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

PRINTED: 06/13/2006
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 COMPLETED
	465134	A. BUILDING ______ B. WING ______	06/07/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY VIEW MANOR	2901 WEST CENTER STREET PROVO, UT 84601

(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) COMPLETION DATE
F 161 SS=B	483.10(c)(7) ASSURANCE OF FINANCIAL SECURITY The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility's current surety bond, it was determined that the facility did not have a surety bond which would assure the security of all personal funds of residents deposited with the facility. Findings included: The facility's Administrator was asked to provide to surveyors a copy of the facility's current surety bond. Review of the facility's surety bond as of 6/7/06, revealed it to be for $10,000. The Administrator was then asked for a copy of the resident trust account. As of 4/28/06, the resident trust account total was $10,421.95 The facility's surety bond was not sufficient to assure the security of all personal funds of residents deposited with the facility. During interview with the Administrator on 6/7/06, he stated that he had not realized that the resident trust account total was more than the surety bond. Then he immediately made a phone call in order to increase the surety bond to cover all funds in the resident trust account.	F 161 7/5/06 POC acceptable completion date 8/1/06 Brownbank RN	F 161 To guarantee that the surety bond is sufficient to assure the security of all personal funds of residents deposited with the facility, the surety bond is increased from $10,000 to $15,000. The current resident trust balance is below $10,000. To assure continued compliance, the administrator or designee will review the bank statement each month and further adjust the surety bond as needed to assure a minimum $500 cushion between the actual balance and the surety bond. This information will be documented and included in the monthly Quality Assurance notes and reviewed quarterly by the Quality Assessment and Assurance Committee. Utah Department of Health receipt 761301 JUN 29 2006 Bureau of Health Facility Licensing, Certification and Resident Assessment	8/01/06

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]
TITLE: Administrator
(X6) DATE: 6/28/06

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.

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F 354 SS=E	483.30(b) NURSING SERVICES - REGISTERED NURSE Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on interview with the Director of Nursing and review of facility staffing and scheduling records, records, the facility did not employ registered nursing services for at least 8 consecutive hours a day, 7 days a week, for at least six days during the months of May and June 2006. Findings included: During the annual survey on 6/7/06, facility staffing schedule records were reviewed for the months of May and June, 2006. The staffing schedule showed schedules for two facility nurses designated as registered nurses (RN). The staffing schedule for May, 2006 further showed that for six days during the month, specifically on May 6, 7, 13 19, 20, and 25, neither of the two RN staff members were scheduled for a shift during the twenty-four hour period of the days listed.	F 354	F 354 Country View Manor currently has two full-time and one part time RN (including the DON). The DON will schedule herself and the other RN's to assure that there is a minimum of eight hours of RN coverage each of the seven days of the week. In the event that an RN cannot work a scheduled shift, the DON will assure that another RN employee will cover that shift, or that an RN is called in from a sister facility or one of the more than three nurse staffing agencies with which we have a contract. Contracts exist with: MSN Staffing Network Legacy Staffing Maxim Staffing Other staffing agencies Nursing schedules reviewed weekly by DON to assess and assure continued compliance. Schedules as worked included in the monthly Quality Assurance notes and reviewed quarterly by the Quality Assessment and Assurance Committee. The facility continues recruitment efforts to assure a greater depth of RN availability at the facility level.	8/01/06

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F 354	Continued From page 2 The staffing schedule for June, 2006 showed that for two days during the month, specifically on June 3 and 4, 2006, neither of the two RN staff members were scheduled for a shift during the twenty-four hour period of the days listed. An interview was held with the facility Director of Nursing (DON) on 6/7/06 regarding registered nursing services during May and June 2006. The DON stated that the facility had been recruiting to hire RN staff for several months and that the DON had been providing coverage but could not continue to keep up the schedule. The DON stated that the facility had not had staff coverage during each 24 hour period during May and the first part of June 2006.	F 354		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # **465134**	MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	DATE SURVEY COMPLETE: **6/7/2006**
NAME OF PROVIDER OR SUPPLIER **COUNTRY VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2901 WEST CENTER STREET PROVO, UT**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 514	483.75(l)(1) CLINICAL RECORDS

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on review of medical records, it was determined that for 1 of 10 sample residents, the facility did not maintain clinical records in accordance with accepted professional standards and practices that were complete or accurately documented. Resident identifier: 5.

Findings include:

Resident 5 was admitted to the facility on 4/01/01 with diagnoses which included: dementia, congestive heart failure, peptic ulcer, lumbago, kyphosis and chronic diarrhea.

A review of resident 5's medical record was completed on 6/7/06.

On 11/06/05 resident 5 was readmitted to the facility with orders for oxygen at 4.5 LPM (liters per minute) The physician orders did not include specific orders for monitoring resident 5 ' s oxygen saturation levels.

Resident 5's recertification orders for January 2006 stated "O2 (oxygen) 4.5 ML (milliliters) per NC (nasal cannula) Q (every) shift.

Resident 5's recertification orders for February 2006 stated "O2 (oxygen) 4.5 ML (milliliters) per NC (nasal cannula) Q (every) shift.

Resident 5's recertification orders for March 2006 stated "O2 (oxygen) 4.5 ML (milliliters) per NC (nasal cannula) Q (every) shift.

Resident 5's recertification orders for April 2006 stated "O2 (oxygen) 4.5 ML (milliliters) per NC (nasal cannula) Q (every) shift.

Resident 5's recertification orders for May 2006 stated "O2 (oxygen) 4.5 ML (milliliters) per NC (nasal cannula) Q (every) shift.

An interview was conducted on 6/6/06 with the LPN (licensed practical nurse) assigned to care for Resident 5

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The above isolated deficiencies pose no actual harm to the residents

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F 514	Continued From Page 1

on that day. The LPN was asked how much oxygen resident 5 was using. The LPN stated that resident 5 used anywhere from 2 to 4 LPM, depending on the oxygen saturation level. The LPN stated that resident 5's oxygen saturation level was checked once a shift and that the amount of oxygen flow was adjusted to keep resident 5's oxygen saturation level greater than 90%.

The LPN was asked to show the surveyor the physician order to adjust the oxygen flow or to keep resident 5's oxygen saturation level greater than 90%. The LPN found an order for O2 4.5 ML per NC Q shift. The LPN stated that the order was written wrong and that it should be for 4.5 LPM not ML. But no physician order could be found for adjusting resident 5's oxygen flow or to keep oxygen saturation levels greater than 90%.