(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 3/27/2003 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE** CHRISTUS ST JOSEPH VILLA SALT LAKE CITY, UT 84115 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F-327 F 327 483.25(i) QUALITY OF CARE F 327 5/13/03 SS=G 5/23/03 This Plan of Correction constitutes our The facility must provide each resident with sufficient written allegation of compliance for the fluid intake to maintain proper hydration and health. deficiencies cited. However, submission of this Plan of Correction is not an admission This REQUIREMENT is not met as evidenced by: that a deficiency exists or that one was cited Based on record review and interview, it was correctly. This Plan of Correction is determined that the facility did not ensure that 1 of 29 submitted to meet requirements established sample residents received sufficient fluid intake to by state and federal law. maintain proper hydration. (Resident 169) Note: Resident 169 is no longer a patient at CHRISTUS St. Joseph Villa. Findings include: Resident 169 was admitted to the facility on 2/22/03 Goal: from becoming Prevent residents with diagnoses of cervical spine fracture, aortic valve dehydrated. Provide for and maintain replacement, hypertension, hypothyroidism, adequate hydration of residents. Provide for hypercholesterolemia, reflux, right total knee immediate and long-term monitoring of arthroplasty, abdominal aneurysm, incontinence and resident care outcomes. depressive disorder. Objective: Review of resident 169's medical record was Adopt an assessment tool to identify and completed on 3/27/03. prevent residents at increased risk of dehydration. Develop a set of interventions / A patient care plan for resident 169 dated 2/22/03, and protocols to improve hydration of residents updated on 2/25/03 and 3/3/03, completed by facility at risk. Develop a means of documenting staff, revealed that the facility nursing staff had effectiveness monitoring the and identified as a problem, that resident 169 was at risk interventions. for dehydration due to decreased intake. The goal was that resident 169 would be free from signs and Measures: symptoms of dehydration. The approaches were that A dehydration risk assessment will be staff would monitor the resident daily for signs and adopted. Each resident upon admission will symptoms of dehydration, encourage fluids and be assessed and assigned a level of risk. A monitor intake and output to assure adequate intake. set interventions / protocols will be developed and implemented according to Review of the nurses documentation revealed that each resident's risk assessment. The risk facility nursing staff were documenting that resident assessment will be completed quarterly and 169's fluid intake and output was "qs", quantity for any significant change of resident condition. For high-risk residents/patients. sufficient, on a daily basis. No other documentation could be found in resident 169's medical record that the ADL record will be revised to include an estimate of millimeters for fluid intake. facility nurses were assessing for signs and symptoms

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

MAY 0 9 2003

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DEPARTMENT OF HEALTH AND HUN SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		465095	B. WI	NG_		3/27	/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA	<u> </u>		4	REET ADDRESS, CITY, STATE, ZIP CODE S1 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115	, 5,2%	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRODEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F 327	that resident 169 was [and] tactile stimuli pt. [patient] to [hospiambulance". Resident 169 was sen at 6:45 AM on 3/8/03. Review of the hospits 3/8/03, completed by resident 169's family physician that "(resid p.o. [by mouth] intak not been taking any sorally." The physician docume examination of reside 169's oral mucosa was The physician also do laboratory work rever (Blood urea nitrogen) level of "2.2 mg%". 169 had been a patien at that time her BUN BUN level is obtained disorders or dehydrat In the publication, La with Nursing implication, La with N	3/8/03 at 5:30 AM, documented, "Very unresponsive to verbal[physician] on call. OK to send tal] ER [emergency room] per at to the hospital emergency room as. al emergency room report dated a physician, revealed that informed the emergency room lent 169) had a history of poor e recently (resident 169) had ignificant amount of fluids mented that during the physical ent 169, he noted that resident is very dry. commented that resident 169's aled that resident 169 had a BUN of "98 mg %" and a creatinine He also documented that resident in the hospital on 2/20/03, and was 13 and creatinine was 0.9. A d to determine if there are renal	F 327		Nursing staff will be presented education to include recognition factors and symptoms of dehydrations are defirst three weeks of May and the hydration risk assessment proceeding by May 23, 2003. In an arandom selection of five charts of the form a period of three months reviewed for compliance with documentation. Following this purcharts will be reviewed on a quarant and the results reported to the Improvement Council. Responsibility for implementation Director of Nursing.	n of risk ration. In- luring the use of the edure will ddition, a per month will be h proper eriod, five terly basis e Quality	

DEPARTMENT OF HEALTH AND HUI SERVICES
CENTERS FOR MEDICARE & MEDICALD SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			EULTIPLE CONSTRUCTION LDING IG	(X3) DATE SURVEY COMPLETED		
		465095			3/27/	/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	(X5) COMPLETE DATE
F 327	creatinine level would normal." The emergency room resident 169 was give The physician also do was that resident 169 volume depletion." On the physician dispreport, the physician entire difficulty is relipion intake" A telephone interview physician who had treat the facility. The	dehydration, the serum of most likely be normal or high physician documented that en 2.5 liters of fluid intravenously. Secumented that his impression was dehydrated "with significant documented,"I think, that her ated to dehydration (and) poor was held on 3/27/03, with a eated resident 169 during her stay physician stated that resident 169 hydratedand it should have	F 327			
F 371 SS=E	This REQUIREMEN Based on observation determined that the fa food under sanitary c were scoops in multip dry ingredients, a refi service was not at the	re, prepare, distribute, and serve onditions. T is not met as evidenced by: as and interview, it was acility did not store and serve onditions. Specifically, there ble storage bins containing bulk rigerator used during tray line a proper temperature, and there ems in various refrigerators that	F 371 OL Sl 1316	I(a) An in-service was provided Service workers March 26 and regarding sanitation. April 16 holders were mounted above storage binds. The Food Service Director is ible for monitoring compliance. The Registered Dietitians will a monthly sanitation inspect submit results to the Improvement Council quarterly.	27, 2003 0, scoop the food respons- complete tion and Quality	4/28/03

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION NG	COMPLET	
		465095	B. WI	NG_		3/27	/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA			4	REET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115		
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F 371	Observations on 3/24 during the initial kite 1. In the kitchen: a. There were scoop rice, flour, powdered milk, pancake mix, n sugar, dry milk and a The scoop handles at because staff handles b. The refrigerator u was not at proper ten thermometer read 58 internal thermometer Inside this refrigerate bowls, 1 gallon of m 3 cups of yogurt, plu Attached to this refrifor March 2003. The standard from internare refrigerator was 36-4 was reviewed on 3/2 temperatures recorded documented tempera 3/1/03: 44 degrees 3/2/03: 50 degrees 3/4/03: 50 degrees 3/5/03: 45 degrees 3/6/03: 45 degrees	s in the bins containing oatmeal, sugar, cornstarch, powdered hashed potatoes, brownie mix, nother bin of powdered milk. The considered contaminated of them. sed on tray line on the west side apperature. The external degrees Fahrenheit and the read 60 degrees Fahrenheit. Fahrenheit and si juices, applesauce and sodas. gerator was a "Refrigerator Log" of degrees Fahrenheit. This form of degrees Fahrenheit of degrees Fahrenheit of degrees Fahrenheit of degrees Fahrenheit of degrees of degrees Fahrenheit of degrees Fahrenheit of degrees Fahrenheit of degrees Fahrenheit of degrees of degre	F 371		1(b) April 10, 2003, the Supervisors received an in-service department manager on what the temperatures of the refriger beyond the desired range. In the procedure for utilizer refrigerators while operating line have been modified to man food at the proper level. The Registered Dietitians will food temperatures and the resuse during monthly inspections and report results to the Quality Improvement Co. 2, 4, 5, 6. The Food Department Manager and Indicate Dietitians held an in-service 2003 on the correct use and for using labels to date food ite. A check sheet will be develop Manager for use by Kitchen Stoneton discrepancies during inspections. The Registered Dietitians will labeling/dating on their sanitation inspection and quarterly to the Quality Im Council.	vice from at to do if rators are addition, ing the the tray intain the l monitor efrigerator sanitation quarterly uncil. Services Registered April 22, procedure ms. ed by the upervisors ing daily include monthly i report	5/2/03

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION NG	(X3) DATE SUI COMPLET	
		465095	B. WI	NG_		3/27/	2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA	1	•	4	REET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
F 371	3/18/03: 50 degrees 3/20/03: 54 degrees 3/22/03: 50 degrees 3/23/03: 58 degrees Documented at the twas the following, "temperature is out of documented evidency had been notified of 2. In the large walks a. There was a piece.	Fahrenheit Fahrenheit Fahrenheit Fahrenheit Fottom of the "Refrigerator Log" Notify maintenance that facceptable range". There was no the that the maintenance department the out of range temperatures. -in refrigerator: e of ham that was not dated.	F 371		3. The Food Services De Manager provided an in-serv 22, 2003 to workers received stocking canned food goods what to do with dented cans. The Registered Dietitians will the monitoring of dented can monthly sanitation inspective report quarterly to the Improvement Council.	ice April ving and regarding Il include as during ons and Quality	5/2/03
	covered or dated. A dietary aide was ask day, she stated that so. There was a gall gallon of creamy Ca when they were oped. There were two covanilla icing that wee. There was a box containing 4 raw resopened but not dated. There was a pandated 10/24/02, 5 mg. There was a pandated. h. There was a pandated. h. There were 2 box 3/15/03, 9 days old. 3. In the dry storage. a. There were #10 pineapple and tropic top seam. There was	on of Catalina dressing and a esar dressing that were not dated ned. open 11 pound containers of tre not dated. of light sausage patties and a box gular sausage patties, which were d. labeled orange frosting, which was onths old. of chicken breasts that was not kes of blueberry muffins dated			7. Ice scoop holders were addice chests used by the CNAs to pitchers. The CNA Educ conduct monthly quality commonitor usage of the holders.	fill water ator will	5/2/03

DEPARTMENT OF HEALTH AND HUN SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU B. WI	ILDI		(X3) DATE SURVEY COMPLETED		
		465095				3/27	/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA			4	REET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F 371	Continued From page 5 bottom seam.		F 371				
	4. In the salad prep a	-					
	cantaloupe, strawbern cheese and tomato th	containing honeydew and ries, grapes, ham slices, grated at were not dated. There were e, which were not dated.					
	5. In the reach in ref	rigerator by the oven:					
	grapefruit sections, w	os of pudding and a container of which were not covered or dated, 3 ake, 4 pieces of cheesecake and a grapefruit sections, which were					
	6. In the small walk-	in refrigerator:					
	not dated when open b. There were cartor	ance container of soymilk that was ed. as of buttermilk marked sell by en opened and one had not.					
	7. On the 2nd East H	all:					
	observed that the CN gloves while getting inbetween going into pitchers, the aides let	30 AM and 3:30 PM, it was IAs (Certified Nurses Aides) wore ice for the resident's water, but each resident's room to get the fit the ice scoop handle in the ice mue for possible cross					
	Observations in the late to 2:15 PM revealed	citchen on 3/25/03 from 1:45 PM the following:					
	1. In the kitchen:						

DEPARTMENT OF HEALTH AND HU! I SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	LDI	NG	1''	(X3) DATE SURVEY COMPLETED	
		465095	B. WI	√G _		3/27	/2003	
	ROVIDER OR SUPPLIER JS ST JOSEPH VILLA	1	•	4	REET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAC		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
F 371	west side was not at thermometer read 58 internal thermometer Inside this refrigerate supplement, 1 glass of At 2:15 PM, a facilit temperature of the tr. The external tempera and the internal tempera and the internal tempera was out of the accept	efrigerator used on tray line on the proper temperature. The external degrees Fahrenheit and the read 52 degrees Fahrenheit. For there were 6 glasses of of milk and 2 glasses of juice. The external degrees Fahrenheit and the refrigerator was checked at the way line refrigerator was checked at the way line the external degrees Fahrenheit degrees that the temperature trable range and stated that the locumented that the maintenance	F 371					
	department was to be warm. b. There were scoop rice, flour, powdered milk, pancake mix, r sugar, dry milk and a The scoop handles a because staff handle. 2. In the dry storero	e called when temperature was too os in the bins containing oatmeal, d sugar, cornstarch, powdered mashed potatoes, brownie mix, another bin of powdered milk. re considered contaminated s them. com:						
F 387 SS=E	The resident must be every 30 days for the and at least once ever	HYSICIAN SERVICES e seen by a physician at least once e first 90 days after admission, ery 60 days thereafter. considered timely if it occurs not	F 387					
		ter the date the visit was required.						

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 3/27/2003 465095 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 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 387 F 387 Continued From page 7 F387 The residents listed (15, 37, 47, 53, 58, 5/15/03 This REOUIREMENT is not met as evidenced by: 62, 66, 72, 102, 104, 11, 112, 116, 119, Based on record review and interview, it was 146, 147) will be seen by a physician determined that the facility did not ensure each prior to May 15, 2003 as long as the resident was seen by a physician at least once every 30 resident is still in the facility. days for the first 90 days after admission, and at least once every 60 days thereafter for 17 of 29 sample In order to address the on-going need for residents reviewed. Resident identifiers: 15, 37, 47, physician visits, the Ward Clerks will 53, 58, 62, 65, 66, 72, 102, 104, 111, 112, 116,119, check each resident's chart the first few 146, 147. days of each month and produce a list of the residents due within the month for a Findings include: physician visit or past due for the visit. The names of those due or past due will 1. Resident 15 was admitted to the facility on be sent to the primary care physician's 12/16/02 with diagnoses that included subdural office and, when applicable, a second hematoma, sleep apnea, benign prostatic hypertrophy, notice will be placed in the mailbox of dementia, and transurethral resection of the prostate. those physicians with facility mail A review of resident 15's medical record was boxes. completed on 3/25/03. The medical record documented that resident 15 was seen by a physician Other copies of the list will be provided on 12/23/02, 2/13/03, and 3/13/03. There was no to the Nurse Manager and the Director further documentation in resident 15's medical record of Nursing. to support that a physician had seen the resident in January of 2003 as required. At the first of the next month, the Ward Clerks will provide a report to the The staff nurse, for the special needs unit was Director of Nursing of the number of interviewed on 3/25/03 at 10:15 AM. The staff nurse physician visits completed and the for the special ndementia unit stated that she could not The Director of number past due. find any more documentation indicating that the Nursing will report the findings to the physician had been into see resident 15 in the month of Quality Improvement Council. January. 2. Resident 37 was admitted to the facility on 8/30/02 The first report shall be made to the with diagnoses that included dementia with depressive Quality Improvement Committee May features, degenerative joint disease, diabetes, coronary 15, 2003. artery disease, hypertension, gastroesophageal reflux disease, prostate cancer, cerebrovascular accident and The Director of Nursing is responsible

weight loss.

for implementation.

	I OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	MULTIPLE CONSTRUCTION ILDING	(X3) DATE S COMPLI	
		465095	B. WI	NG	3/2	7/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA			STREET ADDRESS, CITY, STATE, ZIP 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 8411		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVE AC	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 387	Continued From page 8		F 387			
	documented that resident physician on 10/24/03 was no further documented that resident that resident that resident the physician on 10/24/03 was no further document.	37's medical record was 3. The medical record dent 37 had been seen by a 2, 1/24/03, and 2/24/03. There mentation in resident 37's medical t a physician had seen the resident as required.				
	with diagnoses that in	dmitted to the facility on 2/02/00 included benign pancreatic sion, and coronary artery disease.				
	documentation that rephysician on 6/03/02. There was no further medical record to sup	47's medical record was 3. The medical record had esident 47 was seen by the facility , 10/02/02, 1/02/03, and 1/23/03. documentation in resident 47's oport that a physician had seen t 2002, December 2002, and fred.				
	9/07/01 with diagnos degeneration, osteopo	admitted to the facility on es that included macular orosis, degenerative joint disease, rtension, arthritis, and senile				
	documentation that refacility physician on unurses note which shoresident was seen on documentation in ressupport that a physici October 2002, and Ja	119's medical record was 3. The medical record had esident 119 was seen by the 6/05/02, 8/29/02, 11/14/02, and a lows documentation that the 3/14/03. There was no further ident 119's medical record to ian had seen resident 119 in inuary 2003, as required.				
	5. Kesident 102 was	readmitted to the facility on				

PRINTED: 4/29/20 DEPARTMENT OF HEALTH AND HUN' I SERVICES FORM APPROVE CENTERS FOR MEDICARE & MEDICAL SERVICES STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 465095 3/27/2003 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 (X4) ID m (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) F 387 Continued From page 9 F 387 1/17/02 with the diagnoses of senile depression, aortic valve disorder, congestive heart failure, and constinuation. On 3/25/03 a review of resident 102's medical record was conducted. Resident 102 had documentation of physician visits on 6/04/02, 8/26/02, 11/12/02 and 3/03/03. Resident 102 had the following number of days between physician's visits: 83 days between 6/04/02 to 8/26/02 78 days between 8/26/02 to 11/12/02 111 days between 11/12/02 to 3/03/03. 6. Resident 146 was admitted to the facility on 12/21/00 with the diagnoses of Emphysema, gastritis, arthritis, osteoporosis, and failure to thrive. On 3/25/03 a review of resident 146's medical record was conducted. Resident 146 had documentation of physician visits on 5/29/02, 8/01/02, 10/21/02, and 1/08/03. Resident 146 had the following number of days between physician's visits: 81 days between 8/01/02 to 10/21/02 79 days between 10/21/02 to 1/08/03 76 days between 1/08/03 to 3/25/03. 7. Resident 147 was admitted to the facility on 8/13/02 with the diagnoses of hypertension, arthritis, anemia, senile depression, knee and hip replacements, cataracts and constipation.

between physician's visits:

On 3/25/03 a review of resident 147's medical record was conducted. Resident 147 had documentation of physician visits on 8/20/02, 10/21/02, and 1/09/03. Resident 147 had the following number of days

DEPARTMENT OF HEALTH AND HU! N SERVICES

CENTERS FOR MEDICARE & MEDICAL SERVICES

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		465095				3/2	7/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA			4	REET 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 FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
F 387	82 days between 8/20 80 days between 10/2 75 days between 10/2 75 days between 10/2 8. Resident 58 was ref/10/02 with diagnos hypertension, macula gastrectomy and glau Resident 58's medica Resident 58 was seen 10/9/02 and 1/2/03. seen by a physician of 9/15/02, 12/9/02 and documented evidence resident 58 in July 20 2002, December 200 9. Resident 53 was a with diagnoses which dementia, osteoarthrich hypertension. Resident 53 was seen 10/2/02 and 1/2/03. seen by a physician of 12/2/02 and 3/2/03. evidence that a physical 2002, September 200 2003 as required. 10. Resident 62 was with diagnoses which seed that a physical 2002, September 200 2003 as required.	2/02 (admit visit) and 10/21/02 21/03 and 1/09/03 20/03 and 3/25/03. e-admitted to the facility on es which included dementia, or degeneration, status post partial acoma. I record was reviewed on 3/24/03. It by her physician on 6/15/02, Resident 58 should have been on or around 7/15/02, 8/15/02, 3/2/03. There was no ethat a physician examined 202, August 2002, September 2 and March 2003 as required. I record was reviewed on 3/28/02 included Alzheimer's type tis, gastroesophageal reflux and all record was reviewed on 3/26/03. It by her physician on 5/11/02, Resident 53 should have been on or around 7/11/02, 9/11/02, There was no documented cian examined resident 53 in July 22, December 2002 and March admitted to the facility on 9/7/01 included osteoporosis, uterine 2 deficiencies, failure to thrive	F 387				

2567

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. WI	NG_		3/27	/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA	A		4	REET 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 FULL SC IDENTIFYING INFORMATION)	ID PREFI TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F 387	Resident 62 was seen 1/2/03. Resident 62 physician on or aroun no documented evideresident 62 in December required. 11. Resident 65 was 11/3/01 with diagnost dependent diabetes in brain syndrome and 1/2/03. Resident 65's medical resident 65's required. 12/9/02 and 3/2/03. Resident 66 was with diagnoses of typical resident 66's medical resident 66's	al record was reviewed on 3/25/03. In by her physician on 10/9/02 and should have been seen by a and 12/9/02 and 3/2/03. There was ence that a physician examined aber 2002 and March 2003 as admitted to the facility on sees which included non-insulin hellitus, non-psychotic organic hypothyroidism. Al record was reviewed on 3/24/03. There was no documented in or around 7/15/02, 9/15/02, There was no documented ician examined resident 65 in July 2, December 2002 and March admitted to the facility on 4/29/01 and ician examined resident 65 in July 2. December 2002 and March admitted to the facility on 4/29/01 and ician examined resident 65 in July 2. December 2002 and March admitted to the facility on 4/29/01 and ician examined resident and status	F 387				
	13. Resident 72 was	admitted to the facility on				····	

CENTERS FOR MEDICARE & MEDICAL SERVICES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N	AUL I	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
11.12.1	71 00.000	IDENTIFICATION NOWIDER.	A. BUI		NG		
		465095	B. WI	NG_		3/2	7/2003
	ROVIDER OR SUPPLIER US ST JOSEPH VILLA			4	REET ADDRESS, CITY, STATE, ZIP CODE 451 BISHOP FEDERAL LANE SALT LAKE CITY, UT 84115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ΙX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOOK CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F 387	10/23/02 with diagnodependent diabetes, lethe knee amputation,	oses of cellulitis, insulin hypertension, dementia, left above venous stasis and dyslipidemia.	F 387				
	Resident 72 was seen and 2/6/03. Resident around 11/30/02, 12/documented evidence resident 72 for Nover January 2003 as requiled 14. Resident 11 was with diagnoses of departments.	n by her physician on 10/30/02 72 should have been seen on or /30/02 and 1/30/03. There was no e that a physician examined mber 2002, December 2002 and					
	revealed that resident 3/27/02, 6/4/02, 8/26	11's medical record on 3/26/03, at 11 was seen by a physician on 5/02, 11/14/02 and 3/14/03. have been seen by a physician on 26/02, and 1/14/03.					
	diagnosis of atrial fib	as admitted on 12/13/02 with prillation, hypothyroid, arthritis, tive heart failure and esophageal					
	revealed that resident 3/5/03. Resident 104	104's medical record on 3/24/03, t 104 was seen by a physician on 4 should have been seen by a t 1/13/03 and 2/13/03.					
	4/18/95 with diagnos	as admitted to the facility on ses of anemia, chronic obstructive duodenal ulcer, osteoarthritis and					
		112's medical record on 3/25/03 at 112 was seen by a physician on	i				

DEPARTMENT OF HEALTH AND HUN VI SERVICES CENTERS FOR MEDICARE & MEDICAL SERVICES

PRINTED: 4/29/20

FORM APPROVE

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 3/27/2003 465095 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **451 BISHOP FEDERAL LANE CHRISTUS ST JOSEPH VILLA** SALT LAKE CITY, UT 84115 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 387 Continued From page 13 F 387 6/5/02, 8/28/02 and 11/14/02. Resident 112 should have been seen by a physician on or about 8/15/02, 10/15/02, 1/15/03 and 3/15/03. 17. Resident 116 was admitted to the facility on 10/10/01 with diagnoses of hypertension, vitamin B deficiency, and prostate neoplasm. A review of resident 116's medical record on 3/26/03 revealed that resident 116 was seen by a physician on 3/4/02, 6/4/02, 8/26/02, and 11/14/02. Resident 116 should have been seen by a physician on or about 5/4/02, 8/4/02, 10/4/03 1/14/03 and 3/14/03.

Event ID: