

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465160	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2006
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NAME OF PROVIDER OR SUPPLIER CORAL DESERT REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1490 EAST FOREMASTER RIDGE BLDG B ST GEORGE, UT 84790
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 371 SS=E	<p>483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>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.</p> <p>Findings include:</p> <p>The following observations were made on 4/17/06 from 10:30 AM until 11:00 AM.</p> <p>1. In the freezer by the stove:</p> <p>a. Twelve bowls of pink ice cream, which were not label or dated.</p> <p>2. In the refrigerator by the dietary manager's office:</p> <p>a. One bowl of applesauce, dated 4/12/06.</p> <p>b. Five bowls of SNP (Special Nutrition Program) pudding, dated 4/11/06.</p> <p>c. A container with a bag of rolls with green specks, which were not label or dated.</p> <p>d. A bag of waffles, which were not label or dated.</p>	F 371	<p>483.35(i)(2) Sanitary Conitions Food Prep and Service</p> <p>The facility must store, prepare, distribute and serve food under sanitary conditions</p> <p>Potential to be affected All residents have the potential to be affected.</p> <p>Corrective action</p> <p>1- All food not labeled and dated in the kitchen was immediately thrown out. All food with expired open dates was thrown out. (4-17-06)</p> <p>2- The Styrofoam cup in the flour container was thrown out. (4-17-06)</p> <p>3- All food in the refrigerator, freezer on the second floor not labeled and dated was immediately thrown out. All food with expired open dates was thrown out. (4-17-06)</p> <p>Measures in place</p> <p>On 4-17-06 a mandatory dietary inservice was conducted by the dietary manager on proper labeling and expiration of labeled food along with general sanitary practices.</p> <p>On 4-22-06 and 4-23-06 a mandatory inservice of nursing staff was conducted by unit managers on proper labeling and expiration of labeled food along with general sanitary conditions.</p>	4/17/06 4/17/06 4/23/06
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5/18/06 POC Acceptable Completion date 5/4/06 VBuambone RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 5/2/06
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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.

MAY 04 2006
5/2/06

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NAME OF PROVIDER OR SUPPLIER CORAL DESERT REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1490 EAST FOREMASTER RIDGE BLDG B ST GEORGE, UT 84790		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
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 vanilla med-pass, which was dated 4/2/06. b. One opened container of tomato juice, which was dated 3/6/06. c. Two baggies with 2 slices of pizza in them, which were not label or dated. d. One opened bottle of ruby red grapefruit juice, which was dated 3/19/06. e. Two baggies of fruit, which were not label or dated.	F 371	A compliance log has been created for daily monitoring of compliance with food labeling and expiration and sanitary practices regarding refrigerators/freezers. 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. 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. QA plan 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. Administrator to monitor compliance quarterly.	4/23/06 4/23/06 4/23/06 4/23/06 4/23/06 5/01/06 5/04/06 5/04/06	