## DEPARTMENT OF HEALTH AND HUMA. SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

PRINTED: 04/24/2006 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
				A. BUILDING		COMPLETED		
	-	465160		NG_		04/1	/18/2006	
	PROVIDER OR SUPPLIER  DESERT REHABILITA	ATION CENTER		14	EET ADDRESS, CITY, STATE, ZIP CODE 190 EAST FOREMASTER RIDGE BLDG B T GEORGE, UT 84790	i		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
	PREP & SERVICE	ore, prepare, distribute, and	でんして ころら	371	483.35(i)(2) Sanitary Conitions Food Prep and Service The facility must store, p distribute and serve food under s conditions Potential to be affected All residents have the potential to affected.	anitary		
	This REQUIREMENT is not met as evidenced by:  Based on observation of the kitchen it was determined that the facility did not store, prepare, distribute and serve food under sanitary conditions.  Findings include:  The following observations were made on 4/17/06 from 10:30 AM until 11:00 AM.  1. In the freezer by the stove:  a. Twelve bowls of pink ice cream, which were not label or dated.			All ST STORY	Corrective action  1- All food not labeled and dated kitchen was immediately out. All food with expired dates was thrown out. (4-17-02- The Styrofoam cup in the container was thrown out. (4-17-06)  3- All food in the refrigerator, freezer on the second floolabeled and dated was immediated thrown out. All food with experiments open dates was thrown out. 06)	thrown d open 6) e flour or not ediately expired	4/17/06	
	office:  a. One bowl of ap	plesauce, dated 4/12/06.		Gold W	7	g and	4/17/06	
	c. A container with specks, which wer	n a bag of rolls with green e not label or dated. s, which were not label or			On 4-22-06 and 4-23-06 a mainservice of nursing staff was corby unit managers on proper labelic expiration of labeled food alongeneral sanitary conditions.	nducted ing and	4/23/06	
ABORATOR	NY DIRECTORS OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		O / TITLE C /		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Utah Department of Health

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FORM CMS-2567(02-99) Previous Versions Obsolete

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F 371 Continued From page 1 3. The flour container had a Styrofoam cup in it. 4. The walk in refrigerator/freezer: a. A container of regular pudding (vanilla), dated 4/12/06. b. A container of regular pudding (chocolate), dated 4/12/06. c. A container of SNP pudding, dated 4/11/06. d. A container of prunes, dated 4/7/06. e. Forty one bowls of salad, which were not label or dated. 5. The refrigerator/freezer on the second floor was observed on 4/17/06 at 3:55 PM: a. One opened container of tomato juice, which was dated 3/6/06.  a Continued From page 1  A compliance log has been created for daily monitoring of compliance with food labeling and expiration and sanitary practices regarding refrigerators/freezers on the units.  A dietary aid will monitor the patient refrigerators daily for compliance with food labeling and expiration and sanitary practices regarding refrigerators/freezers on the units.  A dietary aid will monitor the kitchen and break room refrigerators/freezers daily for compliance with food labeling and expiration and sanitary practices.  The dietary manager will be responsible to check the daily monitoring logs and initial compliance with monitoring.  The consulting RD will note compliance monthly on the consulting dietitian report.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 1490 EAST FOREMASTER RIDGE BLDG B ST GEORGE, UT 84790  (X4) ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAGK  F 371  Continued From page 1 3. The flour container had a Styrofoam cup in it. 4. The walk in refrigerator/freezer: a. A container of regular pudding (vanilla), dated 4/12/06. b. A container of SNP pudding, dated 4/11/06. d. A container of SNP pudding, dated 4/11/06. d. A container of prunes, dated 4/7/06. e. Forty one bowls of salad, which were not label or dated. 5. The refrigerator/freezer on the second floor was observed on 4/17/06 at 3:55 PM: a. One opened container of tomato juice, which was dated 3/6/06.  STREET ADDRESS, CITY, STATE, ZIP CODE 1490 EAST FOREMASTER RIDGE BLDG B ST GEORGE, UT 84790  STREET ADDRESS, CITY, STATE, ZIP CODE 1490 EAST FOREMASTER RIDGE BLDG B ST GEORGE, UT 84790  STREET ADDRESS, CITY, STATE, ZIP CODE 1490 EAST FOREMASTER RIDGE BLDG B ST GEORGE, UT 84790  PREFIX CEACH CORRECTION ACTION SHOULD BE CROSS-REFINED TO FORRECTION (EACH CORRECTION ACTION SHOULD BE CROSS-REFINED TO FORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFINED TO FORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFINED TO FORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFINED TO FORMET THE PROFIDE CORRECTION (EACH CORRECTION ACTION SHOULD BE CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF COMPILE TO FORMET THE PROFIDER CENTURY OF COMPILE TO FREE CORNECTION SHOULD BE CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF CORRECTION SHOULD BE CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF CORRECTION SHOULD BE CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF CORRECTION SHOULD BE CROSS-REFINED TO FORMET THE PROFIDER CENTURY OF CROSS			465160	B. WING			04/18/2006	
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 371  Continued From page 1 3. The flour container had a Styrofoam cup in it. 4. The walk in refrigerator/freezer: a. A container of regular pudding (vanilla), dated 4/12/06. b. A container of regular pudding (chocolate), dated 4/12/06. c. A container of SNP pudding, dated 4/11/06. d. A container of prunes, dated 4/7/06. e. Forty one bowls of salad, which were not label or dated.  5. The refrigerator/freezer on the second floor was observed on 4/17/06 at 3:55 PM: a. One opened container of tomato juice, which was dated 4/2/06. b. One opened container of tomato juice, which was dated 3/6/06.	· · · · · · · · · · · · · · · · · · ·				1	490 EAST FOREMASTER RIDGE BLDG		
daily monitoring of compliance with food labeling and expiration and sanitary practices regarding refrigerators/freezers.  a. A container of regular pudding (vanilla), dated 4/12/06.  b. A container of regular pudding (chocolate), dated 4/12/06.  c. A container of SNP pudding, dated 4/11/06.  d. A container of prunes, dated 4/7/06.  e. Forty one bowls of salad, which were not label or dated.  5. The refrigerators/freezer on the second floor was observed on 4/17/06 at 3:55 PM:  a. One opened container of vanilla med-pass, which was dated 4/2/06.  b. One opened container of tomato juice, which was dated 3/6/06.  F 3/1 daily monitoring of compliance with food labeling and expiration and sanitary practices regarding refrigerators/freezers on the units.  A C.N.A will monitor the patient refrigerators daily for compliance with food labeling and expiration and sanitary practices regarding refrigerators/freezers on the units.  A dietary aid will monitor the kitchen and break room refrigerators/freezers daily for compliance with food labeling and expiration and sanitary practices.  A C.N.A will monitor the patient refrigerators daily for compliance with food labeling and expiration and sanitary practices.  A centainer of regular pudding (chocolate), dated 4/11/06.  A dietary aid will monitor the kitchen and break room refrigerators/freezers daily for compliance with food labeling and expiration and sanitary practices.  A C.N.A will monitor the patient refrigerators/freezers daily for compliance with food labeling and expiration and sanitary practices.  A dietary aid will monitor the kitchen and break room refrigerators/freezers daily for compliance with food labeling and expiration and sanitary practices.  The dietary manager will be responsible to check the daily monitoring of compliance with food labeling and expiration and sanitary practices.  The dietary manager will be responsible to check the daily monitoring of compliance with food labeling and expiration and sanitary practices.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	COMPLETION
d. One opened bottle of ruby red grapefruit juice, which was dated 3/19/06.  A dietary action plan will be completed by 4-28-06 and will be submitted to the QA committee meeting 05-04-2006. Action plan will be reviewed monthly for the first quarter and quarterly there after.  A dietary action plan will be completed by 4-28-06 and will be submitted to the QA committee meeting 05-04-2006. Action plan will be reviewed monthly for the first quarter and quarterly there after.	F 371	3. The flour conta 4. The walk in ref a. A container of 4/12/06. b. A container of dated 4/12/06. c. A container of d. A container of e. Forty one bow or dated. 5. The refrigerate was observed on a. One opened c which was dated b. One opened c was dated 3/6/06 c. Two baggies w which were not la d. One opened b which was dated e. Two baggies of	ainer had a Styrofoam cup in it. frigerator/freezer: regular pudding (vanilla), dated regular pudding (chocolate), SNP pudding, dated 4/11/06. prunes, dated 4/7/06. Is of salad, which were not label or/freezer on the second floor 4/17/06 at 3:55 PM: ontainer of vanilla med-pass, 4/2/06. ontainer of tomato juice, which with 2 slices of pizza in them, bel or dated. ottle of ruby red grapefruit juice, 3/19/06.	F	371	daily monitoring of compliant food labeling and expiration sanitary practices refrigerators/freezers.  A C.N.A will monitor the refrigerators daily for compliant food labeling and expiration sanitary practices refrigerators/freezers on the units. A dietary aid will monitor the and break room refrigerators/daily for compliance with food and expiration and sanitary pract. The dietary manager will be respected to check the daily monitoring limitial compliance with monitoring. The consulting RD will note commonthly on the consulting report.  OA plan  A dietary action plan will be commonthly on the consulting report.  Administrator to monitor commonthly on will be reviewed for the first quarter and quarter after.  Administrator to monitor commontary commonthly and the first quarter and quarter after.	patient and egarding patient ace with on and egarding s.  kitchen and egarding s.  kitchen and egarding ices.  ponsible ogs and ang.  mpliance dietitian  mpleted ed to the 04-2006.  monthly there	4/23/06 4/23/06 4/23/06 5/01/06 5/04/06 5/04/06

Event ID: D4UN11

Facility ID: UT0000145

Utah Department of Health

If continuation sheet Page 2 of 2

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