, an albumin level of 2.4 g/dl-2.9 g/dl considered a moderate visceral protein deficit albumin level of 3.0 g/dl-3.5 g/dl is considered visceral protein deficit. (Reference guidance Manual of Clinical Dietetics, American Dieter Association, 6th edition, 2000, page 22). On 4/29/02, resident 53's physician admission dated 3/18/02, were reviewed. It was docume that resident 53 was NPO (receiving nothing mouth) and was to receive Diabetic Resource (cubic centimeters) per hour for 20 hours or 6 hour for 24 hours via her G-tube.	ous as weight osses are ths and nual of ation, 6th ory (lab) orotein) 3/28/02, The the of less orotein is t and an ed a mild ee: etic on orders, ented by eat 80 cc	F 309	Resident 45: High protein diet H.S. – snacks Clarify diet to regular as tolerated – high protein Track behavior of isolating self in room and throwing food away Physician appointment for three- month evaluation Mattress or geomat to bed Keep bed at less than 30° elevation Multi-vitamins with minerals Gets restorative feeding Resource (120 cc three times per day) or Boost (240 cc three times per day) Resperidol started Weight meeting in two weeks Resident 163: Nothing by mouth Oral care every two hours Planned weight change program for weight loss Geomat to bed Arginine twice daily Vitamin B (100 mg) daily Vitamin B (100 mg) daily Vitamin B12 each month Aquacel with stratosorb to wound on buttocks Turn every two hours and proper positioning Hydrocortisone cream Foley catheter	
CMS-2567I	ATG112000 Event ID: 2W	TVII	Facility ID:	UT0082 If continuation	n sheet 21 of 111

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2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ C 465095 05/01/2002

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

451 BISHOP FEDERAL LANE

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 21 On 4/29/02, a review of resident 53's physician admission orders, dated 3/18/02, and all physician telephone orders from 3/18/02 through 4/29/02 was done. The following was documented: On 3/18/02, Diabetic Resource was ordered at 80 cc (cubic centimeters) per hour for 20 hours or 65 cc per hour for 24 hours via her G-tube. On 3/26/02, the facility speech therapist ordered a modified barium swallow study be completed. SALT LAKE CITY, UT 84115 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTIO	
On 4/29/02, a review of resident 53's physician admission orders, dated 3/18/02, and all physician telephone orders from 3/18/02 through 4/29/02 was done. The following was documented: On 3/18/02, Diabetic Resource was ordered at 80 cc (cubic centimeters) per hour for 20 hours or 65 cc per hour for 24 hours via her G-tube. On 3/26/02, the facility speech therapist ordered a modified barium swallow study be completed This resident was discharged on May 15, 2002. She moved to California to be closer to her son. She had a terminal diagnosis of pancreatic cancer. Villa staff made arrangements for hospice in California to follow her. Nutrition Care Plan notes on	(X5) COMPLETE DATE
On 4/2/02, the facility speech therapist documented the following, "Ready to begin diet, gradually wean from G-tube feedings. Diet of soft [with] thins [thin liquids], supervised. Double swallow. Upgrade as tolerated. Oral tablets ok. See formal report." On 4/3/02, Diabetic Resource was ordered to begin every night for 12 hours at 75 cc per hour. On 4/11/02, Diabetic Resource feedings were discontinued. It was documented that this was because the resident was eating 75% of meals. A review of the physician admission orders, dated 3/18/02 and physician progress notes, dated 3/23/02 and 4/18/02, documented that a dietary consult was ordered on 3/18/02 and again on 3/23/02. On 4/29/02, a review of the dietary section of the chart was done. There was no documented evidence that a dietary assessment, assessing resident 53's nutritional needs, the resident's significant weight fluctuations or weight loss, the low albumin levels obtained or the adequacy of the physician ordered The Director of Nursing is	
tube feedings, had been completed by the registered dietitian. On 3/19/02, an "Initial Nutrition Screening" was completed by the facility nutrition Screening" was completed by the facility nutrition ATGI 1200X Event ID: 2WTY11 Facility ID: UT1082	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 22 F 309 aide. The form listed a series of questions, which would provide each resident with a total score depending on the answers received. Residents receiving a score of 5 or more, per the form, were considered at high nutritional risk and a copy of the form was to be given to the registered dietitian. Resident 53 received a total score of 6 so would have been considered at high nutritional risk. On the "Initial Nutrition Screening" form resident 53's height was documented as 60" (5 feet) and her weight was documented as 82.5 pounds. Resident 53's nutritional needs were not assessed on this form. A review of the "Nursing Staff Notes", from 3/18/02 through 4/2/02, documented that resident 53 was receiving Diabetic Resource at 65 cc an hour for 24 hours. There was no documentation in the nurses' notes, which addressed the large weight fluctuation from 82.5 pounds on 3/18/02 to 119.5 pounds on 3/30/02. A review of the "Nursing Staff Notes", from 4/3/02 through 4/10/02, documented that resident 53's tube feeding regimen had been changed to Diabetic Resource at 75 cc per hour for 12 hours at night per her physician. There was no documentation in the nurses' notes, which addressed the large weight fluctuation from 82.5 pounds on 3/18/02 to 120.4 pounds on 4/6/02. The following was also documented in the nursing notes: On 4/4/02, the nurse documented that resident 53 had a decreased appetite due to the tube feeding running at night. On 4/7/02, the nurse documented that resident 53 had a fair appetite. ATG112000 Event ID: 2WTY11

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in the state of th	A review of the "Nur through 4/19/02, was documented that the I discontinued and the cadministration of wate time, the nurses docur good appetite and was of meals. There was nurses' notes, which acloss from 82.5 pounds 4/13/02 or the low alba 4/11/02 or 4/18/02. A review of resident 52 on the "CNA Care She through 4/19/02 was debreakfast meals review 100%, 1 was documented at 50%, 11 were documented at 50%, 11 were documented at 50%, 1 was documented were documented at 50%, 1 was documented were documented at 50%, 1 was documented at 50%, 5 were blank, and 0n 4/19/02, resident 53 cansitional care unit to	2, the nurse document d appetite. sing Staff Notes", from done. On 4/11/02, the Diabetic Resource had G-tube was to be used er and medications. Donented that resident 52 consuming an average to documented evidence didressed the significant on 3/18/02 to 77 pountamin levels obtained of the didressed the significant on 3/18/02 to 77 pountamin levels obtained of the didressed the significant on 3/18/02 to 77 pountamin levels obtained of the didressed the significant on 3/18/02 to 77 pountamin levels obtained of the didressed the significant on 3/18/02 to 77 pountamin levels obtained of the didressed the significant on 3/18/02 to 77 pountamin levels obtained of the didressed the significant of the didressed the signific	an 4/11/02 enurse been for the uring this 3 had a e of 75% be in the at weight adds on an 4/4/02, mented an 4/1/02 19 as amented blank ssible 19 100%, 2 ed as and 4 19 100%, 2 at 30%, d at s NPO. Facility's	F 309	DEHICIENC	Υ)	
C	vas ordered a mechanic oncentrated sweets. Sh	cal soft diet with low he was also receiving 3	00 cc of				

water through her G-tube every 8 hours.

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STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID m (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE (X,5)TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 24 F 309 4/29/02, was done. On 4/23/02 the nurse documented resident 53 had a fair appetite. On 4/24/02 and 4/26/02, the nurse documented resident poor appetite. On 4/27/02, the nurse documented that resident 53 was consuming an average of 50% of meals. On 4/28/02, the nurse documented that resident 53 was consuming an average of 0-25% of meals and that she refused meals when she had visitors. On 4/26/02, the physician ordered that resident 53 was to receive Diabetic Resource per her G-tube or by mouth 4 times per day and that the amount given was to be charted due to weight loss. The amount of Diabetic Resource to be given was not specified in the physician order. A review of resident 53's "Enteral Flow Sheet" was done. The nurses initialed that they had given Diabetic Resource. The amount given to the resident each day was not documented. On 4/29/02, at 8:58 AM, a nurse familiar with resident 53's care was interviewed. She was asked how much Diabetic Resource was given to resident 53 each day. She stated that she gave as much as the resident could tolerate. She was asked if the amount of Diabetic Resource given daily varied and she stated yes. On 4/29/02, at 9:48 AM, this nurse was interviewed a second time. She stated that she gave resident 53 four cartons, (240 cc each) of Resource Diabetic every day. She stated that if less than 240 cc four times daily was given, the nurse would circle their initials on the "Enteral Flow Sheet". A review of all documented physician assessments completed from resident 53's admission on 3/18/02 through 4/29/02 was done. The physician did recommend a dietary consult, on 3/23/02, to consider increasing resident 53's tube feeding regimen for weight loss and low albumin levels obtained. The weight recorded on the 3/23/02 physician assessment was 82.5. A follow up physician assessment, on

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 25 F 309 4/18/02, documented a weight of 77 pounds for resident 53 but did not address the significant weight loss of 5.5 pounds or 6.6%, which had occurred between the dates of 3/18/02 and 4/13/02. There was no documented evidence that the resident's low albumin levels obtained on 4/4/02, 4/11/02 and 4/18/02 were addressed in the 4/18/02 physician assessment. A review of all lab reports in the medical record documented that the physician had been notified of each abnormal lab value obtained by a nursing staff member. A care plan, initiated 3/18/02, documented that resident 53 was in a state of ill health, malnutrition and wasting secondary to a pancreatic mass causing biliary obstruction. The goal addressing this care plan problem was that resident 53's health, weight and stamina may improve while on the transitional care unit. Approaches to the problem included, nutritionist/dietitian to evaluate the diet. A nutritional care plan, initiated 3/18/02, documented that resident 53 was at risk for decreased nutritional status related to dysphagia secondary to a cerebrovascular accident and would be monitored. The goal addressing this care plan problem was that the resident would have no weight loss greater than 5 % and consume greater than 75% of meals daily. Approaches to the problem included, make referral to nutritionist if needed. A tube feeding care plan, initiated 3/18/02, and updated 4/17/02, documented that resident 53 had a tube feeding placed related to a cerebrovascular accident and dysphagia and would be monitored through her stay at the facility. The goal addressing this care plan problem was that the resident would ATG112000

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AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	stay on the transition problem included, ha caloric intake, monito physician and "pt [pa [gastrostomy tube] pa	al care unit. Approach al care unit. Approach we dietitian monitor for weight as ordered by attent! eating fairly well atent! [water] thru G-tu PM, the facility nutrition is stated that she complete in form for all need for residents re-adminant she usually gets anson the form from the represident could not answelly, she would gather in ified nurses' aide or the resident was admitted all document that inforwas not involved if the sore while in the facilities would document the relation in the resident's admissionate received a score of 5 on Screening" form shown in the consultant dietied that she was unawar were being made for real that she had not made arding tube-feeding chall assessment.	nes to the or adequate of the land of the	F 309				
		nd time. She stated the fresident 53's signification						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERV	ICES				2567-I	
			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		465095		B. WING_		05/	C 01/2002	
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F 309	weight loss, low albuin her tube-feeding real ANN E. CHECK TO U.S. Department of F. Number 15, olQuick Pressure Ulcer Treatrest The goal of nutrition is to ensure that the depressure ulcer contain healing Nutritional support intake or supwith a pressure ulcer intake continues to be impossible, nutritional place the patient into (approximately 30 to 1.50 grams of protein of care. As much as 2 needed. " U.S. Department of F. Number 15, Treatment 1994, p. 21; states, "Twith pressure ulcers in Assessment of the pressure ulcers in Assessment of the pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment, (e) pain a evaluation, and (g) as additional pressure ulcers in Assessment and the pressure	min levels or the chan- egimen. SEE IF THIS MAKE Health and Human Ser- k Reference Guide for- ment, December 1994 hal assessment and ma- liet of the individual was nutrients adequate to all support: Encourage of plementation if an indiction is malnourished. If the inadequate, impraction all support should be us positive nitrogen bala 35 calories/kg/day/ an /kg/day) according to 2.00 grams of protein/k Health and Human Servent of Pressure Ulcers, I The initial assessment of has several dimensions bessure ulcer, (b) completion, (c) assessment for morbidities, (d) nutritions has sessment, (f) psychos has sessment, (f) psychos has sessment, (f) psychos has sessment of risk for de	S SENSE. vices, Clinicians page 6-7. nagement with a o support lietary ividual he dietary cable, or hed to nace d 1.25 to the goals ag may be vices, December of patients : (a) het history or onal status excial eveloping y, on ht sided cident, on, he disorder.	F 309				

(Minimum Data Set) assessment, dated 11/12/01, and

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2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID TD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (X5) COMPLETE PREFIX PREETX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 309 Continued From page 28 F 309 the nursing staff notes dated 11/6/01, that resident 163 was admitted to the facility with skin intact. No pressure ulcers and no redness were documented in the descriptive portion or in the body diagram portion of resident 163's skin and body assessment, dated 11/6/01. Daily nursing staff notes for resident 163. dated 11/7/01 through 11/16/01, documented the resident's skin was warm and dry with normal color and no wounds, rashes, or dressings. The nursing staff notes documented, on 11/17/01, the resident's buttocks were excoriated. The nursing staff notes, dated 11/18/01, documented, "Stage II [area of broken skin] DQ [decubitus ulcer] to [right] buttocks." The nursing staff notes, dated 12/6/01, documented, "Excoriation to buttocks, reddened, some open areas, improving." Observation by two nurse surveyors, of a dressing change performed on resident 163 by the charge nurse on 4/23/02, revealed an area approximately 18 x 15 cm of deep purple color over resident 163's right buttock and partially over his left buttock. Site A was an open, draining, reddened area on the resident's right buttock which the nurse measured as 1 1/2 x 4 cm at the proximal end, and 2 x 4 cm across the center of the wound. There were also scattered, bleeding, open areas around and distal to the wound on his right buttock and a narrow, bleeding, open area on his left buttock. Resident 163 was totally dependent upon enteral feedings for his nutrition and fluids. As documented on his enteral feeding records, the resident had been receiving Jevity (enteral feeding formula) at 94 cc (cubic centimeters) an hour. It was documented in the nursing staff notes for resident 163, dated 11/8/01 and 11/18/01, that he was tolerating the feeding without problems.

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		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	aide, dated 11/7/01, of NPO (to receive noth feeding program. The the resident's height a resident 163 was not resident 163's screen more" equaled "High be notified. Initial assessment by a 11/9/01, documented height and weight for were no laboratory value.	screening, by the nutritic locumented resident 16 ing by mouth) and was a screening form was and weight, and it doct admitted with a pressuring score totaled "6" with a pressuring score totaled "6" with a registered dietitian, the facility needed to or resident 163 and that a lues for the resident. We sident's caloric, fluid, on the determined. The cumented resident 163 ceiving a tube feeding of formula) at a rate of 9 or hour. There was not for resident 163 until mutritional assessment 2/02, documented the illy nutritional requirer rams of protein, 2398 to 3070 cc of fluids. The cent 163's tube feeding less at 80 cc an hour for 2 dietitian documented the resident 163 with 79 grand with additional was cc water. At that time is enteral feeding provided han his nutritional	of a was a con a tube clank for amented re ulcer. There "5 or a was to a was diet of 4 cc further 3/12/02, for ments to 3270 dietitian that been a hours that the trams after the e, the wided on all aim 190	F 309				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 2567-L AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) F 309 Continued From page 30 "nursing reports some weight increase recently, even F 309 though resident's not meeting his estimated needs." It was also documented that resident 163 had edema. The registered dietician documented that it had been suggested to reduce resident 163's enteral feeding rate to 70 cc an hour, 1610 cc daily, to help reduce his weight and diarrhea, and an arginine supplement be added to his diet. The revised rate of feeding provided 64 grams of protein which was 45 to 85 grams less than his daily requirements, and 1794 calories which was 604 to 1476 kcalories less than his daily requirements, and a total of 2212 cc water daily which was 768 to 1460 cc less than his daily requirements. A comprehensive metabolic panel result (CMP), dated 11/15/01, documented resident 163's albumin was moderately low at 2.7 (normal limit 3.3-4.8). Review of the nurses' enteral feeding documentation for March 2002 and April 2002, revealed that the amounts of enteral formula resident 163 received during any shift were not documented. Nurses initialed at the end of their shifts, that they had given the resident his enteral feedings. There was no specific documentation of the times the resident was not receiving his formula, which was to run 23 hours a day and stop for one hour a day. In an interview with the charge nurse for resident 163, on 4/24/02, the nurse stated she gave the resident two or three cans of formula on the first shift. The nurse stated she tried to stop the feedings for one hour each shift, but that sometimes she had to leave it off for nursing students or aides to provide cares for the resident. There was no documentation tracking the total cc of enteral feeding resident 163 received during any 24 hour period. 4. Resident 45 was admitted to the facility on 10/5/01 ATG112000 Event ID:

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/20/2002 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 309 Continued From page 31 with the diagnoses of cerebrovascular accident, F 309 cerebrovascular disease, atrial fibrillation, constipation, edema, decubitus ulcer, right hip replacement, right hernia, and pneumonia. A review of resident 45's medical record on 4/22/02 revealed the following: The physicians progress notes from the hospital, dated 10/4/01, documented a stage 2 pressure sore on her right lateral malleolus (ankle). Resident 45 developed an additional stage 2 pressure sore on her left buttocks on 11/17/01. A review of resident 45's recertification physician orders, dated 10/5/01, documented a mechanical soft low fat diet. The same day, 10/5/01, the facility's "Dietary Communication" form documented a regular diet Resident 45's laboratory results, dated 11/2/01, documented a low albumin of 2.4 g/dL

(grams/deciliter). The facility's laboratory service states that the normal range is from 3.3-4.8 g/dL.

A review of the December 2001 "Treatment Record" documented that resident 45 began receiving 120 cc of supplement three times a day beginning 12/13/01.

During review of resident 45's medical record, it was revealed that there was no nutritional assessment performed by the dietitian. The nutritional

assessment would be needed to determine whether the high protein diet and supplements were meeting her

"Physicians Telephone Orders," dated 11/3/01,

requested a high protein diet.

calorie and protein requirements.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) F 309 Continued From page 32 F 309 Geriatric Nutrition, A Comprehensive Review, second edition, By Morley, Glick and Rubenstein pg.57, 335-338 states that, albumin is significant in regards to pressure sores, in that if an albumin level is low, visceral protein stores are low, and a high protein level is essential in the healing process. F314 The F 314 following 483.25(c) QUALITY OF CARE information identifies some of the interventions F 314 SS=Hand recommendations that were 6/21/02 Based on the comprehensive assessment of a made by the Weight/Skin Team for resident, the facility must ensure that a resident who enters the facility without pressure sores does not the residents identified in the develop pressure sores unless the individual's clinical deficiency: condition demonstrates that they were unavoidable; and a resident having pressure sores receives Resident 56: necessary treatment and services to promote healing, Multi-vitamins prevent infection and prevent new sores from Arginade developing. Geomat to bed This REQUIREMENT is not met as evidenced by: Geomat to wheelchair Based on observation, interview, review of resident Tegasorb dressing medical records, Quality Steering Committee meeting Resource minutes, Quality Assessment Committee minutes and Weekly weights review of facility policies and procedures, it was Rule out restorative feeding due to determined that for 6 of the 27 sample residents, the late stage Alzheimer's Disease facility did not ensure that residents who entered the Head of bed not more than 30° facility without pressure sores did not develop pressure sores. The facility also did not ensure that residents who had pressure sores received the Resident 95: necessary treatment and services to promote healing Nylex mattress and prevent new sores from developing. Comprehensive Metabolic Panel Arginade 1. Treatments to pressure sores were not being Calmoseptine to buttocks performed as ordered by the physician for 3 of the 6 Offered Geomat in chair (resident residents. (116, 95, 56) 2. Pressure relieving devices were not provided or refuses) were provided only after the development of pressure Supplements offered twice daily (resident refuses frequently) CMS-25671. ATG112000 Event ID: 2WTY11 Facility ID: UT0082

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM 465095			(X2) MUL A BUILD B. WING		(X3) DATE SURVEY COMPLETED C			
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	US ST JOSEPH VILLA		451 BISH(HOP FEDERAL LANE AKE CITY, UT 84115				
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	regarding skin risk as 4. Skin risk assessm the 6 residents. (116, 5. Care plans address sores were not in place The facility did not ca until it progressed int pressure sores. (165) 6. Four of the 6 resid within the facility. For developed pressure so notified until 6 to 8 de pressure sores. (116, that 1 of the 5 pressure herself prior to being	sidents. (95) of following it's own possessments. Items were not perform 95, 56, 165) sing skin breakdown/pose for 1 of the 6 resider are plan a stage 1 presson multiple stage II and sents developed pressurers 3 of the 6 residents for 16 of 16 o	ressure nts. (95) sure sore I III re sores who not tion of the un stated tified taff. he was re sores. vidence e fifth initially e of the ays after tional lculate healing gistered ey met etings to at entions ensure he skin ties.	F 314	Resident 116: Nylex mattress/electric bed House supplement three time Multi-vitamins Arginade twice daily Tegasorb dressing coccyx/change every three dr PRN Spence boots Weekly weights Cushion pad to wheelchair Resident 165: Comprehensive Metabolic Par Boost (240 cc three times dr Resource (120 cc three times dr Resource (120 cc three times dr Dressing change to buttocks daily Irrigate with acetic acid in a. with normal saline at h.s. Reweigh Arginine, 500 mg twice daily Multi-vitamin each day Air mattress	to ays and nel aily) or daily) s twice m. and protein s focus		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) Continued From page 34 F 314 F 314 Weight Skin Care Plans have also report, dated 2/21/02, documented the facility's been completed and placed in their nosocomial (house acquired) pressure sore rate to be medical record (Residents 42, 56, 5.6%, an increase from the previous month (January 2002) of 2.8%. The facility did not have 95, 116, 109, 165). documentation to evidence that it had addressed this increase in the pressure sore rate. A skin integrity procedure has been developed to ensure that residents Resident identifiers: 95, 56, 116 and 165. are assessed for the development of pressure sores upon admission and Findings include: at regular intervals, that timely 1. System Breakdown - A pattern of actual harm was notification of the physician, identified for 4 residents who developed an avoidable family, dietitian and wound care pressure sore and/or did not receive treatment and nurse occurs, that recommendations services to promote healing of a pressure sore. for appropriate intervention take Residents 95, 56, 116 and 165. place by specific interdisciplinary team members, and that routine a. The February 2002 pressure ulcer report, dated monitoring and documentation of 2/21/02, identified the facility's nosocomial pressure ulcer rate at 5.6% which was up from the January the healing process occurs. 2002 rate of 2.8%. On 4/30/02, the facility was requested to provide documentation that they had The Pressure Ulcer Risk Scale will addressed the increase in the pressure sore rate. be completed for all current Facility administration was not able to provide any residents within three weeks. This documentation to evidence that it had. When asked if scoring tool has already been used the facility had addressed the increased rate of 5.6% to assess all residents whom the in the next monthly Quality Steering Committee Meeting, the Director of Nurses stated that "For some Survey Team identified as receiving reason, it (the meeting for March 2002) was substandard care. The plan for cancelled." Further, the facility did not provide residents who score high risk is to: minutes to the April 2002 Quality Steering Committee Meeting. I. Implement the following: Based on a review conducted 5/13/02, there was no *Telephone orders will be obtained documentation in the quarterly Quality Assessment (QA) Committee minutes, dated 4/17/02, to evidence from the attending physicians and that the QA committee had addressed the increase in documented before the following

the nosocomial pressure ulcer rate.

interventions:

	TMENT OF HEALTH						7: 12/20/2002 APPROVEI 2567-I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465095			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		4		
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F 314	b. The facility had a consisted of one regist dietitian. When asked description for the duteam, the skin nurse with this team on 4/2 weekly to discuss resissues, but they did numeetings to detail who what recommendation implemented. The restant that she was not away with which survey has c. The facility was not assessing residents at The policy stated that admission to St. Jose evaluated to determing pressure sores or who breakdown." During nurse on 4/25/02 at 2 facility performed skit team nurse replied, "how individuals were pressure relieving definiter ventions, the skit resident) come in and can't turn in their bed relieve pressure on the nurse) provide pressure and wheelchair." The	skin/weight team whistered nurse and one read if there was a writtenties assigned to the skreplied, "no." During 25/02, they stated that didents with skin and woot keep any minutes of the residents were reviews and interventions we registered dietitian control of 4 of the 6 pressures.	egistered in job in/weight interview chey met reight their ewed or rere firmed e sores olicy for sores, ours of will be igh risk for skin team d if the he skin rhen asked of riate 'If they (a tory or t or can't e charge otheir bed cinued to	F 314	mobility 6. Monitor peromeals consume nurses if intake in 7. Complete skin on a weekly bas	ving devices for care (i.e. ctors, float coots) arce supplements who have sition every unable to ess than 30° cian orders pain weekly sessment by itian tivities and centage of d and notify is poor assessment	

whether an individual needed pressure relieving

to initially and then periodically reassess residents

who may have become at risk for skin breakdown.

d. The facility did not have a consistent manner to

devices. The facility did not have a consistent method

CNA assesses skin and

reports to Charge Nurse any

skin problems

8. Scheduled bathing

1	STATEMENT OF DEFICIENCIES (X1) PROVIDED (SUPPLIED (STATEMENT)							2567-
		OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUI	R/CLIA MBER:	(X2) MUI A. BUILE	LTIPLE CONSTRUCTION DING		ESURVEY LETED
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	CHRIST	SALT				RAL LANE UT 84115		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY C IDENTIFYING INFORMA	FIBI	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D RE	(X5) COMPLETE DATE
	i i i i i i i i i i i i i i i i i i i	Continued From page 36 ensure that the skin ted developed skin breakdown. I with the skin team, the aware of skin breakdoreplied that the nurses that information on a her. When she was in Stage II pressure ulcer that she was not aware asked if there were oth informed, she stated the stop her in the hall and e. Through record revisurely and an interview on 5/1/02, it was found notified regarding the for three residents untimitial identification. (2. Effected Residents a. Resident 95 was a 7 admitted to the facility of chronic obstructive pexacerbation, insulin deposteoporosis, depression disease, gastroesophage bulmonale. A nurse's note, from resecord, dated 4/3/02, do tage II decubitus on contradicted by the facil lso dated 4/3/02, which edness on buttocks, loo rea. Blanches well, place	cam was aware of residence and therefore recommend the 4/25/02 interpretation of the example of	reived care derview by became arse of place omit it to 16 had a dicated d. When we been times problem. Hout the obysician is not re sores nurse's 156.) Was gnoses OPD) itus, ry artery cor charge at has	F 314	9. Peri-care after ince episodes 10. Toilet every two hoses needed Skin risk assessments verification of by the Charge upon admission or by the Nurse Assessor at quantervals. Nursing Supervise check to see that admission risk assessments have completed. The Wound Care will monitor monthly to assure relieving devices place and that dietary and appropriate interventions have and continue to be in place. The Weight/skin Team will weekly until it is determined Quality Steering Committee	vill be Nurse Nurse will be Nurse will be MDS uarterly ors will on skin been will be Nurse are that are in other we been Il meet by the be that roperly g such nursing he held bership n will	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 314 Continued From page 37 F 314 The nurse who performed this resident's admission Nurse Education assessment was interviewed on 5/1/02. The nurse stated that she did a very thorough assessment of Physical **Therapist** (by resident 95 and that there was no skin breakdown, consultation) only the redness which she described in her admission note of 4/3/02. The Weight/Skin Team will review all residents who meet the MDS A "Weekly Nursing Summary" for resident 95 was criteria for significant weight loss completed by a facility nurse on 4/6/02. The sections or gain. The Wound Care Nurse regarding "skin condition" and "preventative" will bring a list of residents with measures were left blank. wounds to each Weight/Skin Team There was no documentation in the medical record of Meeting for review. resident 95 to evidence that facility staff had addressed the resident's coccyx area again until Actual skin checks will 4/9/02, 6 days after the admission assessment. The performed on every resident at least nurse's note of 4/9/02 documented the following: "c/o weekly by the Charge Nurses who (complaining of) buttocks being sore - has tegasorb over @ (at) buttock. Noted has - pressure sores completing their weekly stage II superficial 1-0.5, #2 - 1 cm (centimeter) and summaries With a new form one very sm (small) one with escar - 0 (no) drainage. called 'Pressure Ulcer Treatment Tegasorb caused redness on side edges - stratasorb Guideline and Notification," the applied - geo pad - et (and then) geo mattress for bed nurses will notify the physician, ordered - ..." This note documented a total of 3 family, dietitian, and Wound Care pressure sores where the admission assessment Nurse for each condition, if any, documented none. that they observe. The Wound Care The facility did not perform a skin risk assessment of Nurse will audit to ensure that resident 95, as required by their own policies. The dressings have been applied and are facility did not care plan the concern of pressure sores being changed as ordered. or any type of skin breakdown. The facility did not implement the use of pressure relieving devices until The Wound 4/9/02, the day resident 95 was identified with open Care Nurse Registered Dietitian will report the pressure sores. This was a 6 day delay from the time progress of the Weight/Skin Team the nurse had initially identified the "redness on buttocks". On 4/15/02, the physician changed the orders to treat the pressure sores to the following: "Calmoseptine q

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	(every) 3-4 X (times) Review of the April 2 95 revealed the follow There was no docume calmoseptine was app 4/18/02, 4/21/02 or 4 documentation to evid applied once on 4/16/ on 4/20/02. Sixteen of were not documented During interview with 4/25/02, she was aske 95 had developed pre dietitian stated, "no". dietary/nutritional ass dietitian to calculate p calories needed to prob. Resident 56 was a admitted to the facilit organic brain dysfunct bipolar disorder. A review of the reside on 4/25/02 and reveal The MDS (minimum comprehensive assess) by facility staff, dated documented that the of were severely impaire assistance when movi	2002 Treatment sheet is wing: entation to evidence the plied at all on 4/15/02, 1/22/02. There was dence that the calmose 1/02, once on 4/19/02 arout of 20 scheduled treas being performed. In the consultant dietitied if she was aware the assure sores. The consultant of resident 95 protein requirements a performed wound healing. 79 year old female when you 12/5/01 with diagration, vertebral fracture ent 56's medical recorder.	at the 4/17/02, eptine was and twice atments an on at resident altant b by the and o was anoses of e, and was done empleted ent 56 extensive position,	F 314	to the Quality Steering Ceach month. The Din Nursing is responsite implementing this plan. Caction for those residents of Survey Team identified as substandard quality of complemented by May 2. The remaining current will have a Pressure Ul Scale completed and place medical record by June 21,	rector of ole for Corrective whom the receiving care was 3, 2002. residents cer Risk d in their	

moving to or from a bed and wheelchair. Both MDS's documented that resident 56 was occasionally incontinent of bowel and bladder. The MDS, dated 12/18/01, documented that resident 56 had no prior

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION N		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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	history of pressure so Both MDS's documer pressure-relieving deshould be placed on a program. The care plan for resi the problem skin integdue to decrease mobil incontinence. Resident 56 was furth pressure sores due to in Alzheimer's or other of disease. The care plan following interventions. 1. "Evaluate/assess/I with RN/MD/RD/residestatus." 2. "Provide/serve/modestatus." 2. "Provide/serve/modestatus." 3. "Provide/monitor treatment." The "Nursing Admisside documented on 12/5/0 on her buttock area. An interview with the swas done on 4/23/02 at that residents weekly sides."	res or current pressure atted that resident 56 no vice for her bed and the turning and reposition dent 56, dated 12/9/01 grity and urinary incordity, fragile skin and her care planned on 2/4 mpaired transfers mobilementia and coronary in on 2/4/02 included these: monitor/document/combent/family print (as need on the properties of the properties and document on the properties of the properties and document on the properties of the properties and document on the properties of	at she at	F 314	DITCHNC		
	on the weekly nursing stated that the "Nursing Evaluation" was the fordetermine that a residencessure sore. She state nurse to determine the developing a pressure so	g Admission History as om that helped the nur nt was at risk for deve- d it was up to the indi- residents that were at a	nd se loping a vidual risk for				

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MAME OF PROVIDER OR SUPPLIER CHRISTUS ST JOSEPH VILLA STREET ADDRESS, CITY, STAIL ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115 CHRISTUS ST JOSEPH VILLA REGULATORY OR LISCUISMIN PROGRAMATION TAO PROVIDER S HANGE CORRECTION (EACH CORRECTION ACTOR SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAO DEFICIENCY TAO DEFICIENCY TAO DEFICIENCY TAO DEFICIENCY TAO DEFICIENCY TAO DEFICIENCY TAO CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAO DEFICIE	AND PLAN OF CORDECTION (AI) PROVIDER/SUPPLI			R/CLIA MBER:	WBER:			(X3) DATE SURVEY COMPLETED	
CHRISTUS ST JOSEPH VII.LA SISMAMAY STATEMENT OF DEPICIENCESS SALT LAKE CITY, UT 84115 SISMAMAY STATEMENT OF DEPICIENCESS (EACH DEPICIENCY MIST BE PRECEDED BY PAUL) FREDX TAG COMPUTE SPLAN OF CORRECTION REGOLATORY OR LOCATION PROPERTY IN PROPERTY TO THE APPROPRIATE DEFICIENCY TAG Continued From page 40 the treatment nurse and dietary when a pressure sore had developed. She further stated that the nurse is responsible to initiate the use of pressure relieving devices for the bed and wheelchair. A review of resident 56's medical record was done. A risk assessment for skin breakdown could not be found. The "Weekly Nursing Summary", dated 1/3/02, stated that resident 56 had a stage II pressure sore on her occept. The facility nurse documented that the pressure sore was treated with "Hydrool/ tegraden" and response to treatment was "? started 1/27/02." The "Interdisciplinary Notes" dated 1/28/02 at 4:00 AM documented that resident 56 had a stage II pressure sore on her right inner buttock fold that measured IX1 cm (centimeter). The interdisciplinary progress note also documented, "placed Tegaderm with PolyMem to cover. Will have AM nurse call MD (physician) for orders." The "Interdisciplinary Notes" dated 1/28/02 at 1:40 AM documented that physician's nurse practitioner saw resident 56 in Propositioner had assessed documented that the nurse practitioner find					B. WING				
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not document in her assessment that resident 56 had a stage II pressure sore. A review of the physician orders revealed that 2/4/02		the treatment nurse and had developed. She for responsible to initiate devices for the bed and A review of resident 5 risk assessment for sk found. The "Weekly Nursing that resident 56 had resident 56. A review of the physicial for orders." The "Interdisciplinary is a resident 56. A review of the physicial focumented that properties of the physicial focumented that the nurses of the physicial focumented that the physicial focumented that the physicial focumented that the physicial focumented that the physicial focume	and dietary when a presurther stated that the nather use of pressure read wheelchair. 66's medical record was in breakdown could not be a stage of the stage of	urse is lieving stated of the lieving stated vhich was look which was look lieving started at 4:00 If that sciplinary derm call MD at 1:40 tioner ssessed er did state is had	F 314				

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2567-I STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 41 F 314 F 314 was the first time, since the pressure sore was discovered on 1/27/02, that there was documentation of the physician being made aware of resident 56's pressure sore. This was 8 days after the initial identification of the pressure sore by facility nurses. The physician's orders, dated 2/4/02, documented the following orders for resident 56's pressure sore. 1."Cleanse with NS (normal saline) apply skin prep around area. Apply tegasorb change dressing q (every) 3 to 5 days and prn (as needed). 2. "Walk q 2 hours for 15 minutes. Reposition q 2 [hours] while in bed." 3. "Boost nutritional supplement TID (three times a day) record cc(cubic centimeters) for wound healing." 4. "Ariginaid BID (twice a day) mixed in 6 to 8 ounces for wound healing." 5. "Pressure reducing mattress on bed." An interview with the treatment nurse was done on 4/29/02 at 2:50 PM. The treatment nurse stated that the physician had not been notified of resident 56's pressure sore until 2/4/02. A review of the treatment record for resident 56 documented that treatment started 2/6/02, two days after the physician had ordered to treat resident 56's pressure sore. For 10 days, from 1/27/02 through 2/5/02, the treatment for resident 56's pressure sores had not been documented as being performed. An interview with the treatment nurse was done on 4/29/02 at 2:50 PM. The treatment nurse stated that she had measured the wound on 1/28/02 and it measured 1 X 1 cm. She further stated she had measured the wound again on 2/4/02 and the wound measured 1X1.5 cm. She stated she had done a dressing change on 2/4/02. When asked if the

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F 314	with a measuring deveryes." A review of resident documented that a cocollected on 12/6/01. 2.3 g/dl (grams per diprotein deficit. The nifacility's laboratory with a review of the dietar 3/19/02, the first diet registered dietitian doresident protein needs that 61 to 84 g/dl of p. 56. This dietary asse after resident 56 was malnutrition and 51 castage II pressure son. An interview with thom 4/29/02 at 2:50 PM 56 received boost supplement proper day. The dietitian received a mechanical grams of protein a day. A review of "C.N.A. percentage of meal in "C.N.A. Care Sheet" 12002, February 2002, resident 56's meal intro of her meals.	sured resident 56's previce the treatment nurs. 56's laboratory results implete metabolic panel Resident 56 had an all eciliter) which reflected ormal range according as 3.3 to 4.8 g/dl. The dietary note documenting the estimals. The dietary note documenting the estimals. The dietary note documenting the was identified with severe lays after she was identified. The dietitian stated plement three times a wided 15 grams of extralso stated that resided I soft diet that would plement the complete of the complete identified. Care Sheet "documentake for resident 56. The for December 2001, Jamarch 2002, documentake. She ate approximation."	el was Ibumin of ed a severe g to the on y the ted cumented resident 103 days tified with vas done resident day. The a protein nt 56 rovide 45 ted the The nuary nted ately 50%	F 314			
	120 cc three times a d would receive 60 gran	ay of her boost supplements of a protein a day.	ment she The				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465095 NAME OF PROVIDER OR SUPPLIER STREET A			VCLIA MBER:	(X2) MULT A. BUILDIN B. WING	TPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C	
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F 314	dietitian's minimum of protein per day was Resident 56 was not reduced to wound healing. A review of the facility Report", dated 4/24/0 pressure sore on her resident 56. On resident 56. On resident 56. On resident 57 stated the sore resident 57 stated t	recommendation was of a needed for resident 5 receiving the minimum meet her needs or protectly's "Decubitus/ Pressur 2, documented that resight inner buttock had but a nurse perform a skin cent 56's right inner but cm partial thickness I ddened and round in se who performed the se who performed the se looks like she [resider The nurse described the	are Ulcer sident 56's resolved. se heck on ttock, oss of the skin check it 56' is	F 314				
	The treatment nurse was interviewed on 4/29/02 at 2:50 AM. The treatment nurse was not aware that resident 56 had current skin breakdown to her right inner buttock.							
	surveyors observed a f check on resident 56 a observed to have a soil and urine without any resident 56's right inne 1 cm partial thickness	30/02 at 7:45 AM, two registered nurse ors observed a facility nurse perform a skin on resident 56 a second time. Resident 56 was ed to have a soiled incontinent brief with feces ine without any dressing on her open sore. On at 56's right inner buttock, there was a 1 cm by artial thickness loss of the epidermis that was ed and round in appearance.						
	A review of the treatment record dated April 2 documented that resident 56 was to have a tega dressing be applied on her coccyx as necessary was no documentation that that resident 56 had tegasorb dressing applied for the month of Apr		egasorb ry. There nad a					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 314 Continued From page 44 F 314 2002. A review of "Weekly Summary" for April 2002 documented resident 56's weekly skin checks. Weekly skin checks were documented on 4/1/02, 4/8/02, and 4/28/02. Documentation of two skin checks were missing. A review of resident 56's interdisciplinary notes, treatment record, and weekly summaries for April

treatment record, and weekly summaries for April 2002 was done. From 4/8/02 to 4/24/02, there were 16 days where there was no documentation of the pressure sore.

c. Resident 116, a 66-year-old male, was admitted to the facility on 6/13/01 with diagnoses of quadriplegia, intraspinal abscess, esophageal reflux, and hypothyroidism.

Resident 116 was re-admitted to the long-term-care facility from the hospital on 8/16/01. A nursing admission assessment dated 8/16/01 was reviewed. It was documented on this assessment that resident 116's "skin [was] intact, coccyx area excoriated/reddened".

A weekly nursing summary dated 8/19/01 reported the skin condition as being "intact, very excoriated".

A lab report dated 8/31/01 documented an albumin (protein) level of 2.7 g/dl.

Further review of the weekly nursing summaries revealed the following skin conditions for resident 116:

10/5/01 stage II coccyx 10/19/01 stage II coccyx

11/5/01 stage II coccyx

11/12/01 pt. (patient) has small skin breakdown 11/19/01 stage II coccyx

CMS-2567L

ATG112000 Event ID: 2WTY11

Facility ID: UT0082

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AND PLAN OF CORRECTION IDENTIFICATION		(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM	UMBER: A BUILDING B. WING		TIPLE CONSTRUCTION NG	COMPL	
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F 314	12/19/01 stage II 12/26/01 stage II 12/26/01 stage II 1/05/02 stage II cocc A diet order for regul documented in the di Further review of the chart revealed no diet addressing the low al ulcers. A weekly nursing rep stage II on the coccyx progress report dated coccyx decub." (decut A care plan dated 1/3 supplement BID (twic discovery of the press A review of the medic assessment completed the low albumin level pressure sore was disc A physician progress (decubitus) ulcer to co per nursing." Review of the nursing documented a stage II	coccyx syx coccyx ½ by ½ cm (ce coccyx coccyx coccyx yx-resolved ar mechanical soft was etary notes on 7/31/01. dietary section of the r ary evaluation from 8/ bumin value or the pre ort dated 1/19/02 docu a. A review of the phys 1/28/02 documented a bitus) 0/02 documented Argi ae a day), ten days after ure sore. cal records revealed a ce lon 02/14/02, six mon and four months after covered. note dated 3/27/02 stat accyx- Arginaid BID- r notes, dated 4/19/02, I DQ on coccyx. A rev er report, dated 4/19/0 stage III, 1 cm, 1/8 in	medical for to 1/02 essure mented a ician "stage II nad r the dietary ths after the first ted, " DQ resolved	F 314			

STATEMENT OF DEFICIENCIES		ICES				2567-L	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SU IDENTIFICATION				(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	On 4/22/02, the docu II, 1cm, pink in color than actual breakdow. There was no docume resident 116 to evider notified of this pressure orders were obtained nursing staff had inition. On 4/25/02 at 9:40 A surveyors observed the with a facility nurse nobserved the pressure agreed that it appeare measured approximat with a depth of 0.25 covered by a dressing contamination. During 4/25/02, he stated that which kept reoccurrin change it one day and week". Resident 116 chis pressure sore was a treatment was not condressing "will fall off an additional interview he was asked regardin out of bed for meals. I "when you get the sam to lose your appetite." turned from side to sid back, he stated that he was willing to do what sore healed.	mentation stated coccy, small slit, more from m. entation in the medical face that the physician was sore until 4/25/02, at the treat it. This was 6 hally identified the pressure sore of residuanager. All three nursore, located on his condition to be a stage II whickled to be a stage II whickled I cm (centimeter) I m. The pressure sore and had been exposed ginterview with the rest the pressure sore was g and that "one nurse then it won't get touch continued to state that not healing because the sistent. He also stated and not be replaced." It with resident 116 on g his occasional refusate admitted this and state thing day after day, When asked if he refute, to relieve the pressure to be turned to get the pressure to get the get the pressure to get the get to get the get	record of was when days after sture sore. elent 116 reses who occyx, and oy 0.5 cm was not to fecal stident on one will need for a he felt ethat the During 4/30/02, alto get tated you tend used to be tree off his rined and oressure	F 314			
] •	The "Treatment Record orders for the nurses to wound with his (norma	provide "wound care	clean			i	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB				(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE COMPL	ETED
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F 314	F 314 Continued From page 47 change Q (every) 3 days/ PRN (as necessary) until healed" There were only two days in March 2002 that nurses documented as performing this treatment, 3/9/02 and 3/12/02. A nurse documented on the treatment sheet on 3/20/02, "appears resolved". There were no orders on the April 2002 treatment			F314			
	During interview with the physician on 5/1/0 confirmed that she had not been notified of the pressure sore until 4/25/02. The physician adding months prior to this new most recent pressure she had identified a pressure sore on resident herself. She stated that resident 116 had come of a sore bottom and that she had observed the prior to being notified by nursing staff. In an interview with the dietitian on 4/25/02, stated that she had not been notified and she was aware of the recent skin breakdown on resident d. Resident 165 was admitted to the facility, 62/9/01, with diagnoses which included dement transient ischemic attacks, lumbago, renal insufficiency, degenerative joint disease, panemass and digestive neoplasm. Resident 165 wre-admitted to the facility, on 9/24/01, followitemporary discharge for surgical repair of a fresident 165's medical record was reviewed on 4/24/02 and 4/30/02. A significant change M resident 165, dated 10/7/01, documented that resident was totally dependent upon the assistative staff members for her bed mobility (section Resident 165 was documented as being totally dependent upon staff for toileting (G1i) and for personal hygiene (G1j). There was no skin risassessment in resident 165's record.		/02, she this added that ssure sore, at 116 mplained				
			e was not lent 116. c, on entia, ncreatic was wing a				
			MDS for at the stance of ion G1a).				

PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 48 F 314 F 314 The admitting nurse documented, in the interdisciplinary progress notes dated 9/24/01, that resident 165 had a Foley catheter, a long support stocking on her left leg, and a dressing on her left hip. The admitting nurse also documented resident 165 "has a dark reddened area on her coccyx/buttocks that is not broken down" and that a protective dressing was applied. There was no further mention in resident 165's medical record of any further concern's regarding resident 165's skin integrity until the physician saw the resident, the afternoon of 10/1/01, six days after her readmission. On 10/1/01, the physician documented that resident 165's coccyx had a "butterfly area of Stage II and III breakdown". At that time, the physician ordered that the dressing continue for the pressure ulcer but requested a wound consult. Documentation on the daily nursing shift report, for 10/1/01 afternoon shift, documented that resident 165's coccyx area "is now open", and a care plan was started for resident 165's "altered skin integrity." A care plan addressing skin integrity was not initiated on 9/24/01, when nursing staff first identified the dark red area on her coccyx/buttocks. On 10/2/01, the wound team nurse assessed the pressure ulcer and began documenting on a decubitus/pressure ulcer report. The wound team nurse documented the pressure ulcer as measuring 8 cm x 4 cm x 9 cm, Stage III of superficial depth, and the wound nurse diagramed it as an inverted U shape with a round spot in the center of the U. In the interdisciplinary progress notes, dated 10/3/01, the charge nurse documented that resident 165 was

given a tub bath and her TED hose (antiembolism

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I to the same that	documented that resid dry, black scabs measus the resident's heels. The evidence that the TED 9/24/01 until 10/6/01, In an interview, on 4/2 for resident 165, the number of the resident had been on, but since the resident had been too much so that the nurse proceed. The nurse stated previous attempt TED hose had been too much so that the nurse proceed. The nurse state were removed, resident wound located on the arresident 165's left anklethat had been in the resident had been in the resident's limbs to provide increase circulation. Gets issues stimulates blood prevents blood from poor application that is too time blood vessels and near it issue damage. Carefurculation and nerve functions to make sure that ou can do so by assessinger or toe motion, and these stockings [TED so us, you must check the disensation] at least once stockings at least once stockings at least once	lent 165 had been foundaring two centimeters here was no document of hose had been remove a total of 12 days. 25/02, with the charge urse stated that the resident stated that the resident stated that the resident stated she was unable ted, that when the TEI 165 had an additional interior (top) portion of a under the area of a wident's TED hose. Basic Nursing, sevent ges are wrapped around muscular support and entle pressure against the return to the heart and ling in the extremity. If the gestion in the client's find a bandage is not too the total process. Telephone in the client's find a bandage is not too the general services (constriction), residing the clients's skin consensation."	on both of ation to ed from enurse ident's week urse 65's t, so to D hose open crinkle h d a to he eeze ulting ess agers ght. lor, cose; notion, nove	F 314	DEFICIENC	r)	
the	e leg carefully for redne	SS. Difting edema or a	kin				
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PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING_ 465095 \mathbf{C} NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F314 Continued From page 50 discoloration. Document your findings. Wash the client's legs gently each day, apply lotion if the skin is dry, and apply clean stockings." The steps for applying the TED socks, "Nursing Procedure 53-1" included: Step 2. Use the tape measure to determine proper stocking size for the client. Rationale "Stockings that are too tight may interfere with circulation." Step 7. Grasp the stocking's heel and turn it inside out. Rationale "Minimize bunching of the stocking on the client's foot." Step 9. Support the client's ankle and ease the stocking smoothly over the calf and remainder of the leg. Rationale "Prevent wrinkles from forming, which can impede circulation." Step 11. Instruct the client to report any extreme discomfort. Rationale "Prevent complications from occurring." Step 13. Document the procedure on the client's record. Rationale "Ensure continuity of care." On 10/10/01, the wound team nurse documented she had notified the resident's family of the presents.	(X4) ID	SUMMARY STATEMENT OF THE STATEMENT OF TH	KE CITY, UT	94113	
discoloration. Document your findings. Wash the client's legs gently each day, apply lotion if the skin is dry, and apply clean stockings." The steps for applying the TED socks, "Nursing Procedure 53-1" included: Step 2. Use the tape measure to determine proper stocking size for the client. Rationale "Stockings that are too tight may interfere with circulation." Step 7. Grasp the stocking's heel and turn it inside out. Rationale "Minimize bunching of the stocking on the client's foot." Step 9. Support the client's ankle and ease the stocking smoothly over the calf and remainder of the leg. Rationale "Prevent wrinkles from forming, which can impede circulation." Step 11. Instruct the client to report any extreme discomfort. Rationale "Prevent complications from occurring." Step 13. Document the procedure on the client's record. Rationale "Ensure continuity of care." On 10/10/01, the wound team nurse documented she had notified the resident's family of the pressure.	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLE DATE
physician. The wound nurse documented that resident 165's physician had been notified of the heel wounds on 10/11/01, eight days after the wounds had first been observed. There was no documentation in the decubitus/pressure ulcer report that tracked the pressure ulcer on resident 165's right ankle until 11/24/01. At that time, the nurse documented the wound was Stage III, 1 1/2 cm, superficial, with slight drainage.	of the property of the propert	discoloration. Document your findings. Wash the client's legs gently each day, apply lotion if the skin is dry, and apply clean stockings." The steps for applying the TED socks, "Nursing Procedure 53-1" included: Step 2. Use the tape measure to determine proper stocking size for the client. Rationale "Stockings that are too tight may interfere with circulation." Step 7. Grasp the stocking's heel and turn it inside out. Rationale "Minimize bunching of the stocking on the client's foot." Step 9. Support the client's ankle and ease the stocking smoothly over the calf and remainder of the leg. Rationale "Prevent wrinkles from forming, which can impede circulation." Step 11. Instruct the client to report any extreme discomfort. Rationale "Prevent complications from occurring." Step 13. Document the procedure on the client's record. Rationale "Ensure continuity of care." On 10/10/01, the wound team nurse documented she had notified the resident's family of the pressure cleers on resident 165's heels, and would notify the hysician. The wound nurse documented that esident 165's physician had been notified of the heel wounds on 10/11/01, eight days after the wounds had rest been observed. There was no documentation in the decubitus/pressure ulcer report that tracked the ressure ulcer on resident 165's right ankle until 1/24/01. At that time, the nurse documented the bound was Stage III, 1 1/2 cm. superficial with		DEFICIENCY)	

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If continuation sheet 52 of 111

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING C465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 314 Continued From page 51 F 314 The Registered Dietician did not conduct an assessment of resident 165's nutritional needs until 11/2/01, 39 days after resident 165 was admitted as a post-surgical patient and 31 days after the resident had been identified with the "butterfly area of Stage II and Stage II breakdown." The following information concerning pressure sores was found in the facility's policy and procedures and indicated how pressure sores (decubitus ulcers) were to be treated in the facility: " 1. Pressure ulcers are caused by either compression of soft tissue between bony prominences and external surface, shearing, or friction combined with moisture. 2. Interventions that will be taken to prevent pressure ulcers are: A. Regular turning of immobilized residents at least every two hours. B. Reducing shear and friction by using draw sheet, not raising the head of the bed greater than 30 degrees for extended periods. C. Providing assistive devices to increase activity. D. Keeping incontinent resident clean and dry E. Providing adequate nutritional and fluid intake F. Using pressure relieving wheelchair pads and mattresses..." The facility's policy on wound care/decubitus ulcer states the following: "1. Assessment: A. Within the first 8 hours of admission to [the facility], each resident will be evaluated to determine those who are at high risk for pressure sores or who have evidence of skin breakdown. Ongoing assessments of skin integrity will take place on each resident's bath days . . . CMS-2567L ATG112000 Event ID: 2WTY11 Facility ID:

PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 314 Continued From page 52 F 314 E. A nutritional assessment will be accomplished by the dietitian upon notification of the nursing staff. If the resident's nutritional needs are not met, appropriate supplemental measures will be initiated. Adequate protein and calorie intake will be assessed." F. Pressure ulcers will be staged using the National Pressure Ulcer Advisory Panel (NPUAP) guidelines: Stage I: Non-blanchable erythema of intact skin Stage II: Partial thickness skin loss involving epidermis and/or dermis Stage III: Full thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down but not through, underlying fascia. Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures . . . 2. Interventions: A. If the pressure sore occurs in an area of skin maceration, plans to alter the resident's nursing care to keep the resident clean and dry should be formulated. Use catheters or other devices to prevent soilage should be considered . . . D. Increased protein and calories will be added to the diet by the dietitian and/or nurse . . . 3. Documentation: All DQ"s [decubitus] will be charted on every day. Additionally, shift charting is required if dressing is changed . . . 5. The charge nurse will assess the skin. If a pressure sore is developing he or she will notify the supervisor, make a notation on the 24 hour report, make a

notation in the progress notes, begin a decubitus ulcer

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STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING C465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 314 Continued From page 53 F 314 flow sheet, update the care plan establishing a short goal for the resolution of the pressure sore, notify the family, dietician and physician . . . 8. The decubitus ulcer flow sheet is updated by the charge nurse at least every seven days." The facility was not following its own policies and procedures. Preece, Rebecca F 325 483.25(i)(1) QUALITY OF CARE F 325 F325 SS=G 5/24/02 Based on a resident's comprehensive assessment, the Resident 109 has been reviewed by facility must ensure that a resident maintains acceptable parameters of nutritional status, such as Weight/Skin Team. The body weight and protein levels, unless the resident's following recommendations for clinical condition demonstrates that this is not interventions have been made: possible. Resident 109: This REQUIREMENT is not met as evidenced by: Spence boots Based on clinical record review and staff interviews it Weekly weight was determined that the facility did not ensure that each resident maintained an acceptable parameter of Boost three times daily nutritional status as evidenced by 1 of 27 sampled Resource) residents (109) and 1 supplemental resident (53) who Turn and position every two hours experienced significant weight loss with no dietary No restorative feeding due to interventions implemented to prevent further weight dementia decline. Resident identifiers: 109 and 53. Pressure ulcer resolved Calculating weight loss percentages is done by subtracting the current weight from the previous weight, dividing the difference by the previous weight and multiplying by 100. Significant weight losses are as follows: 5% in one month, 7.5% in 3 months and 10% in 6 months. (Reference guidance: Manual of Clinical Dietetics, American Dietetic Association,

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CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 325 Continued From page 54 F 325 Resident 53: 6th edition, 2000). This resident was discharged on Findings include: May 15, 2002. She moved to California to be closer to her son. 1. Resident 109, a 98 year- old female, was admitted She had a terminal diagnosis of to the facility on 4/22/02 with diagnoses of pancreatic cancer. Villa staff made hypothyroidism, organic brain syndrome and edema. arrangements for hospice A review of resident 109 weight revealed the California to follow her. Nutrition Care Plan notes on following: resident 53 prior to discharge January 108.1 lbs. (pounds) indicate: February 103 lbs. Mechanical soft diet with low March 98.1 lbs. concentrated sweets April 98.3 lbs. Impaired ability to feed self related Between the months of January and March resident to CVA 109 lost 10 lbs (9.26%) which is significant. April 25 - Reglan (5 mg PO TID Gastric Esophageal Reflux Disease) On 1/30/02 resident 109 was re-admitted to the long April 26 - Diabetic Resource per term care facility from the hospital. A lab (laboratory) G-tube or PO PRN QID. Chart cc's value done at the hospital, dated 1/27/02, was for weight loss reviewed and revealed a serum albumin (protein) level of 2.8. A lab value taken at the facility and dated Weekly weights Goal: adequate intake of 25% or 2/15/02 showed a albumin level of 2.4. The reference range, according to the lab used by the facility, was more at most meals 3.3-4.8 g/dl. An albumin level of less than 2.4 g/dl is April 26 - sliding scale regular considered a severe visceral protein deficit, an insulin albumin level of 2.4 g/dl-2.9 g/dl is considered a Goal: April 30 diabetic Resource to moderate visceral protein deficit and an albumin level 5 cartons per day of 3.0 g/dl-3.5 g/dl is considered a mild visceral May 2 refer to hospice protein deficit. . (Reference guidance: Manual of Goal: Clinical Dietetics, American Dietetic Association, 6th (pancreatic cancer) edition, 2000, page 22). Each resident's nutritional status, A nursing admission history and evaluation form including body weight and protein dated 1/30/02 and the nurses notes dated 1/31/02 levels will be assessed by the documented a "...an area on coccyx that is Weight/Skin Team.

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDI		(X3) DATE SURVEY COMPLETED C	
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F 325	2/05/02 documented discovered reddened patient. On assessme (decubitus) on inner approximately 2 cm-stage II decub on coc A review of the dieta assessment addressin breakdown or the low for resident 109. In an interview with stated that she had no was not aware of the the skin breakdown or The facility's policy for Interview and Assess. It was documented in are contacted by the F seventy-two (72) hour within (7) days of addression, and spost-admission, and spost-admissionbut days."	"CNA reported to nurarea with tissue breakent patient has stage II top of right buttock not draining- and a sreyx." ry notes revealed that registered been contained by all the weight loss, sking all the weight loss, the low law resident 109. or Resident's Nutrition ment were reviewed or the procedure that "all Registered Dietitian with a safter admission with mission, thirty (30) days in no case exceeds nin	down on decub naller no dietary completed 2 she sing and b levels or al 1 4/25/02. I residents thin 5 follow-up //s ety (90)	F 325	The membership of this includes a Wound Care N Registered Dietitian, a Supervisor or delegate Nutrition Care Aide and the Educator. The Weight/Skin will meet at least once per until it is determined by the Steering Committee that reare being properly monitor are receiving such high dietary and nursing car meetings could be held to month. The back of the Weight/Skin Plan contains signature life evidence which members a the meetings. A photocopy resident's Weight/Skin Car with the latest recommendati intervention will serve as "mof the Weight/Skin Team Me	lurse, a Nursing c, the e Nurse n Team er week Quality esidents red and quality e that wice a in Care nes to ttended of each re Plan ons for inutes" eting.	
	In an interview with the dietitian on 4/25/02 she stated that she in the facility for approximately 10-12 hours a week. She stated that she was not aware of the policy for nutritional assessments. She stated that she is contacted of nutritional changes "by the wound nurse or by nurses pulling her aside in the halls."				The Weight/Skin Care Platidentify residents at risk for loss and malnutrition because columns for "current weight weight, amount gained or lot lab work." Low protein or a	weight e it has nt, last ost and lbumin	
	diagnoses including c causing obstructive ja right middle cerebrov	82 year old female wi achexia, pancreatic ma undice, history of weig ascular accident with l y (G-tube) tube placen	ass tht loss, eft sided		levels will be addressed levels with the phenomereceipt of the lab results	ysician	

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STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 325 Continued From page 56 F 325 secondary to dysphagia and diabetes mellitus. The Charge Nurse initials and dates the page of lab results upon Resident 53 was admitted to the facility's transitional notification of the physician. care unit on 3/18/02. She was discharged from the transitional care unit on 4/19/02 and was admitted to The Ward Clerks will be auditing the facility's long term care unit on 4/19/02. physician orders to assure follow-On 4/29/02, resident 53's medical records from both up. If there are no lab results in the the transitional care unit and the long term care unit chart within 24 hours following an were reviewed. order for lab work, the Ward Clerks will call the lab and have them fax A review of resident 53's admission weight, the information to the Villa. documented in the nursing staff notes dated 3/18/02, nursing staff will use a new tool revealed that she weighed 82.5 pounds. A review of called the Pressure Ulcer Risk Scale resident 53's weekly weights, documented on the resident's treatment records, were as follows: on admission and at every MDS. 3/18/02 82.5 pounds. I. Those residents who have been 3/30/02 119.5 pounds. identified as being at high risk for 4/6/02 120.4 pounds. weight loss and/or malnutrition will be monitored 4/13/02 77 pounds. This represents a significant closely by the Registered Dietitian and weight loss of 5.5 pounds, or 6.6% from 3/18/02 to other members of the Weight/Skin Team: 4/13/02 (26 days). 4/28/02 75.2 pounds. This represents a significant *Telephone orders need to be weight loss of 7.3 pounds, or 8.8 % from 3/18/02 to written per these interventions: 4/28/02 (41 days). 1. *Pressure reducing mattress 4/30/02 74.2 pounds. This weight was obtained at the request of the survey team and represents a or geomat significant weight loss of 8.3 pounds, or 10% from 2. *Pressure relieving devices 3/18/02 to 4/30/02 (43 days). Calculating weight loss as indicated for care (i.e. percentages is done by subtracting the current weight elbow protectors. from the previous weight, dividing the difference by float heels, Spence boots) the previous weight and multiplying by 100. 3. *Review with physician for Significant weight losses are as follows: 5% in one month, 7.5% in 3 months and 10% in 6 months. possibility of getting labs (Reference guidance: Manual of Clinical Dietetics, (CMP, albumin)

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED 2567-J STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (X5)PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 325 Continued From page 57 F 325 4. *Initiate American Dietetic Association, 6th edition, 2000, Resource supplement page 14). 5. Turn and reposition every On 4/29/02, a review of resident 53's laboratory (lab) two hours if unable to values was done. The following albumin (a protein) reposition self levels were documented: 6. Head of bed less than 30° unless physician orders 3/20/02 2.3 g/dl alternate 3/28/02 3.6 g/dl 7. Assess level of pain weekly 4/4/02 2.7 g/dl 8. Nutritional assessment by 4/11/02 2.8 g/dl 4/18/02 3.0 g/dl Registered Dietitian 4/25/02 2.7 g/dl 9. Encourage activities mobility With the exception of the value obtained on 3/38/02, 10. Monitor all of resident 263's albumin levels were low. The percentage ofmeals consumed and notify reference range, according to the lab used by the nurses if intake is poor facility, was 3.3-4.8 g/dl. An albumin level of less 11. Complete skin assessment than 2.4 g/dl is considered a severe visceral protein deficit, an albumin level of 2.4 g/dl- 2.9 g/dl is on a weekly basis by Charge considered a moderate visceral protein deficit and an Nurse. During bathing albumin level of 3.0 g/dl-3.5 g/dl is considered a mild CNA assesses skin and visceral protein deficit. . (Reference guidance: reports to Charge Nurse any Manual of Clinical Dietetics, American Dietetic skin problems. Association, 6th edition, 2000, page 22).

On 4/29/02, resident 53's physician admission orders, dated 3/18/02, were reviewed. It was documented that resident 53 was NPO (receiving nothing by mouth) and was to receive Diabetic Resource at 80 cc (cubic centimeters) per hour for 20 hours or 65 cc per hour for 24 hours via her G-tube.

On 4/29/02, a review of resident 53's physician admission orders, dated 3/18/02, and all physician telephone orders from 3/18/02 through 4/29/02 was done. The following was documented:

II. Residents at low risk:

as needed

episodes

12. Scheduled bathing

 Monitor percentage of meals consumed and notify nurses if intake is poor

13. Peri-care after incontinent

14. Toilet every two hours and

2. Complete skin assessment on a weekly basis by the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ΙĐ PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 58 F 325 F 325 Charge Nurse On 3/18/02: Diabetic Resource was ordered at 80 cc 3. During bathing. CNA (cubic centimeters) per hour for 20 hours or 65 cc per assesses skin and reports to hour for 24 hours via her G-tube. Charge Nurse any problems On 3/26/02: the facility speech therapist ordered a 4. Scheduled bathing modified barium swallow study be completed. 5. Peri-care after incontinent On 4/2/02: the facility speech therapist documented episodes the following, " Ready to begin diet, gradually wean 6. Head of bed 30° or below from G-tube feedings. Diet of soft [with] thins [thin unless ordered by physician liquids], supervised. Double swallow. Upgrade as 7. Toilet every two hours and tolerated. Oral tablets ok. See formal report." as needed On 4/3/02: Diabetic Resource was ordered to begin 8. Encourage activity (i.e. every night for 12 hours at 75 cc per hour. ambulation to bathroom dining room) On 4/11/02: Diabetic Resource feedings were discontinued. It was documented that this was Specific orders will be written for because the resident was eating 75% of meals. interventions such as weights, high protein diet, multi-A review of the physician admission orders, dated vitamins, supplements to increase 3/18/02 and physician progress notes, dated 3/23/02 and 4/18/02, documented that a dietary consult was calorie intake, smaller and more ordered on 3/18/02 and again on 3/23/02. frequent meals, enriched cereals for breakfast, and/or enteral feedings as On 4/29/02, a review of the dietary section of the appropriate for each resident at risk. chart was done. There was no documented evidence Orders for albumin levels will be that a dietary assessment, assessing resident 53's written more frequently for those nutritional needs, the resident's significant weight residents found to be at risk for fluctuations or weight loss, the low albumin levels obtained or the adequacy of the physician ordered malnutrition tube feedings, had been completed by the registered dietitian. On 3/19/02, an "Initial Nutrition Nutrition Care Aide will Screening" was completed by the facility nutrition monitor all weights on a weekly

aide. The form listed a series of questions, which

receiving a score of 5 or more, per the form, were

considered at high nutritional risk and a copy of the

would provide each resident with a total score depending on the answers received. Residents basis.

She

entering

computerized

will

She is responsible for

into

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program.

weights

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED C		
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NAME OF PROVIDER OR SUPPLIER STREET ADD					TATE, ZIP CODE	,	
CHRIST	US ST JOSEPH VILLA	A		OP FEDERA KE CITY, UI			
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F 325	form was to be given Resident 53 received been considered at him. On the "Initial Nutritors," sheight was document 53's nutritional needs. A review of the "Nutrithrough 4/2/02, document of the "Nutrithrough 4/2/02, document of the "Nutrithrough 4/10/02, and 4/6/02. The nursith of the nursith of the nursith of the nursith of the "Nutrithrough 4/10/2: the nursith of th	to the registered dietit a total score of 6 so wigh nutritional risk. tion Screening" form r mented as 60" (5 feet) ted as 82.5 pounds. R is were not assessed on sing Staff Notes", from mented that resident 5 documentation in the ed the large weight flut 3/18/02 to 119.5 pounds r hour for 12 hours at 1 de was no documentation addressed the large weight pounds on 3/18/02 to the following was also tursing notes: e documented that resident been changed to Diabor hour for 12 hours at 1 de was no documentation addressed the large weight pounds on 3/18/02 to the following was also tursing notes: e documented that resident documented that resident due to the tube feet due to the	esident and her esident this form. a 3/18/02 3 was ar for 24 nurses' ctuation ads on a 4/3/02 53's tube etic night per n in the eight 120.4 dent 53 dding dent 53 ted that	F 325	Registered Dietitian sugge obtaining an albumin level be a prudent intervention albumin level results will be in to the Wound Care Nurs Ward Clerk. She will she results with the Registered so that appropriate intercan be made. The Nutrition Care Aide monitoring weights between quarterly MDS's on a week She will be entering and traweights in a computerized of the Nutrition Care Aide withis information to the Weights information to the Weights and albumin level between the state of the Nutrition Care Aide withis information to the Weights in a Computerized of the Nutrition Care Aide withis information to the Weights Information to the Weights Information to the Weights Information The Work Information Info	request albumin that the weight of the ests that I would n. All be called the by the hare the Dietitian ventions will be een the dy basis acking all program. will bring ight/Skin and Care at risk eted as dietary en and	

PRINTED: 12/20/2002 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X.5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 325 Continued From page 60 F 325 will be done on an ongoing basis as documented that the Diabetic Resource had been the Wound Care Nurse continues to discontinued and the G-tube was to be used for the make her rounds visiting new administration of water and medications. During this time, the nurses documented that resident 53 had a admissions and assisting the Charge good appetite and was consuming an average of 75% Nurses with oversight of skin of meals. There was no documented evidence in the integrity for the residents who live nurses' notes, which addressed the significant weight at the facility. loss from 82.5 pounds on 3/18/02 to 77 pounds on 4/13/02 or the low albumin levels obtained on 4/4/02, The Weight/Skin will Team 4/11/02 or 4/18/02. produce a summary of pressure A review of resident 53's meal intakes, documented ulcer rates and interventions, plus on the "CNA Care Sheet" for April 2002 from 4/1/02 weight loss rates and interventions. through 4/19/02 was done. Out of a possible 19 The Quality Nurse will report the breakfast meals reviewed, 1 was documented as results to the Quality Committee 100%, 1 was documented at 75%, 1 was documented monthly. along with at 50%, 11 were documented as 25%, 1 was blank recommendations for corrective and 4 were documented as NPO. Out of a possible 19 lunch meals reviewed, 1 was documented at 100%, 2 action. were documented at 50%, 10 were documented as 25%, 1 was documented at 10%, 1 was blank and 4 The Director of Nursing were documented as NPO. Out of a possible 19 responsible for implementation of supper meals reviewed, 2 were documented at 75%, 2 this plan. Corrective action will be were documented at 50%, 3 were documented at 30%, completed by May 24, 2002. 3 were documented at 25%, 1 was documented at 10%, 5 were blank, and 3 were documented as NPO. On 4/19/02, resident 53 was moved from the facility's transitional care unit to a long term care unit. She was ordered a mechanical soft diet with low concentrated sweets. She was also receiving 300 cc of water through her G-tube every 8 hours.

A review of nursing notes, from 4/27/02 through 4/29/02, was done. On 4/23/02 the nurse documented resident 53 had a fair appetite. On 4/24/02 and 4/26/02, the nurse documented resident poor appetite. On 4/27/02, the nurse documented that resident 53

	TMENT OF HEALTH RS FOR MEDICARE						ED: 12/20/2002 M APPROVEI 2567-L			
AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIEF IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C				
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	4/28/02, the nurse doc consuming an average refused meals when sl	cumented that residente of 0-25% of meals at the had visitors, ician ordered that residic Resource per her Gy and that the amount weight loss. The amount weight loss. The amount weight loss in title case of resident 53's "e. The nurses' initialed esource but the amount was not documented. AM, a nurse familiar was interviewed. She was esource was given to rethat she gave as much e. She was asked if the given daily varied and 1/02, at 9:48 AM, this it time. She stated that is the stated that if less the stated that if less the iven, the nurse would enteral Flow Sheet". The physician assessent 53's admission on 3 done. The physician deconsult on 3/23/02 to co's tube feeding regimes burnin levels obtained at completed. The weight	dent 53 -tube or by given was nt of iffied in the "Enteral d that they it given to with s asked resident 53 as the e amount she nurse was she gave source nan 240 cc circle sments 3/18/02 lid consider on for I. This ght	F 325						

82.5 pounds. A follow up physician assessment on 4/18/02 documented a weight of 77 pounds for resident 53, but did not address the significant weight loss of 5.5 pounds or 6.6%, which had occurred between the dates of 3/18/02 and 4/13/02. There was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465095 NAME OF PROVIDER OR SUPPLIER CHRISTUS ST JOSEPH VILLA (X2) MULTIPLE CONSTRUCTION A BUILDING B. WING O5/01/20 05/01/20 CO 05/01/20 CO 05/01/20 CO 05/01/20 CHRISTUS ST JOSEPH VILLA STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115 (X4) ID PREPIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 325 Continued From page 62 no documented evidence that the resident's low albumin levels, obtained on 4/4/02, 4/11/02 and 4/18/02, were addressed in the 4/18/02 physician assessment. A review of all lab reports in the medical record (X2) MULTIPLE CONSTRUCTION A BUILDING CO 05/01/20 CO 05/01/20 F 3215 FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 325 A review of all lab reports in the medical record	PPROVEI 2567-L
NAME OF PROVIDER OR SUPPLIER CHRISTUS ST JOSEPH VILLA STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 325 Continued From page 62 no documented evidence that the resident's low albumin levels, obtained on 4/4/02, 4/11/02 and 4/18/02, were addressed in the 4/18/02 physician assessment. F 325 O57/01/20 PREVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 325	EY
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 325 Continued From page 62 no documented evidence that the resident's low albumin levels, obtained on 4/4/02, 4/11/02 and 4/18/02, were addressed in the 4/18/02 physician assessment.	
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no documented evidence that the resident's low albumin levels, obtained on 4/4/02, 4/11/02 and 4/18/02, were addressed in the 4/18/02 physician assessment.	(X5) OMPLETE DATE
documented that the physician had been notified by a nursing staff member of each abnormal lab value obtained. A care plan, initiated 3/18/02, documented that resident 53 was in a state of ill health, malnutrition and wasting secondary to a pancreatic mass causing biliary obstruction. The goal addressing this care plan problem was that resident 53's health, weight and stamina may improve while on the transitional care unit. Approaches to the problem included: nutritionist/dictitian to evaluate the diet. A nutritional care plan, initiated 3/18/02, documented that resident 53 was at risk for decreased nutritional status related to dysphagia secondary to a cerebrovascular accident and would be monitored. The goal addressing this care plan problem was that the resident would have no weight loss greater than 55% and consume greater than 75% of meals daily. Approaches to the problem included, make referral to nutritionist if needed. A tube feeding care plan, initiated 3/18/02, and updated 4/17/02, documented that resident 53 had a feeding tube placed related to a cerebrovascular accident and dysphagia and would be monitored through her stay at the facility. The goal addressing this care plan problem was that the resident would	

stay on the transitional care unit. Approaches to the problem included, have dietitian monitor for adequate

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMPI	ETED
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	[gastrostomy tube] particles of the part	extient] eating fairly well attent- [water] thru G-to the facility nutrition the stated that she complete eating form for all not d for residents re-admeted she will usually get d on the form from the resident could not ansulty, she would gather in ified nurses' aide or the resident was admitted and document that infort as not involved if the resident was not involved if the sore while in the facility would document the national form the resident's admission at received a score of 5 on Screening form, shown in the consultant die- defined that she was unaway were being made. She at made recommendation of changes. AM, the consultant die- defined time. She stated the foresident 53's significant in levels or the chang gimen.	on aide letes an lewly itted to the answers resident. wer the information e chart. with a rmation resident ty. She resident's ning" on. She or greater ne would letitian's tian was re that further ons stitian was at she ant les made	F 325			
	On 4/25/02, resident 5 that she had a poor app	3 was interviewed. She petite and was aware the	ne stated hat she				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 325 Continued From page 64 F 325 had lost weight. She stated that the nursing staff had been giving her a supplement via her G-tube and she was not taking it orally. F329 F 329 483.25(l)(1) QUALITY OF CARE F 329 SS=DResident 95 was admitted with a 5/1/02 Each resident's drug regimen must be free from long-time prescription of ambien unnecessary drugs. An unnecessary drug is any drug for sleep. On May 1, in less than when used in excessive dose (including duplicate thirty days, the prescription was therapy); or for excessive duration; or without discontinued adequate monitoring; or without adequate indications due to lack identified behaviors. for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the Resident 95 admitted with zyprexa reasons above. due to anxiety, apparently in the hospital. No significant behaviors This REQUIREMENT is not met as evidenced by: to justify continuation, therefore, Based on interview and review of resident medical dose reduction began May 1, 2002. records, it was determined that for 2 of 26 sampled Results are being monitored by the residents, the facility did not ensure that each Psychotropic Committee. resident's drug regimen was free from unnecessary drugs. Specifically, one resident was receiving an antipsychotic drug without adequate indications for Responsibility for monitoring the its use as well as lack of adequate monitoring. A use and related behaviors of second resident was receiving an antihypertensive psychotropic medications without adequate monitoring. Resident identifiers: and reporting to the Psychotropic 95 and 57. Committee is that of the Lead Findings include: Social Worker 1. Resident 95 was a 79 year old female who was (Resident 57) Nursing staff spoke admitted to the facility on 4/3/02 with the diagnoses with the attending physician who of chronic obstructive pulmonary disease (COPD) that the resident's blood exacerbation, insulin dependent diabetes mellitus, pressure was stable enough to give osteoporosis, depression with anxiety, coronary artery a new order which "D/C all Rx for disease, gastroesophageal reflux disease and cor daily pulmonale. **BPs** with parameters. Continue weekly BPs."

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 329 Continued From page 65 F 329 The results of the blood pressure checks have been changed to the Resident 95 was admitted to the facility from the Medication Record Sheet with the hospital with orders for Zyprexa (an antipsychotic) related medication. 5mg to be given twice a day. The Ward Clerks will The 2001 Nursing Drug Handbook indicates that audit Zyprexa is used for psychotic disorders. Medication Record Sheets at least weekly to identify discrepancies During review of the nursing admission assessment, between physician orders dated 4/3/02, the nurse documented that resident 95 documented activity. Discrepancies was "alert, oriented X 3" (to person, place and time) will be reported to the Nursing and that her long term memory was intact. Supervisor the same day, and the On 4/5/02, the facility social worker completed a action documented. psychosocial assessment which listed her diagnosis as "COPD with anxious features". Under the heading Monthly, the Ward Clerk will "Psychiatric history, DX (diagnosis) or medications" provide the Director of Nursing a the social worker listed "xanax - anxiety r/t (related report of compliance with orders to) COPD" and "celexa - Dep (depression) r/t (related and actions taken. The Director of to) COPD". There was no documentation to evidence that the social worker was aware that resident 95 was Nursing will report the results receiving Zyprexa, an antipsychotic medication. The quarterly to the Quality Assessment psychosocial assessment continued to document that Committee resident 95 was pleasant and cooperative, alert and oriented to person, place and time, that both her long facility's current policy and short term memory were intact, that she was not regarding the use of anti-psychotic verbally or physically abusive, she did not resist cares, medications states that the rationale she was not suspicious, fearful or angry. There was no documentation of any aberrant behaviors that for use of psychoactive drug would warrant the use of an antipsychotic medication. intervention must favor the resident and is based on sound risk-benefit On 4/6/02, the Weekly Nursing Summary analysis of the resident's problem documented that resident 95 oriented to person, place and potential adverse effects of the and time and that she was cooperative. drug. On 4/10/02, the social worker completed a progress

note which listed the psychotropic medications that

listed as one of the psychotropic medications. The

were being received by resident 95. Zyprexa was not

The Psychotropic Team meets the

first Wednesday of every month.

The team consists of the Medical

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 329 Continued From page 66 F 329 Director, the Social Worker, two social worker documented that resident 95 "can be social very demanding on staff and can become very anxious work designees, the when her call light is not answered promptly." There pharmacist and a charge nurse from was still no documentation that the social worker was each unit where the residents live aware that resident 95 was receiving an antipsychotic. Each month the team reviews On 4/13/02, the Weekly Nursing Summary about one fourth of all residents documented that resident 95 was oriented to person, who are receiving anti-psychotic place and time and that she was cooperative and medications so that each resident is anxious. The nurse documented under the "Behavioral problems" section of the weekly nursing reviewed at least four times each summary that resident 95 "cont. (continues) to be year plus monthly if medications or very anxious about several problems as they arrive, pt behaviors change. Team members (patient) calms down when someone sits with her, she will include residents on the agenda enjoys company." that need to be discussed the month following medication changes or On 4/15/02, the consulting pharmacist reviewed the other issues that may arise. medications of resident 95 and made a recommendation to the facility to "Clarify DX (diagnosis) Zyprexa". These are working meetings where notes and physician orders are On 4/23/02, the medical record and medications reviewed; the team members all ordered for resident 95 were reviewed by the a form indicating registered nurse surveyor. When the medication presence and participation in the administration record was reviewed, it was noted that from April 3rd through the 18th, 2002, facility staff meeting: behavior tracking did not monitor resident 95 for any aberrant behaviors discussed, decisions are made for which would have warranted the use of Zyprexa. changes in the plan of care and new physician orders are written. This It was not until 4/19/02, sixteen days after admission, meeting is generally two to three that facility staff began using a behavior tracking hours long each month. The Lead sheet to monitor for behaviors which would warrant Social Worker keeps minutes on the use of Zyprexa. The target behaviors listed on the tracking sheet included "combative with cares, behavior tracking sheets talking with unseen others and accusing others of reviews them to assure that they stealing." For April 19th through the 22nd, staff accurately depict the behaviors for documented that none of these behaviors were which the anti-psychotic is being exhibited by resident 95. Further review of the administered. The pharmacist medical record revealed that there was no care plan to

assists with this task by performing

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES m PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 67 F 329 F 329 monthly audits to ensure that antiaddress the use of an antipsychotic medication. There was also no documentation to evidence that staff had psychotics are being given for the performed a baseline exam to assess for abnormal appropriate reasons. The results are involuntary movements (tardive dyskinesia) which reported to the Director of Nursing can be caused by the use of Zyprexa. monthly and to the Pharmacy Committee quarterly. Review of the nurses notes in the medical record of Pharmacy Committee recommendaresident 95 revealed no documentation to evidence tions are forwarded to the Quality that she was combative with cares, talked with unseen others or accused others of stealing. Assurance Committee for approval and monitoring. The charge nurse, who routinely cared for resident 95, was interviewed on 4/24/02. The nurse was asked The Director of Nursing has overall why resident 95 was on Zyprexa. The charge nurse responsibility to ensure compliance responded, "For the anxiety and for the psychosis." with this regulation. When asked to clarify what she meant by psychosis, the charge nurse stated that resident 95 "was afraid and brand new to the place and its scary." The charge nurse continued to say that resident 95 gets "panicky about not being able to breathe." The charge nurse denied that resident 95 was ever verbally or physically abusive. The charge nurse did not mention any problems with resident 95 talking to unseen others or accusing others of stealing. During interview with the aide caring for resident 95 on 4/23/02, she was asked if resident 95 was verbally or physically abusive. The aide denied any problems with this and stated that resident 95 was "calm." 2. Resident 57 was an 82 year old female who was admitted to the facility on 10/24/01 with the diagnoses of macular degeneration, hypertension, lung disease, hyponatremia and fluid retention. A review of resident 57's medical record was done on 4/22/02 and revealed the following: A physician order, dated 10/25/01 for resident 57, documented that vitals were to be done every Sunday

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(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 05/01/2002 465095 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 CHRISTUS ST JOSEPH VILLA PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) TAG F 329 Continued From page 68 F 329 and to record the vital results. A physician order dated 11/13/01 documented resident 57 was to receive a medication, called lisinopril for her hypertension. The order stated, "lisinopril 10 mg (milligrams) every day by mouth 1/2 tab (tablet) hold if SBP<100" (systolic blood pressure was less than 100). A review of resident 57's recertification of physician orders dated April 2002 was done. The physician orders documented that resident 57 should have her vitals signs taken every Sunday between the hours of 3:00 PM to 11:00 PM. Resident 57's physician ordered to monitor, record and call if systolic blood pressure was less than 90 or if patient has signs and symptoms of hypotension. The care plan for resident 57 dated 11/12/01, included the problem "Decrease cardiac output" due to resident 57 taking a medication for her hypertension. One of the care plan interventions stated "BP(blood pressure) has been <100 (systolic) recently-holding lisinopril until needed. Continue to monitor BP on daily basis." A review of resident 57's Medication Administration Record (MAR) was done. The months of November 2001, December 2001, January 2002, February 2002, March 2002 and April 2002 MARs did not document any blood pressures. A review of resident 57's treatment record was done. The treatment record of resident 57 dated November 2001 stated to perform "vital signs every Sunday monitor and record". The treatment record for December 2001, January 2002 and February 2002 documented that resident 57 was to have "vitals signs every Sunday monitor and record call if SBP < 90 or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 329	Continued From page 69		F 329				
	if patient has s/s (sign						
		s." The treatment reco	rd for				
		il 2002 documented "v					
	monitor and record c	all if SBP<90 or if pati	ent has s/s				
		ness very Sunday." Re					
		the months of Novemb					•
		uary 2002, February 20					
	1 -	did not document daily					
	pressure as ordered b	y the physician on 11/2	13/02.				
	A review of resident	57'a "Monthly Nursing	_				
	A review of resident 57's "Monthly Nursing						
Summary, Interdisciplinary Progress Notes, Medication Record, and Treatment Record" was							
reviewed and revealed the following:							
	reviewed and revealed the following.						
	During the month of	November 2001 facilit	y staff had				
		nt 57's blood pressures					
	physician order, date	d 11/17/01, 9 out of 14	days.				
	During the month of	December 2001 facility	v staff had				
	During the month of December 2001 facility staff had not monitored resident 57's blood pressures 22 out of 31 days.						
	During the month of January 2002 facility staff had						
	not monitored resident 57's blood pressures 14 out of						
	31 days.						
	During the month of	February 2002 facility	staff had				
	During the month of February 2002 facility staff had not monitored resident 57's blood pressures 15 out of						
	28 days.	ar o , o oroca processo				•	
	During the month of March 2002 facility staff had not						
	monitored resident 57's blood pressures 22 out of 31						
	days.	-					
	_						
	_	April 2002 facility staf					
		7's blood pressures 26	out of 30				
	days.						

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

2567-L STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \mathbf{C} B. WING_ 465095 05/01/2002

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

			OP FEDERA KE CITY, U		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 329	Continued From page 70 A review of the treatment record, medication interdisciplinary progress notes, and monthly summary's was done.		F 329		
	Resident 57 had low systolic blood pressure following days:	s for the			
	On 12/23/01 resident 57's systolic blood pre 100. Lisinopril was documented as given at 3				
	On 12/30/01 resident 57's systolic blood pre 84. Lisinopril was documented as given at 8:				
	On 1/6/02 resident 57's systolic blood pressu 100. Lisinopril was documented as given at 8				
	On 1/7/02 resident 57's systolic blood pressu 100. Lisinopril was documented as given at 8				
	On 1/12/02 resident 57's systolic blood press 98. Lisinopril was documented as given at 8:				
	On 1/14/02 resident 57's systolic blood press 98. Lisinopril was documented as given at 8:				
	On 1/17/02 resident 57's systolic blood press 100. Lisinopril was documented as given at 8				
	On 1/18/02 resident 57's systolic blood press 100. Lisinopril was documented as given at 8				
	On 1/20/02 resident 57's systolic blood press 98. Lisinopril was documented as given at 8:				
	On 1/21/02 resident 57's systolic blood press 80 Lisinopril was documented as given at 8:0				
	On 1/22/02 resident 57's systolic blood press 90. Lisinopril was documented as given at 8:				
CMS-2567L	ATG112000 Event ID: 2W	TY11	Facility ID:	UT0082 If continuation	on sheet 71 of 111

PRINTED: 12/20/2002 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A RUILDING B. WING 465095 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) TD (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 329 F 329 Continued From page 71 On 1/23/02 resident 57's systolic blood pressure was 98. Lisinopril was documented as given at 8:00 AM. On 1/27/02 resident 57's systolic blood pressure was 90. Lisinopril was documented as given at 8:00 AM. F361 On 1/28/02 resident 57's systolic blood pressure was Resident 53 was discharged on May 100. Lisinopril was documented as given at 8:00 AM. 15, 2002. She moved to California On 2/3/02 resident 57's systolic blood pressure was to be closer to her son. Our staff 88. Lisinopril was documented as given at 8:00 AM. had assisted in arrangements for hospice care in California prior to On 2/17/02 resident 57's systolic blood pressure was her discharge. 80. Lisinopril was documented as given at 8:00 AM. Resident 57's nurse was interviewed on 4/22/02 at Resident 56: 9:30 AM. The nurse stated that the she did not check **Multi-vitamins** resident 57's blood pressures on a daily basis. Arginade Geomat to bed Geomat to wheelchair F 361 F 361 5/24/02. 483.35(a)(1)-(2) DIETARY SERVICES Tegasorb dressing SS=H Resource The facility must employ a qualified dietitian either Weekly weights full-time, part-time, or on a consultant basis. Rule out restorative feeding due to late stage Alzheimer's Disease If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently Resident 109: scheduled consultation from a qualified dietitian. Spence boots

A qualified dietitian is one who is qualified based

Association, or on the basis of education, training, or

upon either registration by the Commission on

Dietetic Registration of the American Dietetic

experience in identification of dietary needs, planning, and implementation of dietary programs. Weekly weight

three

Pressure ulcer resolved

times

Turn and position every two hours

No restorative feeding due to

daily

(or

Boost

Resource)

dementia

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING C 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 72 F 361 This REQUIREMENT is not met as evidenced by: Resident 45: High protein diet Based on staff interview, record review, and observations, it was determined that the facility failed H.S. - snacks to utilize their part-time consultant dietitian in a Clarify diet to regular as tolerated manner which provided adequate supervision to the high protein facility staff regarding: accurately monitoring and Track behavior of isolating self in assessing residents at risk for weight loss, room and throwing food away malnutrition (low albumin levels) and pressure sores. Physician appointment for three-One of 27 sample residents and 1 additional resident month evaluation experienced significant weight loss. (Residents 109 Mattress or geomat to bed and 53). Per interview with the dietician on 4/25/02 Keep bed at less than 30° elevation and 4/29/02, the dietician had not been notified by the Multi-vitamins with minerals facility of the resident's weight loss. Please also refer Gets restorative feeding to tag F-325. Resource (120 cc three times per day) or Boost (240 cc three times Five of 27 sample residents and 1 additional resident had labs reflecting low albumin (malnutrition) that per day) had not been addressed by the dietician. (Residents Resperidol started 109, 116, 56, 53, 163, and 45). Please also refer to Weight meeting in two weeks tag F-309. Resident 163: In the case of 4 of the 6 sample residents (residents Nothing by mouth 116, 109, 95, 42), with pressure sores, an interview on 4/25/02 with the dietician documented that she Oral care every two hours was not made aware by the facility that the residents Planned weight change program for had developed pressure sores while in the facility. In weight loss regards to resident 56, the dietician was not made Geomat to bed aware of the pressure sore development for 51 days Arginine twice daily after development. In regards to resident 165, the Vitamin B (100 mg) daily dietician was not made aware of the pressure sore Vitamin B12 each month development for 31 days. Please also see F-314. Aquacel with stratosorb to wound Findings include: on buttocks Turn every two hours and proper In an interview with the dietitian on 4/25/02, she positioning stated that she was in the facility for approximately Hydrocortisone cream 10-12 hours a week in which she is responsible for Foley catheter ATG112000 Event ID: 2WTY11 Facility ID:

PRINTED: 12/20/2002

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STATEME	NT OF DEFICIENCIES	JERRY					2567
AND PLA	N OF CORRECTION	(XI) PROVIDER/SUPPLIEI IDENTIFICATION NUI	R/CLIA MBER:	A. BUILI		(X3) DATE S COMPLE	URVEY ETED
		465095		B. WING	·	ľ	C
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY.	STATE, ZIP CODE	05/0	1/2002
	TUS ST JOSEPH VILLA		451 BISH(SALT LAI	OP FEDER	PAL LANE		
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	Continued From page 73 assessments and follor (173 residents in the findividuals in the assistated that some of the used in the skin/weigh was asked if this was stasks assigned to her, so tasks assigned to her, so the was asked if this was stasks assigned to her, so the factor of the documentation which it dietitian was "promptly change in the resident's directed by their own post of the facility did review the facility did review the facility did review the facility failed to proservices, which maintain albumin levels for each to the facility on 4/22/02 hypothyroidism, organically the facility on 4/22/02 hypothyroidism, an albumin level oped a pressure sor had not been informed on the facility of the facility on 4/22/02 hypothyroidism, organically of the facility of the	w-ups for up to 285 rescility and at least 80 a sted living center). She acility and at least 80 a sted living center). She acility was unable to provide the stated "No". Incility was unable to produce the stated "No". Incility was unable to produce the consultant of the consultant of the proper individual to the prop	additional e further s also dietitian olete the roduce at difficant s and record, dualized atritional and low by: mitted edema. 26% in and tian s.	F 361	The job description registered dietician was May 10, 2002. An accontracted registered began work May 18, 2002 hours of the two individuals	dictional dicticians dicticians decrease dictional dicti	

AND PLAN	VT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NU	R/CLIA MBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465095		B. WING			C
NAME OF I	PROVIDER OR SUPPLIER	403073	STREET ADE	DECC OFFI		05/0	1/2002
	US ST JOSEPH VILLA		451 BISHO SALT LAI	OP FEDER. KE CITY, U	STATE, ZIP CODE AL LANE JT 84115		
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l de la companya de l	significant weight lose	te a dietary assessment as completed. Resident as completed. Resident as completed. Resident as completed. Resident as of 10% which occurred alays) which was not ad on facility laborator, albumin levels that we alting in various levels are not addressed by the example of the pressure and the from a supple of the pressure and the from a supple of the pressure and the from a supple of the pressure and a low albumin level of the pressure and the from a supple of the pressure and the from a supple of the pressure and the pressure and the from a supple of the pressure and the pressure of the pressure and the pressur	at 53 had a led from addressed by tests, ere below of lee lee lee lee lee lee lee lee lee le	F 361	The activities of the reg dietician will be reported Director of Nursing and Administrator at least monthly any recommendations. The Quality Assurance Committee of the weight/sking when they provide their surface of weight loss rates and presore rates along with interventions to the Committee quarter the Weight/Sking Care Plantidentify residents at risk for weight amount gained or loss and malnutrition because columns for "current weight weight, amount gained or loss lab work." The Charge Nursenotify the physician of low pror albumin levels upon received the lab results. The Charge Nurse initials and	to the d the ly with mittee h the team mmary ressure the Quality orly. In will weight it has t, last st and se will rotein ipt of dates upon diting ollowin the mg an	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 75 will call the lab and have them fax F 361 resident 56 averaged approximately 50% the information to the Villa. consumption. 5. Resident 45 was an 86 year old female admitted to Those residents who have been the facility on 10/5/01 with the diagnoses of identified as being at high risk for cerebrovascular accident, cerebrovascular disease, weight loss and/or malnutrition will atrial fibrillation, constipation, edema, decubitus be monitored closely ulcer, right hip replacement, right hernia, and by the Registered Dietitian and other pneumonia. Resident 45 was admitted to the facility with a pressure sore and developed a second pressure members of the Weight/Skin Team. sore on 11/17/01. A low albumin of 2.4 (severe) was found on 11/2/01. The medical record did not Orders for albumin levels will be contain a dietary assessment to calculate calorie and written more frequently for those protein needs for resident 45. residents found to be at risk for malnutrition. 6. Resident 163 was and 81 year old male admitted to the facility on 11/6/01 with diagnoses which included right sided hemiparesis secondary to The Wound Care Nurse will request cardiovascular accident, anemia, congestive heart a physician's order for an albumin failure, hypertension, pneumonia, aphasia, level when she suspects that the depression, and seizure disorder. An initial nutrition resident may be at risk for weight screening was completed by the nutrition aide, on loss/malnutrition 11/7/01, which rated resident 163 as high nutrition OΓ if the Registered Dietitian suggests that risk. The initial assessment by the dietician was obtaining an albumin level would completed 11/9/01 and documented that the facility needed to obtain a weight and height and laboratory be a prudent intervention. values were needed in order to determine caloric, albumin level results will be called fluid and protein needs of the resident.. A albumin in to the Wound Care Nurse by the level was obtained on 11/15/01 of 2.7 reflecting a Ward Clerk. She will share the moderate protein depletion. No further nutritional results with the Registered Dietitian assessment was completed until 3/12/02, so that appropriate interventions approximately 4 months after admission. can be made 7. Resident 165 was 88 year old female admitted to the facility on 2/9/01 with diagnoses which included The Director of Nursing will be dementia, transient ischemic attacks, lumbago, renal responsible for overseeing the insufficiency, degenerative joint disease, pancreatic implementation of the registered mass and digestive neoplasm. Resident 165 was re-admitted to the facility, on 9/24/01, following a dietician's responsibilities implementation of the added duties.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 76 F 361 temporary discharge for surgical repair of a fracture to her left hip. The resident developed "butterfly" area of stage II and III breakdown on her coccyx on 10/1/01. Two additional pressures with eschar were identified on resident 165 heel's on 10/3/01. The dietician did not conduct a dietary assessment of resident 165's nutritional needs until 11/2/01, 31 days after the resident was identified with pressure sores. 8. Resident 95 was a 79 year old female who was admitted to the facility on 4/3/02 with the diagnoses of chronic obstructive pulmonary disease (COPD) exacerbation, insulin dependent diabetes mellitus, osteoporosis, depression with anxiety, coronary artery disease, gastroesophageal reflux disease and cor pulmonale. Resident 95 was identified with no pressure sores upon admission to the facility. The resident was then identified with 3 pressures ulcers on 4/9/02. There was no dietary assessment to address her nutritional needs. When the dietician was interviewed concerning resident 95, she indicated that she was unaware that they had developed. 9. Resident 42 was an 82-year-old male who was admitted to the facility on 1/10/99 with the diagnosis of diabetes mellitus, Hypertension, glaucoma, atherosclerosis, obstructive ascending cholangitis with gallstones, pancreatitis, choledocholithiasis, chronic cholecystitis. Resident 42 was assessed by the podiatrist on 4/15/02 as having a stage III pressure sore on his left heal. The dietary aide assessed resident 42 on 4/16/02 but the assessment did not contain any information regarding the pressure sore or any potential increase in protein consumption to promote healing. The resident was last assessed by the dietician on 1/31/02. On 4/25/02 the dietician was interviewed and indicated that she was unaware that the resident had developed a pressure sore.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDII		(X3) DATE SURVEY COMPLETED C	
		465095		B. WING_		05/0	1/2002
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	ORESS, CITY, S	TATE, ZIP CODE		
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F 361	Continued From page 7	7		F 361			
F 371 SS=B	483.35(h)(2) DIETAI			F 371	F371		5/16/02
	The facility must stor food under sanitary or	e, prepare, distribute, a onditions.	and serve		The Dietary Manager will doing daily checks of the s	solution	
		T is not met as eviden	- 1		and report the results monthly Quality Committee.	y to the	
	Based on observation facility did not prepar conditions.	it was determined that the food under sanitary	t the		The Quality Committee me	et May	
	Findings include:				16, 2002 and accepted the procedure and noted that the data collection has begun.	e new ne new	
	An inspection of the k 4/24/02. Four buckets were tested with chlor member. The test strip buckets indicating a p exceeding 200. The or when tested indicating the sanitizing solution between 50 ppm and r	with towels stored in rine test strips supplied as turned black in two pm (parts per million) ther two buckets remain g a ppm below 10. In on to be effective it must	them I by a staff of the ned white order for measure		Responsible party is the Dire Dietary Services.	ctor of	
F 426 SS=E	483.60(a) PHARMAC	CY SERVICES		F 426	F426	į	5/31/02
33 - E	A facility must provid (including procedures acquiring, receiving, of all drugs and biolog each resident.	that assure the accurated that assure the accurated adminary and adminary that adminary that are the accurate as the accurate	e istering		Physician orders directed the frequency of the blood sugar on resident 42 be taken only per day. Resident 29 disc from the facility April 28, 200	levels twice harged	
	This REQUIREMENT	Γ is not met as evidend	ced by:		The Word Clarks have		
	Based on interview an records, it was determ provide pharmaceutica	ined that the facility d	id not		The Ward Clerks have reorg the medication sheets so the insulin administration documentation of blood suc	at the	

CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/20/2002 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED B. WING_ 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 426 Continued From page 78 accurate administration of all drugs) to meet the F 426 all on the same page. They have needs of its residents. Specifically, of the 26 sampled changed entries in the computer so residents, 4 were insulin dependent diabetics. Two of it prints out directions these 4 residents and 1 additional resident with indicating where to chart the time, insulin dependent diabetes did not receive the correct what the blood sugar was, the amount of regular insulin based upon the sliding scale number of units given, the site and that was ordered by the physician. (Residents 95, 29 the nurse's initials. It also has a and 42) Additionally, one resident was not administered necessary medications as ordered by the space to initial if the physician was physician on 4/22/02 at 8:00 AM. (Resident 8) notified Insulin and blood sugar orders were Findings include: clarified and rewritten on one page INSULIN ADMINISTRATION for residents 95 and 42 to make things easier for the nurses to 1. Resident 95 was a 79 year old female who was remember to chart the necessary admitted to the facility on 4/3/02 with the diagnoses components such as time, blood of chronic obstructive pulmonary disease (COPD) sugar, units given, site of injection, exacerbation, insulin dependent diabetes mellitus, osteoporosis, depression with anxiety, coronary artery their initials and whether the disease, gastroesophageal reflux disease and cor physician was notified of certain pulmonale. parameters. Upon admission to the facility, nurses had physician's The Charge Nurse caring for orders to provide regular insulin based on the results Resident 8 was spoken to by the of resident 95's blood sugars (BS). The sliding scale ordered was as follows: Director of Nursing concerning the importance of the medications 160 - 200 = 3 U (units)which were not given to Resident 8. 201 - 250 = 6 UThe Nursing Supervisor will review 251 - 300 = 10 Umedication administration 301 - 350 = 15 Urecord on this unit closely for a greater than 351 = 20 Utwo-week period to assure that this Nursing staff at the facility were obtaining resident resident and others who 95's blood sugars (BS) three times a day (at 6:00 AM, attending activities receive their

11:00 AM, and at 4:00 PM) from 4/3/02 through

4/10/02. On 4/11/02, the nurses also began to obtain

daily routine medications.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 2567-L (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE F 426 DEFICIENCY) Continued From page 79 F 426 The new resident roster being On 4/4/02 at 11:00 AM, facility staff recorded a BS of printed out by the Ward Clerks will 221. Based on the physician's orders, resident 95 be helpful in reminding nurses should have received 6 units of regular insulin, but which residents instead received 3 units. they need to document on for the purposes of On 4/4/02 at 4:00 PM, facility staff recorded a BS of changes in condition 142. Based on the physician's orders, resident 95 and notification of the should have received no insulin, but instead received appropriate individuals 6 units Ward Clerks will conduct a quality On 4/4/02 at 11:00 AM, facility staff recorded a BS of 221. Based on the physician's orders, resident 95 check at least weekly completing a chart audit. should have received 6 units of regular insulin, but results of the chart audit will be The instead received 3 units. reported by showing the number of On 4/5/02 at 11:00 AM, facility staff recorded a BS of sliding scales indicating a need for 198. Based on the physician's orders, resident 95 change in the dosage and the should have received 3 units of regular insulin, but number not done. This report shall instead received none. also show action taken at the time of the quality check. On 4/5/02 at 4:00 PM, facility staff recorded a BS of 231. Based on the physician's orders, resident 95 information will be reported to the should have received 6 units of regular insulin, but Director of Nursing, who, in turn, instead received none. will report to the Quality Assurance Committee. On 4/12/02 at 4:00 PM, facility staff recorded a BS of The form will be developed by May 222. Based on the physician's orders, resident 95 22, 2002 and presented to the should have received 6 units of regular insulin, but Charge Nurses at their meeting and, instead received none. and implementation will begin May On 4/16/02 at 6:00 AM, facility staff recorded a BS of 23, 2002. 201. Based on the physician's orders, resident 95 should have received 6 units of regular insulin, but A sliding scale protocol has been instead received none. developed and was approved by the Medical Director in April 2002. It On 4/16/02 at 11:00 AM, facility staff did not record was not implemented prior to the a BS for resident 95, yet they administered 6 units of arrival of the survey team, but has regular insulin. been presented to

the

STATEMEN	NT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIE	D ## 7				2567-I
AND PLAN	OF CORRECTION	IDENTIFICATION NU	R/CLIA MBER:	A. BUILI		(X3) DATES COMPLE	URVEY ETED
		465095		B. WINC	}	1	C
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY	, STATE, ZIP CODE	05/0	1/2002
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(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIE	<u></u>	ID			
TAG	REGULATORY OR LS	MUST BE PRECEEDED BY C IDENTIFYING INFORMA	TOF IT T	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRI DEFICIENCY)	III I) DE	(X5) COMPLETE DATE
22 aa 00 R aa 00 (v B:	On 4/17/02 at 4:00 PM 184. Based on the physhould have received 3 instead received none. On 4/18/02 at 11:00 A of 220. Based on the physhould have received 6 instead received none. There was no document sugars were obtained as AM and 4:00 PM. There was no document sugar was obtained as of AM. 2. Resident 42 was an 8 admitted to the facility of diabetes mellitus. Resident 42's medical resident 42's medical resident 42's medical resident 42's medical resident sugar was obtained as of 5/1/02. Aphysician's order dated diminister regular insult whenever necessary) for S of 200-250 give 2 units of 251-300 give 4 U S of 301-350 give 6 U S of 351-400 give 8 U. Physician order dated 19 physician 19 physician order dated 19 physician	M, facility staff recording sician's orders, resides units of regular insurants of the staff record on the station to evidence that is ordered on 4/21/02 at its attainant to evidence that ordered on 4/22/02 at its attainants of the staff record was reviewed on 1/10/99 with the direct of the staff record was reviewed on at 11/28/01 documented in sliding scale PRN resident 42 as following the staff record was reviewed on the staff record was reviewed on the staff record was reviewed on the staff resident 42 as following scale PRN resident 42 as following staff record was reviewed to the staff record was reviewed on the staff record was reviewed to the st	ent 95 lin, but ded a BS ident 95 in, but t blood at 11:00 was agnosis 4/23/02 ed to s:	F 426	Nurses, and implementation overseen by the Direct Nursing. The new protoc begin May 31, 2002. The Director of Nursing of notified of sliding scale errors by the Ward Clerks weekly basis. A letter is written by the Director of and Education to inform physicians who frequently individuals to the facility about sliding scale protocol that has accepted by our Medical Director of the profor use with their residents, who begin to utilize it when appropriate to the Medical Director for physician, the nurse may information ordering physician about standard protocol to see if he of is interested in using it. If no	will be cor of col will will be dosage on a being Quality other admit but the s been rector. otocol we will priate. It have their must the our or she t, the atever all for	DATE
1110	onitor resident 42's bloowiew of resident 42's "N	od sugars (BS) 4 times	s a day.				
567L	ATG1126						1
	711/11/20	OUC Event ID: AUTOUR				I	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 426 Continued From page 81 F 426 Record" for February 2002, March 2002 and April 2002 revealed the following: February 2002 The "Medication and Treatment Record" for February 2002, documented the insulin administration as follows: On 2/8/02 at 8:00 PM, BS of 224. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 2/12/02 at 8:00 PM, BS of 277. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 4 U. On 2/15/02 at 6:00 AM, BS of 214. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 2/15/02 at 8:00 PM, BS of 278. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 4 U. On 2/16/02 at 5:00 PM, BS of 278. There was documentation to show that 6U of SS insulin had been administered. Resident 42 should have received only 4 U. On 2/16/02 at 8:00 PM, BS of 251. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 4 U. On 2/17/02 at 12:00 PM, BS of 200. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. CMS-2567L

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER OF THE					256
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA IMRED	(Х2) МИДТ	IPLE CONSTRUCTION	(X3) DATE	
			TIDEK.	A BUILDIN	COMPL	ETED	
		465095		B. WING			C
NAME OF I	PROVIDER OR SUPPLIER	403073				05/01/2002	
CHDICT	TIC OT TOODDY THE			DDRESS, CITY, ST			0.0.2002
CHILIST	US ST JOSEPH VILLA	L	SALT LA	IOP FEDERA KE CITY, UT	L LANE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE		T			
PREFIX	LEACH DEFICIENCY	MUST BE DDECEEDED DAY		ID	PROVIDER'S PLAN OF C	ORRECTION	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMA	TION)	PREFIX TAG	(EACH CORRECTIVE ACTIO	AN CHOIR D DD	(X5) COMPLET
					CROSS-REFERENCED TO THE DEFICIENCY	E APPROPRIATE	DATE
F 426	Continued From page 82	2		F 426			<u> </u>
	On 2/17/02 at 8:00 PM	M, BS of 228. There y	was no	Г 426			
	documentation to show	haam	1				
	administered. Resider	nt 42 should have rece	eived 2 U				!
}							
	On 2/18/02 at 8:00 PM	I, BS of 241. There w	vas no	1			
	documentation to shop	V that SS inculin had i	hoon				
	administered. Residen	it 42 should have rece	ived 2 U.	1			
	On 2/22/02 at 8:00 PM	I, BS of 237. There w	as no				
ĺ	documentation to show	that SS insulin had b	een				
	administered. Residen	t 42 should have recei	ved 2 U.	ļ			
	On 2/25/02 at 8:00 PM	DC -5210 m					
1.	documentation to show	that SS in and there w	as no				
	administered. Resident	uiai 33 insulin had b	een				
	TOSIGE III	. 42 should have recer	ved 6 U.	1			
	On 2/26/02 at 12:00 PM	1 BS of 301 There n	raa .				
10	ocumentation to show	that 4U of SS ingulia	had			1	
ļ ·	ken administered. Res	ident 42 should have	received				
6	SU.	- who are mayo	raciveu				
	On 2/26/02 at 5:00 PM,	BS of 274. There wa	s	İ			
l u	ocumentation to show t	that 8U of SS inculia :	hod				
10	een administered. Resi	dent 42 should have r	eceived				
0	nly 4 U.			İ			
l N	farch 2002						
1 **	VII 4004						
$\int \mathbf{T}$	he "Medication and Tre	antmont D	_				
20	002, documented the installers	sulin administration N	1arch				
fo	llows:	outin acitimistration a	ıs	1			
Oı	n 3/1/02 at 8:00 PM, Bs	S of 255 There was					
l ao	cumentation to show th	at SS insulin had bee					
ad	ministered. Resident 4	2 should have receive	и daн				
[1	
On	1 3/2/02 at 6:00 AM, BS	S of 305. There was r	10				
1 40	cumentation to show th	at SS inculin had been	.				}
adı	ministered. Resident 42	2 should have received	1611				ł
567L	ATG: 120						j

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 2567-L AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX \mathbf{m} PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) F 426 Continued From page 83 F 426 On 3/2/02 at 8:00 PM, BS of 212. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 3/4/02 at 12:00 PM, BS of 306. There was documentation to show that 2U of SS insulin had been administered. Resident 42 should have received 6 U. On 3/9/02 at 5:00 PM, BS of 239. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 3/11/02 at 6:00 AM, BS of 215. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 3/11/02 at 8:00 PM, BS of 217. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 3/12/02 at 8:00 PM, BS of 235. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 3/17/02 at 8:00 PM, BS of 285. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 4 U. On 3/18/02 at 8:00 PM, BS of 322. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 6 U. On 3/21/02 at 8:00 PM, BS of 231. There was no documentation to show that SS insulin had been administered. Resident 42 should have received 2 U. On 3/25/02 at 8:00 PM, BS of 225. There was no ATG112000 Event ID: 2WTY11

ANT) PLAN	NT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA		i			2:	
LOIL	OF CORRECTION	IDENTIFICATION NU	MBER:		PLE CONSTRUCTION	(X3) DATE S	URVEY	
				A. BUILDING		COMPL	COMPLETED	
NAMEGER		465095		B. WING		C		
NAME OF E	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, ST.	ATE ZIP CODE	05/0	1/2002	
CHRIST	US ST JOSEPH VILLA			HOP FEDERAL		·		
		2.	SALT LA	KE CITY, UT	SA115			
(X4) ID	SUMMARY STA							
PREFIX TAG	T CEACH DEFICIENCY	MUST BE DECEMBED BY		ID PREFIX	PROVIDER'S PLAN OF	CORRECTION	(VS	
-110	REGULATORY OR LS	TION)	TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TON SHOULD BE	COMPL		
E 404				DEFICIENC	Y)	DAT		
F 426		4		F 426			<u> </u>	
	documentation to sho	w that SS insulin had	been	1 420				
	administered. Reside	nt 42 should have rece	ived 2 U.					
1								
	On 3/28/02 at 8:00 PM	M, BS of 214. There w	as no					
	documentation to show	w unat SS insulin had t	een					
j	administered. Resider	iii 42 should have rece	ved 2 U.					
1	On 3/31/02 at 8:00 PM	/ BS of 262 Than						
	documentation to show	v that SS inculing boots	as no					
	administered. Residen	it 42 should have recoi	een					
		- 12 bliodid Have recei	ved 4 U.					
	April 2002							
-	The #Madia diama							
	The "Medication and T	reatment Record" for	April					
f	2002, documented the i	insulin administration	as	ļ				
						j		
	On 4/1/02 at 8:00 PM,	BS of 224 Thoras						
d	locumentation to show	no						
l a	diffilistered. Resident	42 should have receive	en dau					
O	of SS insulin.		eu z u					
)n 4/2/02 + 0.00 ===							
1	On 4/2/02 at 8:00 PM, I	BS of 261. There was	no					
36	ocumentation to show the	that SS insulin had bee	en					
	dministered. Resident	42 should have receive	ed 4 U.					
O	n 4/4/02 at 8:00 PM, B	25 of 202 m		1				
do	ocumentation to show t	hat SS in audia to the	10					
ad	lministered. Resident	42 should have recoir	n					
1			Ì					
Oı	n 4/5/02 at 8:00 PM, B	S of 205. There was n						
į uo	cumentation to show f	hat SS inculin had been	_					
ad	lministered. Resident 4	12 should have receive	1211					
I			- 2 0.					
On -	1 4/8/02 at 8:00 PM, BS	S of 243. There was						
uu	cumentation to show re	esident 42 received 211	plus					
441	agoretorial 40 OI 22 III	sulin. Resident 42 sho	ould					
nav	ve received only 2 U.							
1		1	1		i			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE	& MEDICAID SERVI	VICES ICES			PRINT) FOR	ED: 12/20/2 M APPRO
TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM	L/CLIA	(X2) MULTIPI A. BUILDING	(X3) DATE COMPL	250 SURVEY	
	465095		B. WING			C
AME OF PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STA	TE ZID GODE	05/6	01/2002
CHRISTUS ST JOSEPH VILLA			OP FEDERAL			
		SALT LA	KE CITY, UT	LANE 84115		
TREETA (EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F C IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLE DATE
F 426 Continued From page 85 On 4/9/02 at 8:00 PM, documentation to show administered. Resident On 4/11/02 at 8:00 PM documentation to show administered. Resident On 4/13/02 at 8:00 PM documentation to show administered. Resident On 4/14/02 at 8:00 PM, documentation to show administered. Resident On 4/15/02 at 8:00 PM, documentation to show administered. Resident On 4/18/02 at 8:00 PM, documentation to show to administered. Resident On 4/18/02 at 8:00 PM, documentation to show to administered. Resident On 4/22/02 at 8:00 PM, I documentation to show the administered. Resident 4 On 4/23/02 at 8:00 PM, Edocumentation to show the administered. Resident 4 On 4/24/02 at 8:00 PM, Edocumentation to show the administered. Resident 42 On 4/26/02 at 8:00 PM, Bedocumentation to show the administered. Resident 42 On 4/26/02 at 8:00 PM, Bedocumentation to show the administered. Resident 42 On 4/26/02 at 8:00 PM, Bedocumentation to show the administered. Resident 42 On 4/26/02 at 8:00 PM, Bedocumentation to show the administered. Resident 42 On 4/26/02 at 8:00 PM, Bedocumentation to show the administered. Resident 42 On 4/26/02 at 8:00 PM, Bedocumentation to show the administered. Resident 42	BS of 283. There was a that SS insulin had been that SS insulin had bee	seen ved 4 U. as no een ved 2 U. as no een ved 2 U. as no een ved 2 U. s no en ed 2 U. s no en ed 4 U. no en ed 4 U. no en ed 4 U. no en ed 4 U.	F 426	DEFICIENCY		

AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY	
				A. BUILDIN		СОМЫ	
NAME OF	PROVIDER OR SUPPLIER	465095		D. WING _		1	C
OF I	NO VIDER OR SUPPLIER		STREET A	DDRESS, CITY, ST	ATE ZIP CODE	05/	01/2002
CHRIST	US ST JOSEPH VILL	Δ	451 RISI	OP FEDERAL	L LAND		
		A	SALTLA	KE CITY, UT	L LANE ' 84115		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIE					
PREFIX TAG	I CONCIL DELICITION	Y MILET DE DECEMBRE DE TRA		ID	PROVIDER'S PLAN OF C	ORRECTION	 _
1110	I REGULATORY OR I	SCIDENTIFYING INFORMA	TION)	PREFIX TAG	CONCIL CORRECTIVE ACTIO	M CHOID D DD	COMP
			_		CROSS-REFERENCED TO THI DEFICIENCY	E APPROPRIATE	DA
F 426	Continued From page	36		P. 426		<u></u>	
	0. 4			F 426			
	On 4/27/02 at 8:00 P	M, BS of 287. There v	vas no	1			
ĺ	documentation to sho)W that SS inculin had:		!!!			
	administered. Reside	ent 42 should have rece	ived 4 H				
	On 4/28/02 at 8:00 P	M, BS of 250. There w	as no				l .
	documentation to sho	Withat SS inculin bad t					
	autumustered. Reside	nt 42 should have			-	i	
Į.	o. Resident 29, an 81	Vear old male was ad-	:				
	racitity Off 3/19/0/	. With diagnosass of Ji-1					
	dicinius, Osteodorosis	renal/ureter diagral	. 1	!			
1	nypertension, Alzhein	ner's disease and polym	valoia			1	
1	Review of resident 29'	s medical record on 4/2	9/02				
, ,	evenue a nurse's nore	and a recident some ut-					
1 -	TO LET LE LE LE LE LE LE LE LE LE LE LE LE LE	Of the physician had and					
1	o to oc mountoiga da	ily at 6:00 AM, 11:30 A	M and				
4	:30 PM.			İ			
D	eview of						
1	pril 2002	MAR for March 2002	and				
1.0	Prii 4004 indicated re	gident 20 woo to to	- I				
] 44.	omitored at 0.00 AM	11:30 AM and 4.20 D	1	1			
1 41	and documented	resident 20 wor to man	ive	1			
51.	iding scale insulin as	follows:					
R	S of 150 200						
B.	S of 150 – 200 give 2	units (U).					
B	S of 201 – 250 give 4	U.		1		1	
R	5 of 251 - 300 give 6	U.					
BC	of 301 – 350 give 8 1	U.					
Co	of 351 – 400 give 10	U.					
Ca	41 bitasician it RS is a	bove 400 or below 80.					
į į						1	
Δ.	ril 2002	MAR for March 2002	and				
Ap	ril 2002 revealed the	following:					
MAG	roh 2002						
Wa	rch 2002						
	211100						
Un La	3/1/02 at 6:30 AM, fa	cility nursing staff					
doc	umented a BS of 151.	There was no					
7L	ATG112						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L

	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLI	eted C
		465095				05/0	1/2002
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA		451 BISH	TREET ADDRESS, CITY, STATE, ZIP CODE 151 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION CORRESS-REFERENCE) TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
F 426	Resident 29 should h On 3/2/02 at 6:30 AM documented a BS of documentation reside Resident 29 should h On 3/2/02 at 4:30 PM documented a BS of documentation reside Resident 29 should h On 3/3/02 at 6:30 AM documented a BS of documentation reside Resident 29 should h On 3/3/02 at 4:30 PM documented a BS of documentation reside Resident 29 should h On 3/4/02 at 11:30 PM documented a BS of documentation reside Resident 29 should h On 3/5/02 at 4:30 PM documented a BS of documented a BS of documentation reside Resident 29 should h On 3/5/02 at 4:30 PM documented a BS of documented a BS of documentation reside Resident 29 should h On 3/6/02 at 4:30 PM documented a BS of documentation reside Resident 29 should h	ant 29 received SS insulate received 2 U. M. facility nursing staff 197. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 162. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 152. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 156. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 156. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 156. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 170. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 170. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 166. There was no ent 29 received SS insulate received 2 U. M. facility nursing staff 166. There was no ent 29 received SS insulate received SS insulate received SS insulate received SS insulate There was no ent 29 received SS insulate received SS insulate Received SS ins	f ulin. f ulin. ff ulin. ff ulin.	F 426			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A BUILDING

B. WING

C

05/01/2002

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CHRISTUS ST JOSEPH VILLA

451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115

CRMSI	US ST JOSEFII VILLA	SALT LAKE CITY, UT	Γ 84115	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 426	Continued From page 88 documented a BS of 163. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/9/02 at 11:30 AM, facility nursing staff documented a BS of 152. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/10/02 at 4:30 PM, facility nursing staff documented a BS of 168. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/11/01 at 11:30 AM, facility nursing staff documented a BS of 152. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/15/02 at 4:30 PM, facility nursing staff documented a BS of 175. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/16/02 at 11:30 AM. Facility nursing staff documented a BS of 163. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/18/02 at 6:30 AM, facility nursing staff documented a BS of 174. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U. On 3/18/02 at 6:30 AM, facility nursing staff documented a BS of 170. There was no documentation resident 29 received SS insulin Resident 29 should have received 2 U.	n. ff n. ff n.	DEFICIENCY)	
77.15.25.47	Resident 29 should have received 2 U.			

STATEME	NT OF DEFICIENCIES	l					<u>25</u> 67-]
AND PLAN	OF CORRECTION	(XI) PROVIDER/SUPPLIED IDENTIFICATION NU.	R/CLIA MBER:	A. BUILDIN		(X3) DATE: COMPL	ETED
		465095		B. WING _	B. WING		C
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, ST.	05/01/2002		
CHRIST	TUS ST JOSEPH VILLA		451 BISH	OP FEDERAL KE CITY, UT	LANE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY C IDENTIFYING INFORMA	י חובל	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	Continued From page 8 On 3/19/02 at 4:30 Pl documented a BS of 1 documented a BS of 1 documented a BS of 1 documentation resider Resident 29 should have the comparison of the	M, facility nursing staff 63. There was no at 29 received 2 U. MM, facility nursing staff 50. There was no at 29 received 2 U. M, facility nursing staff 65. There was no at 29 received SS insultive received 2 U. M, facility nursing staff 68. There was no at 29 received SS insultive received 4 U. M, facility nursing staff 65. There was no at 29 received SS insultive received 4 U. M, facility nursing staff 65. There was no 29 received SS insultive received 2 U. M, facility nursing staff 69. There was no 29 received SS insultive received 2 U. M, facility nursing staff 69. There was no 29 received SS insultive received 2 U. M, facility nursing staff 69. There was no 29 received SS insulting received 2 U. M, facility nursing staff 69. There was no 29 received 2 U.	lin. aff in. n.	F 426	DEPICIENC		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	<u> </u>	465095		B. WING			C
VAME OF PE	ROVIDER OR SUPPLIER	,	STREET ADDR	PESS CITY ST	ATE, ZIP CODE	05/	01/2002
CHRISTU	JS ST JOSEPH VILLA		451 BISHO	P FEDERAT	LANE		
			SALT LAKI	E CITY, UT	84115		
(X4) ID PREFIX TAG	(EWCH DEMORACE	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT	77.77	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THI	ON SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
F 426	Continued From page 9	Λ			DEFICIENCY)	DAIL
	documentation recide	o nt 29 received SS insul	1	F 426			†
	Resident 29 should ha	in.					
	documented a BS of 1	M, facility nursing staff	f				1
	locumentation reside-	84. There was no at 29 received SS insuli					
I	Resident 29 should ha	ive received 2 U.	in.				
d	ocumented a BS of 1	, facility nursing staff	1				
d	Ocumentation residen	t 29 received SS insuli	1				
R	lesident 29 should ha	u 29 received SS insulii ve received 2 U.	n.				
C	on 4/7/02 at 4:30 PM,						
d	ocumented a BS of 18						
de	ocumentation resident	t 29 received SS insulir					
R	esident 29 should hav	e received 2 U.	1.				
o	n 4/9/02 at 6:30 AM,	facility pursing staff					
l uc	Eumented a BS of 17	1. There was no	į				
ac	cumentation resident	29 received SS inculin					
Re	esident 29 should hav	e received 2 U.					
Oı	1 4/9/02 at 4:30 PM, 1	facility nursing staff					
l do	cumented a BS of 250	 It was documented to 	hat				
168	sident 29 received 6U	of SS insulin Peciden	1 29	}			
sh	ould have received 4 l	U.	20				
On	4/10/02 at 4:30 PM,	facility nursing staff					
uo	cumented a BS of 168	. There was no					
doo	cumentation resident	29 received SS in miling				}	
Res	sident 29 should have	received 2 U.					
On	4/14/02 at 4:30 PM,	facility nursing staff					
uoc	umented a BS of 151	There was no					
doc	umentation resident 2	29 received SS inculin					
Res	ident 29 should have	received 2 U					

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AND PLAN	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER;	A BUILDIN		(X3) DATE SURVE COMPLETED		
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AME OF I	PROVIDER OR SUPPLIER		STREET ADDI	ESS CITY ST	ATE, ZIP CODE	05/01/2002		
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I Code de de de de de R	documented a BS of 1 documentation resider Resident 29 should had On 4/20/02 at 6:30 AM documented a BS of 22 resident 29 received 6 should have received 4 On 4/20/02 at 4:30 PM documented a BS of 27 documentation resident Resident 29 should have On 4/22/02 at 6:30 AM documented a BS of 20 documentation resident Resident 29 should have On 4/22/02 at 4:30 PM, documented a BS of 188 documentation resident Resident 29 should have On 4/23/02 at 6:30 AM, documented a BS of 190 ocumented a BS of 190 ocumentation resident 29 should have On 4/23/02 at 6:30 AM, ocumented a BS of 190 ocumentation resident 29 should have CORNING MEDICATION Sesident 8, a 96 year old	56. There was no at 29 received SS insulated. It was documented U. If, facility nursing staff 2. There was no at 29 received SS insulated received 6 U. If, facility nursing staff 5. There was no 29 received SS insulated received 2 U. If acility nursing staff 5. There was no 29 received SS insulated received 2 U. If acility nursing staff 6. There was no 29 received SS insulated received 2 U. If acility nursing staff 6. There was no 29 received SS insulated received 2 U. If acility nursing staff 6. There was no 29 received SS insulated received 2 U. If acility nursing staff 6. There was no 29 received SS insulated received 2 U. If acility nursing staff 6. There was no 29 received SS insulated 10 received 2 U. If acility nursing staff 6. There was no 29 received SS insulated 10 received 2 U. If a cility nursing staff 6. There was no 29 received SS insulated 10 received 2 U. If a cility nursing staff 6. There was no 29 received SS insulated 10 received 2 U. If a cility nursing staff 6. There was no 29 received SS insulated 10 received 2 U.	lin. If d that dent 29 in. n.	F 426	DEFICIENCY	3 APPROPRIATE	DATE	
he	cility on 10/29/01 with art failure, hypertension orillation, and esophage	diagnoses of congesting						
77.5	review of the physician 8/02 was done on 4/23/0 ders documented that re	12. The recertification						

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	NT OF DEFICIENCIES I OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM	C/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 426	Continued From page 92 following medications: Digoxin .125 mg every day at 8:00 AM. (heart medication) Imdur 30 mg every morning at 8:00 AM. (blood pressure medication) Lopressor 25 mg every day at 8:00 AM. (blood pressure medication) Calcium with vitamin D 500mg three times daily at 8:00 AM, 12:00 PM and 5:00 PM. (medication for osteoporosis) Prevacid 30 mg every day at 8:00 AM. (medication for esophageal reflux)			F 426				
	(MAR) for resident 8 v During this review, it documentation to evid received her 8:00 AM	medication administration record nt 8 was performed on 4/23/02. w, it was noted that there was no evidence that resident 8 had AM medications on 4/22/02. These ded Digoxin, Imdur, Prevacid, Icium with vitamin D.						
	facility nurse documen	Nurse's Medication Notes, a need that the reason resident 8 00 AM medications on 4/22/02 nities and got missed."						
SS=H	100:15 PENTING RATION		F 490	F490 F157: Administrator	has hirad	6/1/02		
	enables it to use its resc efficiently to attain or n practicable physical, me well-being of each resid	ources effectively and maintain the highest nental, and psychosocial			another full-time register who will specifically implement the plan of and has also hired	help to correction, another		
	This REQUIREMENT Based on observations,	is not met as evidence interviews, and review	od by:		registered dietitian so facility has two registere who together will give	d dietitians		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE. TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 490 Continued From page 93 F 490 the equivalent of one FTE resident medical records, facility policies and registered dietitian. The procedures, Quality Steering Committee Minutes, administrator will also oversee the quarterly Quality Assessment Committee minutes and Ouality Steering Committee to monthly "Pressure Ulcer Reports" during the survey which the new Weight/Skin Team from 4/22/02 through 5/1/02, it was determined that the facility was not administered in a manner that will report. The Administrator will enabled it to use its resources effectively and be responsible to supervise and efficiently to attain or maintain the highest discipline employees who do not practicable physical well-being for each resident in follow through and correctly the areas of pressure sore treatment and prevention implement changes to improve and nutritional asxessment and intervention. The quality care, including the timely facility was found to be providing Sub-Standard notification of attending physicians Quality of Care (a pattern of actual harm) in both of these areas. In addition to the finding of and the medical director of skin Sub-Standard Quality of Care in two areas, isolated conditions, labs and weight loss. instances of actual harm were identified in the ares of weight loss and lack of notification to the physician F164: Administrator will schedule when there wa a ned to alter the plan of care. The and require attendance at in-service facility was cited for deficient practice in a total of 14 of all nursing staff and personnel on areas, not including this deficiency. sensitivity to patient privacy and dignity, particularly when toileting Findings include: residents. In addition to this 1. On May 1, 2002, a Standard Extended survey was specific in-service completed which resulted in the determination of administrator will order monthly Sub-Standard Quality of Care. The determination of orientation and annual in-service Sub-Standard Quality of Care was based on the lack training meetings on patient dignity of treatment and services to 6 residents with pressure sores [42 Code of Federal Regulation (CFR) 483.25 and privacy. Finally, the CNA (c) Tag F314) and the lack of dietary assessment and Educator and the Nursing itervention for 7 residents with laboratory values Supervisors all monitor the delivery reflecting malnutrition and/or dietary risk asessments of resident services monthly, using scoring residents at "high risk". [42 CFR 483.25 (a) a checklist for privacy, dignity and m, Tag F - 309]. other patient care services. written results of this monitoring is Pressure Sores: given to the Quality Committee Please see F-314 which the Administrator chairs. A pattern of actual harm was identified for 6 residents The Administrator will have

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 490 Continued From page 94 F 490 ultimate authority to enforce who developed an avoidable pressure sore and/or did changes and to discipline staff who not receive treatment and services to promote healing do not make necessary changes. of a pressure sore. The February 2002 pressure ulcer report, dated F282: Administrator has assembled 2/21/02, identified the facility's nosocomial pressure three teams to work on deficiencies, ulcer rate at 5.6% which was up from January's rate one of which is dedicated to interof 2.8%. Facility administration could not provide staff and inter-facility any documentation to evidence that it had addressed communication. The team came up the increase in the pressure sore rate. When asked if with a new computer form that the facility had addressed the increased rate of 5.6%places all the information about in the next monthly Quality Steering Committee Meeting, the Director of Nurses stated that "For some each resident's medications in one reason, it (the meeting for March 2002) was place, making it easier for nurses to cancelled." The facility did not provide minutes to chart and see blood pressure levels the April 2002 Quality Steering Committee Meeting. and blood sugar levels and to document whether any medication There was no documentation in the quarterly Quality is appropriate, and if so, how much Assessment (QA) Committee minutes, dated 4/17/02, was administered and whether a to evidence that the QA committee had addressed the increase in the nosocomial pressure ulcer rate. physician was contacted if need be. The Administrator is overseeing the The facility had a skin/weight team which consisted DON who is implementing the use of one registered nurse and one registered dietitian. of the form and the oversight of When asked if there was a written job description for medications with the charge nurses the duties assigned to the skin/weight team, the skin nurse replied, "no." During interview with this team and ward clerks. on 4/25/02, they stated that they met weekly to F309: Administrator has hired an discuss residents with skin and weight issues, but they additional registered dietitian so did not keep any minutes of their meetings to detail what residents were reviewed or what that the facility now has two recommendations and interventions were registered dietitian who together implemented. equal one full time dietitian. addition, the Administrator has There was no method to ensure follow-through of hired a full-time registered nurse recommendations. Also, the registered dietitian whose entire job will be the confirmed that she was not aware of a number of residents with pressure sores with which survey had prevention, assessment and concerns. treatment of skin conditions and

AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C			
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assessing residents at The policy stated that admission to St. Josep evaluated to determin pressure sores or who breakdown." During nurse on 4/25/02 at 2: facility performed ski	ollowing its own policibing risk for pressure. "Within the first 8 ho oh Villa, each resident ed those who are at his have evidence of skir interview with the ski 35 PM, she was asked in risk assessments. To the don't do them." We assessed for the need rices and other appropriate am nurse replied, "In they are non-ambulated or they're incontinented or they're incontinented in the am nurse continued in team nurse continued in the amount of the skin the standard of the skin the skin the skin the skin nurse replied that hat information on a 2-defended have skin nurse replied that the skin the skin the skin nurse replied that the skin nurse r	sores. urs of will be gh risk for n team I if the he skin Then asked of riate If they (a ory or or can't ride d to state to ving method to re become am on aware of t the 4 hour s stop her	F 490	pressure ulcers. Her positi in fact, be called the "Wou Nurse." The Administrator purchased two new cameras a camera is available in ev- of the facility for st	and Care has also s so that ery part taff to nditions. or has on of a er sole weekly every Quality nistrator nave the se, hire, mployee follow his plan nired an tian so as two ogether an. In or has d nurse be the and on will, nd Care wound		

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 C NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 490 Continued From page 96 F 490 and quality. The facility's consultant dietitian was the only and the daytime nursing supervisors, the nutrition dietitian providing services for the facility. Her contract with the facility allowed her 10 to 12 hours a aide, and the physical therapist week in the facility. During those 10 to 12 hours in (upon request) will all constitute the the facility, the consultant dietitian was responsible Skin/Weight Committee which will for the 173 residents in the facility, as well as all the meet weekly and monitor every residents in the facility's assisted living section (at resident's weight least 80 additional individuals) and was also assigned condition, including a new form for to attend the weekly skin/weight team meeting. assessing skin conditions A pattern of actual harm was identified for 7 residents notifying family and physicians. whose laboratory values reflected malnutrition and/or The Administrator and the Director residents with pressure sores who did not receive an of Nursing have developed a new evaluation of dietary needs by a dietitian. These same form to be used for assessing skin residents received either late, inadequate or no dietary conditions called "The Pressure intervention. Ulcer Risk Scale." It will be and is being used to assess residents at During interview with the dietitian on 4/25/02, she stated that the person performing the Dietary Risk high risk of pressure sore Assessments "works in the kitchen, but has no formal development and dictates a protocol training." According to the dietician, the information which involves many steps (see on the assessments completed by this person from the form attached). For those residents kitchen "was not always accurate". The consultant whom the tool identifies as low dietitian stated she was not being informed of residents who scored as "high risk" on the Dietary risk. different protocol implemented. The risk scale tool Risk Assessments although the form directed the evaluator to notify the dietitian. Five of the 7 will be used at admission and with residents who were scored at a high nutrition risk every MDS assessment for every and/or had laboratory values reflecting malnutrition resident. In addition for those had not been evaluated by the registered dietitian. residents who do begin to develop a skin condition, a new Pressure One of the seven residents whose laboratory value, Ulcer Treatment Guideline and dated 12/6/01, reflected severe malnutrition, did not

receive any nutritional interventions until 2/4/02, almost 2 months after the malnutrition had been

until 3/19/02, almost 3 and a half months after the

malnutrition had been identified. It should also be

identified. The dietitian did not evaluate this resident

which

treatment

family,

Notification will be implemented

protocols and requires that nurses

dietician and wound care nurse, and

physician,

establishes

the

STATEMEN	N/T OF DEFENSE	TOTAL BEILT	ICES			1010	M AFFRU
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S	25 SURVEY ETED
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ing	REGULATORY OR LS	C IDENTIFYING INFORMA	TION)	TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE	COMPLE
	 				DEFICIENCY)	OPRIATE	DATE
F 490		7	1	F 490	and date that he are to the		
	implemented by the sl	kin team nurse, not the	dietitian,	1 170	and date that he or she did	30. The	
	and did not meet the n	nnimal protein requir	atmost to		Skin/Weight Committee wi	Il report	
	recommended by the c	lietitian in her evaluat	ion of		to the Director of Nurses v	vho will, 🛚	
ĺ	3/19/02.				in turn, report to the Admir	iistrator.	
j	The alsin free in last				Ine Administrator has	s also	
1	The skin/weight team	did not keep minutes (of its		purchased two new cameras	s so that	
i r	weekly meetings to ide	mury which residents	were		a camera is available in ev	CLA Date	
	discussed, what recom-	mendations were mad	e and		of the facility for st	of to	
	what interventions wer	e implemented. There	was no		photograph skin conditions.	taff to	
	method to ensure followatecommendations.	w-through of			Priorograph skin conditions.		
	recommendations.				F325: The Administrate	_	
	Neither the quarterly Q	A minutes (det. 1404		j		or has	of a
	1/16/02, and 4/17/02) n	or the month?	7/01,		changed the job descriptio	n of a	
	Steering Committee mi	nutes (from July Quality	y		nutrition aide so that he	∍r sole	
	February 2002) containers that the females	ed any documentation	to		responsibility is to overse	e and	
	evidence that the facility	V had identified a son-	to		monitor weekly and r	nonthiv	
1	with the lack of nutrition	nal assessments and	æm		weights of every resident and	l report	
i	ntervention.	discossificates and			to the Quality Committee wh	ich the	
ŀ					Administrator chairs. She w		
2	2. In addition to the area	as of Sub-Standard Or	ality of		do on-site observation of	in also	
\	stated above, the fa	CILILY's administration	failed	1	Consumption by the social of	meal	
, ,	o orrorancia sum etticie	ntly use its recovers.			consumption by the residents	in the	
0	nsure mat each resident	lattained or maintains	ست بادام		dining rooms during meals, a	nd she	
111	agricor practicable blive	ICal mental and navab			will review CNA charting to	ensure	
1	. or come in the followi	ILE areas of deficient r	ractice		that it is coordinated wit	h her	
C	ited during the survey c	ompleted 5/1/02.			observation of how mu		
1					consumed by each resident.	The	
a.	Facility administration	n failed to ensure that	the		Administrator has also him	ed an	
1 1	uysician was immediate	ly notified regarding.	i		additional registered dietiti	an to	
ام ا	gnificant changes in res	dents which required	the		increase staffing hours	for	
l Pr	an or care to be aftered.	This was cited at an	actual		——————————————————————————————————————		
na	erm level. (Refer to F-1	.57)			dietitians (who together "	se two	
Ь	Facility administration	. E . : 1	-		dietitians (who together will	work	
du	Facility administration	railed to ensure priva	су		one FTE dietitian position) will	
	ring personal care for 2	residents. (Refer to I	7-164)	1	meet with the nutrition aide a	nd the	
c.	Facility administration	failed to -			dietary manager to coor	dinate	
res	Facility administration sidents were free from u	railed to ensure that			residents' nutritional needs.		
		uniecessary medicatio	ns.			1	

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j. rest acc	Continued From page 98 (Refer to F329) d. Facility administration attain or maintain the lawell-being for its residue. Facility administration residents. (Refer to F-2 g. Facility administration followed the plan of carresidents. (Refer to F-2 g. Facility administration followed the plan of carresidents. (Refer to F-2 g. Facility administration followed the plan of carresidents. (Refer to F-2 g. Facility administration followed the plan of carresidents. (Refer to F-2 g. Facility administration for facility administration facility a	tion failed to ensure the ice received frequently in from a registered dienighest practicable physicians. (Refer to F 361.) ion failed to ensure the in of medications to its 426) on failed to ensure that re (physician's orders) 282) on failed to ensure that try was called prior to 7-496) on failed to ensure that extra the interpretation of the interp	t staff for its t the hiring (Refer	F 490	F329: The Psychotropic mittee meets once a mont consists of the Medical Dir the Pharmacist, the Lead Worker, two Social S designees, and a charge	Com- h and rector, Social ervice nurse. dents' iscuss ay be er the nether ulted. other equire ld be ers to other have ether lately for rately The mate lerks perly ician		

F361: The Administrator has hired an additional registered dietitian to double the current hours, and both dietitians together will provide the facility residents with the equivalent of a full-time equivalent dietitian. addition, In Administrator has changed the job description of the nutrition aide to oversee and monitor the nurses aides taking weekly and monthly weights of every resident. The aide will report to the Weight/Skin Committee. Finally, Administrator is requiring that the dietary manager, dietitians, and nutritional aide meet on a regular basis to discuss the needs of residents and how to address them.

F371: The Administrator has installed a new dispensing system in the kitchen which ensures that the proper chemical concentration is maintained in the cleaning solution. The Dietary Manager has been instructed to begin doing daily checks on the solution and report the results monthly to the Quality Committee which the Administrator chairs.

F426: The Administrator will receive reports of how the new form is improving the need for and timely administration of drugs in the proper doses, the conformity with physician orders. Where one or more particular nurses fails to achieve the optimal level, the Administrator will order training or discipline as required.

<u>F496</u>: The Administrator directed that Human Resources change the

internal policy and procedure to require that Human Resources calls the Nurse Registry each and every time an aide applicant applies. The Administrator also has changed the facility's practice to require that the Human Resources assistant documents the time and date the inquiry was made and who the assistant spoke to and the results of the call (whether the applicant was certified or not).

<u>F502</u>: The Administrator, together with the Director of Nursing, has implemented a new resident roster on which all medications charted (See form attached). This new procedure will be reviewed by ward clerks to ensure medications are given timely and exactly as ordered by the physicians.

F514: The Administrator has hired a Medical Records Consultant who will spend at least two days a month to train and consult with the nursing staff and to monitor medical records for completeness and accuracy. In addition, another registered nurse who has long years of experience in long term care has been hired by the Administrator to conduct mock surveys, train the nursing staff on accuracy and timeliness compliance of with physician orders and medical charting.

F521: The Administrator will implement all of the above changes, increase staffing for nutrition, nursing, and medical records consultants, and implement all of the new forms and protocols set out in more detail above.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING CB. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID \mathbf{m} PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL. (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 490 Continued From page 99 F 490 F496 F 496 483.75(e)(5)-(7) ADMINISTRATION F 496 5/21/02 SS=D Before allowing an individual to serve as a nurse The Human Resource procedure for aide, a facility must receive registry verification that contacting the Registry the individual has met competency evaluation changed April 29, 2002 to assure requirements unless the individual is a full-time that the Registry is called for all employee in a training and competency evaluation nursing assistant applicants even program approved by the State; or before allowing an though it is known that the person individual to serve as a nurse aide, a facility must is in an approved Certified Nursing seek information from every State registry Assistant training program or had established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will information requested from include information on the individual. previous state in which they were a Certified Nursing Assistant. If, since an individual's most recent completion of a training and competency evaluation program, there The Human Resource staff will has been a continuous period of 24 consecutive document the date the Registry was months during none of which the individual provided nursing or nursing-related services for monetary called, the person giving the compensation, the individual must complete a new information, and the results of the training and competency evaluation program or a call. new competency evaluation program. The person responsible for this This REQUIREMENT is not met as evidenced by: implementation is the Director of Based on review of 9 employee records on 4/24/02. Human Resource. and a telephone interview with an employee of the State Nurse Aide Registry, it was determined that the The nurse aide registry was called facility did not contact the State Registry on 4 of 9 for Employed 'F' on April 25. employees prior to allowing them to serve as a nurse 2002 She was taking the CNA aide in the facility. Employee identifiers: E, F, G course at Pioneer Valley Hospital, and I. therefore not certified. Debbie, at Findings include: the CNA registry, stated that they did not have a record of abuse for A review of 9 employee files, randomly selected, was

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completed on 4/24/02. No documentation could be

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PRINTED: 12/20/2002

FORM APPROVED 2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		465095		B. WING_		1	C 05/01/2002	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	05/01	1/2002	
CHRIST	US ST JOSEPH VILLA	.		OP FEDERAL LANE KE CITY, UT 84115				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE PRIATE	(X5) COMPLETE DATE	
F 496 F 502 SS=D	found in the employer contacted the State Rehired by the facility to On April 24, 2002 at was placed to the State facility had contacted nurse aides before the facility. The employer that the registry had a facility on 4 of the 9 of the facility is responsible the services. This REQUIREMENT Based on review of refacility staff interview.	e files that the facility egistry on 4 of 9 individually of work as nurse aides. approximately 2:00 P. the Registry to inquire in the registry on the 9 per were allowed to work ee of the State Registry not been contacted by employees in question. FRATION wide or obtain laborator eeds of its residents. The for the quality and time of the quality and time of the sidents' medical recorvers, it was determined the contact of the sidents' medical recorvers, it was determined the contact of the sidents' medical recorvers.	M. a call f the potential rk in the rstated the ry The neliness of ced by: ds and nat the	F 496	The nurse aide registry was for Employee 'E' on Apr 2002. She was not ce pending completion of the Debbie, at the registry, Employee 'E' does not be record of abuse in their files. The nurse aide registry was for Employee 'G' March 28 and re-verified May 21, According to Debbie, she was listed as a CNA and was not on the list for abuse. F502 A change will be made internal reporting format. nursing unit will receive a recoster each day. The roster used in conjunction with the conjunction with the conjunction report form as a	ril 25, tests. stated have a called , 2002 2002. Fas not shown	5/31/02	
	ordered by the physic not obtain a TSH (The laboratory test for res	le timely laboratory serian. Specifically, the fayroid Stimulating Horident 56. The facility dutil 8 days after the x-rian for resident 57.	acility did mone) id not		reminder of all the resident live on that unit. The curre hour report form does not residents on the unit. The Nurses are required to docum those residents who have change in condition. By ha	s who ent 24- list all Charge lent on had a		
	with the diagnoses of vertebral fracture, and		ion,		daily roster at the nurses' s the nurses are finding that it them to remember at a gland they need to document on each	tation, t helps e who		
		s telephone order dated			This should help agency nur well			

F496

The nurse aide registry was called for Employee 'I' on April 24, 2002. According to Debbie, she was not certified nor has a record of abuse. She had completed her CNA course work and was scheduled to take the tests.

The Human Resource Clerk is responsible for completing new hire forms that include a space for the date the registry is called, the person contacted and the results. The Human Resource Director is responsible for checking the form for total completion by conducting audits to determine how many of the new hires have had all the required items completed. He will report the results to the Quality Improvement Committee, along with action taken for incomplete items found.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B. WING C 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 502 Continued From page 101 F 502 The new form was developed and which documented to obtain a TSH level. the nursing staff was informed of No documentation could be found in resident 56's how to utilize it during their Charge medical record that the TSH had been done. Nurse Meeting on Wednesday, May 22. 2002 Following initial During an interview with the DON (Director of implementation on Thursday, May Nursing) on 4/23/02 at 4:00 PM, it was stated that the 23, 2002, the Charge Nurses had facility could not provide the laboratory results for made suggestions for change that resident 56. would make the document work 2. Resident 57 was admitted to the facility on better for them. Final revisions 10/24/01 with the diagnoses that include macular were made, and the Form was degeneration, hypertension, lung disease, implemented following discussion hyponatremia, and fluid retention. of the process at the Charge Nurse Meeting on Friday, May 31, 2002. Review of resident 57's medical record, on 4/22/02, It was implemented on Friday, May revealed a physician's telephone order dated 11/21/01, which documented to 31, 2002. obtain a chest x-ray to rule out tuberculosis. The Ward Clerk will print out the daily rosters and check to see that Further review of the medical record for resident 57 the revealed that the chest x-ray was performed on 24-hour reports indicate 11/29/01, 8 days after it was ordered by the physician. notification of appropriate individuals when changes resident condition do occur. F 514 | 483.75(l)(1) ADMINISTRATION F 514 F514 SS=D 5/25/02 The facility must maintain clinical records on each resident in accordance with accepted professional Insulin and blood sugar orders were standards and practices that are complete; accurately clarified and rewritten on one page documented; readily accessible; and systematically for residents 95 and 42 to make organized. things easier for the nurses to remember to chart the necessary This REQUIREMENT is not met as evidenced by: components such as time, blood Based on interview and review of resident medical sugar, units given, site of injection, records, it was determined that for 1 of 26 sample their initials and whether the residents, the facility did not maintain clinical records physician was notified of certain in accordance with accepted professional standards

parameters.

F502

The Ward Clerk will check each nurses station daily for the initiation of physician orders and requests for lab or x-rays. In addition, they will monitor if the lab or x-ray results are in the medical record and if the physician has been contacted with the results.

The Ward Clerk will conduct a quality check of the physician's orders at least weekly. They will report to the Quality Committee the number of orders reviewed, the number of incomplete implementation steps, and actions taken as a result.

Nursing The Supervisor directed to call the laboratory by the Director of Nursing to see if they could locate a copy of Resident 56's TSH level. After a good deal of time searching, the lab called back and said they had found it in the computer under the first part of resident's hyphenated last this name. The lab sent a copy of the TSH level by fax, and the physician was notified of the results. copy of the TSH level was placed ;into this resident's medical record.

Resident 57's ex-ray was ordered following a routine TB skin test which was positive. There were no clinical symptoms. The x-ray was obtained after the Thanksgiving holiday weekend. No orders for treatment were given by the physician.

The Director of Nursing will be responsible for overseeing the implementation of these changes.

Complete date:

5/25/02

PRINTED: 12/20/2002

FORM APPROVED 2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

B. WING_

(X3) DATE SURVEY COMPLETED

		465095		B. WING		
NAME OF	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY	STATE, ZIP CODE	05/01/2002
CHRICT	FIIC CT IOCEDII viiv					
MKI91	TUS ST JOSEPH VILLA		SALT LAI	OP FEDER KE CITY, U	AL LANE	
(X4) ID	SUMMADV CTA		LAI	× 0111, (J. 04115	
PREFIX	(EACH DEFICIENCY)	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FI	ו זיוו	ID	PROVIDER'S PLAN OF CORRECT	IION
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATI	ION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOT	II D BE
				IAG	CROSS-REFERENCED TO THE APPRODEFICIENCY)	OPRIATE DAT
F 514	Continued From page 10	12			 	
= •	and practices that were	e accurately documente		F 514	The Ward Clerks have reor	ganized
	systematically organiz	ed. Resident identifier	u or		the medication sheets so t	ganized hat the and gars is y have uter so ections e time, s, the ite and has a an was when which attment ted by end of visician d on month langes ration e that night was Nurse A on at a y 31,
	, samp organiz	. Kesidelli idelitilier	. 95.		insulin administration	
	Findings include:				adiimibii diloii	and
					documentation of blood su	igars is
	Resident 95 was a 79 y	rear old female			all on the same page. The	y have
	admitted to the facility	on 4/3/02 with and the	IS		changed entries in the comp	uter so
	diagnoses which include	led insulin dependent	ii a la		that it prints out dir	ections
	mellitus.	moonn dependent d	uabetes		indicating where to chart th	e time
				į	what the blood sugar wa	is the
1	Upon admission, the pl	Wician ordered the fee	dilie.		number of units given, the s	ite and
	staff to obtain blood su	gars four times a day	ad the	ĺ	the nurse's initials. It also	he and
to administer regular insulin based of		Sulin based on the follo	id then		enace to initial if the all	nas a
	sliding scale:	oased off the IOHC	willig		space to initial if the physician	an was
	-				notified of certain parameters	rganized that the and ligars is ey have outer so rections he time, as, the site and has a lan was is when which eatment cited by end of ysician ed on month hanges tration e that night was Nurse 2. A n on at a ay 31,
	160 - 200 3 u (units)				ordered.	
	201 - 250 6 u					
	251 - 300 10 u			ļ	The new computer program	which
	301 - 350 15 u				prints out medication and tre	atment
	greater than 351, 20 u				sheets will be visually inspec	tod by
	·			-	the Night Supergrap of Al-	and as
] '	The April 2002 medicat	ion administration reco	rds		the Night Supervisor at the	end of
- 1	(MAK) and treatment sh	eets for resident 05 w/	200		each month to assure that phy	ysician
1 1	reviewed on 4/23/02. D	uring review of these ra	acordo	}	orders are not duplicate	d on
1.	ir was noted that the old	ers for the sliding scala	TTTOWO		multiple pages for the next	month
1	coorded our rour differen	it sheets. Blood engage	were		and to detect any errors. Cl	nanges
'	cing recorded on live d	liferent sheets. The			to the medication administ	ration
l a	administration of sliding	scale regular insulin w	as		sheets are made at the time	a that
d	documented on three diff	ferent sheets.			errors are found by the	nicht
_	Chalata -				supervisor	ıugnt
1	The blood sugar for 4/9/0	02 at 4:00 PM, was reco	orded		supervisor.	
14	s two different results.	On page "3 of 4" of the	Ameril 1			
2	OUZ MAK, the blood sh	ea betreemusch asw 189	11221		Appropriate documentation	was
, ,,	riich would have reduin	ed no sliding scale inou	1in		addressed at the Charge	Nurse
documented the blood sugar for resident 95, on 4/9/95		L2002 treatment record	1		Meeting on May 22, 2002	. A
		1/0/02		special educational session		
144	1 7.00 1 M, to be 182, W	iich would have require	dtha		documentation will be held	af a
ac	annustration of 3 units (Of regular inculing Ther			Charge Nurse Meeting on Ma	ai a
	as no documentation to	show whether or not in	sulin		2002. The guest sneaker was	iy 31,
57L	ATG112			lity ID: UTO	The Branch observed W	ılı be

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STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING_ 465095 NAME OF PROVIDER OR SUPPLIER 05/01/2002 STREET ADDRESS, CITY, STATE, ZIP CODE CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL m PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (X5)(EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 514 Continued From page 103 our Medical Records Consultant. F 514 was provided. Administration has requested that The blood sugar for 4/20/02 at 6:00 AM, was the consultant spend at least two recorded as two different results. On page "1 of 4" of days per month in the facility to the April 2002 Treatment Record, the blood sugar help with the chart audits and to was recorded as 90. On page "2 of 4" of the April assure improvement 2002 Treatment Record, the blood sugar was recorded in our notification documentation as 94. and care delivery process. Nurses were documenting several things in the tiny boxes on the MAR and treatment sheets. Some boxes Director of Nursing appeared to contain a blood sugar result and units of responsible for implementation of insulin given. Some boxes appeared to contain staff this plan. Completion date May 25, initials and units of insulin given. Some boxes 2002 contained what appeared to be staff initials and a blood sugar result. Nurses were not consistent in what was documented in the boxes. The writing, in many cases, was not legible. After reviewing all of the medication and treatment sheets, it was very difficult, and in a few cases impossible, to determine the results of blood sugar checks and whether or not insulin had been given and it what amount. The third floor nurse supervisor was interviewed on 4/24/02. She was shown the April 2002 MAR and treatment sheets for resident 95. She agreed that it was difficult to determine blood sugar results and F521 what insulin was given, if any. The policy and procedure for the Quality Steering Committee and the assurance process quality F 521 483.75(o)(2)&(3) ADMINISTRATION updated May 16, 2002. The quality F 521 SS=H6/7/02 improvement cycle was diagramed The quality assessment and assurance committee as well as a quality assessment and meets at least quarterly to identify issues with respect improvement quarterly report was to which quality assessment and assurance activities are necessary; and develops and implements developed to show not only appropriate plans of action to correct identified information gathered and quality deficiencies. results, but actions taken to improve care or service.

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STATEMENT OF DEFICIENCIES 2567-L (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 05/01/2002 CHRISTUS ST JOSEPH VILLA **451 BISHOP FEDERAL LANE** SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX TD PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5)TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) F 521 Continued From page 104 F 521 The procedure for the quarterly A State or the Secretary may not require disclosure of Quality Assessment Committee was the records of such committee except insofar as such also updated and the duties of the disclosure is related to the compliance of such Quality Assessment Committee committee with the requirements of this section. outlined This REQUIREMENT is not met as evidenced by: The procedure change and the new Based on staff interviews and review of the facility's quality assessment improvement Quality Assessment Committee Minutes (dated report were adopted by the Quality 10/17/01, 1/16/02 and 4/17/02) and the facility's monthly Quality Steering Committee meeting Steering Committee May 16, 2002. minutes (dated from July 2001 through February 2002), it was determined that the facility's quality administrative/management The assessment and assurance program failed to identify team members were presented the quality deficiencies regarding the identification, new information May 20, 2002 at assessment and intervention for residents with the monthly Management Meeting, malnutrition, resulting in actual harm for 6 of 27 and implementation is to begin sample residents and 1 additional resident. immediately. The facility's quality assessment and assurance committee also failed to identify quality deficiencies The person responsible regarding the identification, assessment, appropriate for overseeing implementation of the treatment and prevention of the development of new procedures and plan is the pressure sores, resulting in actual harm for 6 of 27 Administrator. sample residents. Both the facility's Quality Assessment (QA) Committee and Quality Steering Committee failed to intervene when members were notified by the skin team nurse, in a written memo F157: The Director of Nursing will dated 2/21/02, that the facility's nosocomial (house receive a monthly report from the acquired) pressure sore rate had increased to 5.6% (an Nursing Supervisors of the number increase from the previous month of 2.8%). of times interventions were required due to omissions of notification per In addition to the areas of nutritional intervention policy and/or protocol. (F309) and pressure sores (F314), cited at Director of Nursing will report the Substandard levels, the facility's Quality Assessment Committee also failed to identify, establish and information to the quality implement corrective action plans for the following Committee along with the actions areas: taken. CMS-2567L ATG112000 Event ID:

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

FORM APPROVED PROVE. 2567-L

	OF CORRECTION	(X1) PROVIDER/SUPPLIEI IDENTIFICATION NU	IFICATION NUMBER:		IIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED C	
		465095		B. WING		05/01/2002	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1	
CHRIST	US ST JOSEPH VILLA	\		OP FEDERA KE CITY, U			
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE	
F 521	resident status (F157) b. Resident personal c. Following the plar d. Unplanned weight e. Unnecessary medi f. Dietary staffing (F g. Accurate dispensif h. Administrative ser i. Aide registry (F496 j. Laboratory service k. Medical records (F Findings include: 1. The administrator regarding the facility' assessment committee Assessment meetings attended by himself, to f nurses, the skin tea heads. The director of nurses 4/29/02. She stated the Steering Committee" that concerns and issu addressed through the quarterly QA meeting 2. Pressure sores - A identified for 6 reside pressure sore and/or of services to promote he The February 2002 pr 2/21/02, identified the	sician of a significant of privacy (F164); privacy (F164); nof care (F282); toos (F325); cations (F329); F361); ng of insulin to diabeterizes (F490); 6); so (F502); and, F514). was interviewed on 4/2's Quality Assurance at the stated that the Quarterly at the medical director, the moural of the medical director, the moural of the was also interviewed that they also had a "Quality which was held monthly the seemeeting as well	229/02 and Quality and were also the avoidable and and are.	F 521	F164: The quality monitor delivery" includes a sect privacy and dignity Monthly, the Nursing Sup or CNA Educator will compromiter. The CNA Educator report the findings, alon corrective actions, monthly Quality Committee. F282: The Ward Clerk generate a report of their checks showing the number of with missing steps, alon information regarding action at the time of the quality. The report will be given Director of Nursing who present the information Quality Committee each more the quality. The report will be given Director of Nursing who present the information Quality Committee each more the Quality Committee and intervention weight loss rates and intervention weight loss rates and intervention weight loss rates and intervention weight Committee monthly with recommendations corrective action. F329: Psychotropic meaning pharmacist. results of the audit are reported.	issues. bervisors bette the bettor will g with to the ks will quality ber of orders g with taken, check. to the bo will to the both. cam will bressure as, plus entions. to the y, along for dication othly by The	
MS-2567L	A	TG112000 Event ID: 2V	VTY11	Facility ID:	UT0082	If continuation sheet 106 of 111	

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		BERV	ICES				<u>256</u> 7-
	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUI	R/CLIA MBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED C	
		465095			05/01/2002		
NAME	OF PROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
СНВ	RISTUS ST JOSEPH VILLA		SALT LAI	OP FEDERA KE CITY, U			
(X4) PRE TA	FIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F	any documentation to the increase in the protection that the facility had address in the next monthly Q Meeting, the Director reason, it (the meeting cancelled." The facility the April 2002 Quality. There was no document Assessment (QA) Conto evidence that the Q increase in the nosocourse are in the nosocourse of the prior two QA makes and the prior two QA makes.	ministration could not periode evidence that it had a cessure sore rate. When seed the increased rate quality Steering Commit of Nurses stated that 'g for March 2002) was ity did not provide minity Steering Committee entation in the quarterly minitee minutes, dated A committee had addromal pressure ulcer rate on not been addressed oneetings. If weight team which come and one registered divas a written job descripte skin/weight team, the puring interview with the state of their meetings to viewed or what interventions were was no method to ensure minimum and that she was no affirmed that she was no affirmed that she was no firmed that	ddressed asked if of 5.6% ittee For some autes to Meeting. / Quality 4/17/02, essed the e. on either onsisted etitian. ption for he skin his team to , but they o detail are he of aware	F 521	the Director of Nursing and to the Pharmacy Co Quarterly. The P Committee recommendation forwarded to the Quality Ast Committee for approvation monitoring. Physician orders will be audievery long-term care resident Ward Clerks weekly to discrepancies between p orders and documented Discrepancies will be reported the Nursing Supervisor the Nursing Supervisor the Administration of Nursing will report information to the Committee. F361: The Registered Diswill report their finding activities to the Administrate Director of Nursing at	charmacy cons are consumated cons are consumated consum	
	The facility was not following its own policy for assessing residents at high risk for pressure sores. The policy stated that "Within the first 8 hours of admission to St. Joseph Villa, each resident will be evaluated to determined those who are at high risk for pressure sores or who have evidence of aking.				Committee will be informed	titians'	

Nursing, and actions taken.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPART	MENT OF HEALTH	6. MEDICAID SERVI	CES			I	
CENTERS	S FOR MEDICARE	& MEDICAID SERVIO			E CONSTRUCTION	(X3) DATE SURV COMPLETEI	
CTATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER	R/CLIA (X2) MULTIPLE CONSTRUCTION			C	
AND PLAN O	FCORRECTION	IDENTIFICATION NUM	BEK:	A. BUILDING		05/01/2002	
		4<5005		B. WING		05/01/2	2002
		465095	STREET ADDR	ESS CITY, STA	ATE, ZIP CODE		ļ
NAME OF PROVIDER OR SUPPLIER			451 BISHOL	PERFRAI	LANE		ļ .
			451 BISHOI SALT LAKI	E CITY, UT	84115		
CHRISTU	JS ST JOSEPH VILL	A	SALIDAK		PROVIDER'S PLAN OF CORREC	TION	(X5)
SUMMARY STATEMENT OF DEFICIENC			S	ID PREFIX	THE CORRECTIVE ACTION SHO	OLD DE I	COMPLETE DATE
(X4) ID	(X4) ID PREFIX TAG SUMMARY STATEMENT OF PRECEEDED BY FULL (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	i i
				E 521	F426: Dispensing of insuling	n will be	ļ
F 521	Continued From page	107		F 521	included in the quality	y audit	ł
F 321	1 1 Durin	or interview Willi lije 5M	in team		conducted by the Ward C	lerks on	l
ļ	4/25/02 at	2.35 PM She was aske	d II die		every resident prescribed i	nculin at	1
	la iso Camacada	Julia mck accessincillo.	I IIC SEIL		every resident prescribed	s of the	
	t surga replied	"We don't do mem	W HOH GORGE		least weekly. The result	-harring	1
	a dividuale we	re assessed for the nec	1 01		audit will be reported by	Snowing	ļ
1	1 arring (lawices and other apply	priace		the number of sliding	scales	ļ
	Itone the s	kin team nurse lephed,	If tile f (#		indicating a need for a c	hange in	1
	ومحمنا والمساء	and they are non-annous	atory or	1	the dosage and the nur	nber not	
1		and or they re incommit	III OI Can		done. Action taken will	also be	
1	I relieve pressure of	i their own, then you pr	Ovide		reported. The audit repo	rt will be	1
	woliaving	devices to their bed and	٨.		presented to the Quality C	ommittee	ļ <u></u>
1	Last coloboir " The	skin team nurse contin	ica to stare		presented to the Quanty	Oliminoo	\ \ \
}	45 at it woo left un	to "nursing judgement	as to		by the Director of Nursing	•	1
	1	And pagged titessille ic	11C 4 111 m				1
1	devices. The facil	lity did not have a form	have become		F490: The Administrativ	e services	1
ŀ	periodically reass	ess residents who may	nave become		effectiveness and efficien	cy will be	1
	at risk for skin bro	eakdown.			accessed by the Board of	Directors	1
		with the okin	team Off		through the reports of the	ne Quality	\ \ \ \ \
	During continued	interview with the skir	me aware of	!	Accurance Committee.	i ne	1
	4/25/02, they wer	re asked now they beed	that the	İ	Medical Director chairs t	he Quality	1
l l	skin breakdown.	The skin nurse replied ace that information on	a 24 hour		Assurance Committee, p	his one or	1
	nurses were to pl	t it to her or they some	imes stop her		Assurance Committee, p	o members	
1	report and submi	t it to her of they some	lem.		more Board members ar	Committee	
Ţ	in the hall and in	form her of a skin prob			of the Committee. The	Communica	
1	The business	as not notified regarding	g the		evaluations and recom	menuations	
1	Jarralanment Of 1	pressure sores for 2 fes.	Idenies airei		are reported to the	Roard of	
-	development of	ne nurse's initial identif	ication.		Directors.		
ļ							
1	2 Nutritional A	ssessment and Interver	ition - The		F496: Human Resource	audits will	
l	C (1242	tant dietitian Was the Ol	IIA (ilennai		be conducted by the	Director of	·
ļ	1 1 1 comit	see for the facility. Incl	Commact	ı	Human Resources to	determine	.
1	to Capitity offers	ved her 10 in 12 hours	a week in the				1
	c: Liter During	those 10 to 12 nours 1	i me racine,				
ł	lat - nonquitant d	lietitian was responsion	S TOL WIN I'V		activities at the time	a person is She will	í
1	l monidents in the	facility, as well as an c	tie restderite i	1	hired or begins work	She will	•
1	the Famility's as	eigted living section (at	Teast oo				
ļ	additional indiv	viduals) and was also a:	ssigned to				
	attend the weel	kly skin/weight team m	eeting.			If continu	ation sheet 108 of 11
L		ATG112000 Event II		Facility I	D: UT0082		

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		(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465095		B. WING_		C 05/01/2002	
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA		451 BISH	OP FEDERAL LANE KE CITY, UT 84115			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
F 521	whose laboratory valresidents with pressure evaluation of dietary residents received eit intervention. During interview with stated that the person Assessments "works training." The dietici assessments complete always accurate" and of residents who scor Risk Assessments althevaluator to notify the residents who were stand/or had laboratory had not been evaluated. One of the 7 residents 12/6/01, reflected sevany nutritional interversion after the main. The dietitian did not easily 3/19/02, almost 3 and malnutrition had been noted that the nutrition implemented by the sand did not meet the recommended by the 3/19/02. The skin/weight team weekly meetings to it discussed, what recommended in the recommended in the recommended in the skin/weight team weekly meetings to its discussed, what recommended in the recommended in the recommended in the skin/weight team weekly meetings to its discussed, what recommended in the recommended in	arm was identified for the sores who did not remeds by a dietitian. Ther late, inadequate or the dietitian on 4/25/2 performing the Dietar in the kitchen, but has an indicated that the ed by the dietary aide "that she was not being ed as "high risk" on the hough the form directe edictitian. Five of the cored at a high nutrition values reflecting malred by the registered dies whose laboratory values reflecting malred by the registered dies whose laboratory values a half months after the identified. It should a national interventions were kin team nurse, not the minimal protein required dietitian in her evaluate dietitian in her evaluate this resident under the identified. It should a national interventions were kin team nurse, not the minimal protein required dietitian in her evaluated. Therefore, and the summendations were madere implemented. Therefore, who were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madere implemented. Therefore, and interventions were madered in the properties of the prop	ion and/or receive an These same no dietary 02, she y Risk no formal were not a informed to Dietary to the These same no dietary t	F 521	report the results to the Committee, along with actio for any incomplete items. F502: Laboratory and x-ray and results will be included daily quality check by the Clerks. A weekly report generated to show the numorders reviewed, the numincomplete implementation and actions taken. The report be given monthly to the Committee for assessment. F514: Dispensing of insulin included in the quality conducted by the Ward Cle every resident prescribed insleast weekly. The results audit will be reported by sithe number of sliding indicating a need for a chathe dosage and the number done. Action taken will a reported. The audit report presented to the Quality Comby the Director of Nursing.	orders in the Ward will be her of steps rts will Quality will be audit rks on sulin at of the howing scales inge in er not also be will be	

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2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \mathbf{C} B. WING 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 521 Continued From page 109 F 521 recommendations. Neither the quarterly QA minutes (dated 10/17/01. 1/16/02, and 4/17/02) nor the monthly Quality Steering Committee minutes (from July 2001 to February 2002) contained any documentation to evidence that the facility had identified a concern with the lack of nutritional assessments and intervention. (The Quality Steering Committee did not meet in March of 2002.) 4. The facility's QA committee failed to identify and establish corrective action plans to ensure the facility was administered in a manner that enabled it to use it's resources either efficiently or effectively to ensure that residents were provided the opportunity to attain or maintain their highest practicable well-being. 5. The facility's QA committee failed to identify and establish corrective action plans to ensure the physician was notified of significant changes in resident status which would have required a change to the plan of care. This was cited at an actual harm level. 6. The facility's QA committee failed to identify and establish corrective action plans to ensure that unplanned weight loss was addressed. Two residents experienced harm due to the lack of facility intervention for significant weight loss. 7. The facility's QA committee failed to identify and establish corrective action plans to ensure accurate administration of insulin to diabetics. The facility had identified "medication errors", but referred only to "doses missed", not to inaccurate insulin administration. The facility did not provide the results of any follow-up audits for these concerns.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/20/2002 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING C 465095 05/01/2002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION COMPLETE DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 521 Continued From page 110 F 521 8. The facility's QA committee failed to identify and establish corrective action plans to ensure that physician's orders (plan of care) were being followed. 9. The facility's QA committee failed to identify and establish corrective action plans to ensure that residents did not receive unnecessary medications. 10. The facility's QA committee failed to identify and establish corrective action plans to ensure the nurse aide registry was called prior to the facility hiring nurse aides. 11. The facility's QA committee failed to identify and establish corrective action plans to ensure that laboratory services were provided as ordered by the physician. 12. The facility's QA committee failed to identify and establish corrective action plans to ensure that medical records were accurately documented and systematically organized. 13. The facility's QA committee failed to identify and establish corrective action plans to ensure the personal privacy of residents.

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Event ID: 2WTY11

Facility ID: UT00

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