

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

PRINTED: 09/25/2006  
FORM APPROVED  
OMB NO. 0938-0391

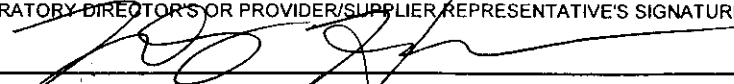
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>465083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/20/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRESTWOOD CARE CENTER, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3665 BRINKER AVENUE OGDEN, UT 84403</b>
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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 241 SS=E	<p><b>483.15(a) DIGNITY</b></p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and records review, it was determined the facility did not promote care in a manner to maintain or enhance each resident's dignity for 6 of 9 alert and oriented residents in a confidential group interview, and 1 supplemental resident. Call lights were not being answered timely. Resident: 14.</p> <p>Findings included: On 9/18/06 at 2:15 PM, call lights were being observed closely. At 2:22 PM, resident 14's call light was activated by the hairdresser. The light was on in the hallway, above resident 14's door. The call light appeared visually and audibly on a monitoring board at the nurses' station. At 2:35 PM, after 13 minutes of continuous observation, a nursing assistant answered resident 14's call light. On 9/19/06 at 8:30 AM, the hairdresser was interviewed. The hairdresser stated that she had activated the call light for resident 14 because the resident had wanted to lie down. A review of Resident Council minutes was conducted on 9/18/06. In the minutes for the month of June 2006, under the section Problem Description the following 4 statements were listed:</p>	F 241 <i>10/10/06 poc acceptable completion date 10/12/06</i>	<p>On 9/21/06 results brought from survey inspection to Quality Assurance Meeting. Members discussed correction methods, wanted plan of correction, and audits to be brought to the 10/26/06 Quality Assurance Meeting. On 9/25/06 meeting held with evening shift personnel to discuss call light response. On 9/25/06 Administrator, Director of Nursing, Social Service Worker and Activities Director met with 12 residents for resident council. Seven of the residents were those that attended the 9/19/06 confidential group interview. #6, #4, and #13 from the survey sample group were also present. Team Call Light Commitment sheets, ideas for audits, and interviews were introduced for a plan of correction. Counsel agreed to have results brought to their 10/16/06 meeting for review. On 9/25/06 a Team Call Light Commitment was developed and distributed to all department managers to have staff sign as a renewed commitment to stop at all call lights. All staff members will either help the resident or find someone that can before continuing work. On 9/29/06 general staff meeting held. Survey inspection results and plan of correction were discussed. Team Call Light Commitment sheets distributed and signed. On 10/05/06 all new hires will receive education and training on call light response and timeliness as part of orientation. This will continue as part of new employee orientation and quarterly inservicing for all employees. Audits on call light response time will be completed by nursing management weekly. One on one interviews will be conducted weekly with alert and oriented residents by either Social Service Worker, Hospitality, or Administrator to assure response is timely.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>10/3/06</b>
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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 above findings and plans of correction 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.

**OCT 04 2006**

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F 241	<p>Continued From page 1</p> <ol style="list-style-type: none"> <li>1. "Too long to answer call lights most evenings"</li> <li>2. "Wait ½ hour at times for call light"</li> <li>3. "Slow on call lights"</li> <li>4. "Better but slow on call lights"</li> </ol> <p>For the month of July 2006 in the Resident Council minutes, the following 5 statements were listed in the section Problem Description:</p> <ol style="list-style-type: none"> <li>1. "Slow call lights 15/20 min, I'll be back"</li> <li>2. "15/20 min call light"</li> <li>3. "Turn light off &amp; don't come back"</li> <li>4. "Call light-sometimes 10 min wait @ night 10 PM on"</li> <li>5. "Call light wait 5 min"</li> </ol> <p>A confidential group interview was conducted with nine alert and oriented residents on 9/19/06 at 9:30 AM. Six of the nine residents stated that they did not always get the help they needed when they turned on their call lights. They stated that they sometimes have had to wait 15 to 30 minutes for their call lights to be answered. The residents stated when staff did answer the call light, they would turn off the light and say they would come right back. The residents stated the staff don't return and the residents have to call again to get the help they need One resident stated that she would often need her bed changed as a result of not getting help in a timely manner.</p>	F 241	<p>By 10/02/06 eight of the nine residents that were at the confidential group interview were visited with about call light response time. Seven out of the eight report call light response is timely. All audits and interview results will be brought to quality assurance meeting on 10/26/06 and quarterly. Call light response time will be monitored on all residents quarterly as part of ensuring timeliness for everyone.</p> <p>All corrective measures will be completed by 10/31/06.</p>	
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F 502 SS=D	<p><b>483.75(j)(1) LABORATORY SERVICES</b></p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility did not obtain a physician ordered laboratory test for 1 of 16 sample residents. Resident 10.</p> <p>Findings included:</p> <p>Resident 10 was admitted to the facility on 3/9/06 with diagnoses that included diabetes mellitus, edema, and dementia with aggressive and depressive features.</p> <p>The medical record for resident 10 was reviewed on 9/18/06. A physician's telephone order dated 7/1/06 was found which ordered a complete metabolic panel (CMP) to be done in 2 months, on August 30. A CMP dated 8/30/06 was not located in resident 10 ' s medical record.</p> <p>The Registered Nurse Staff Developer (RNSD) was interviewed 9/19/06 at 1:35 PM. The RNSD stated that the CMP order had been missed by the nurse who puts them on the treatment administration record therefore the CMP was not completed. The RNSD stated the CMP would be completed as soon as possible.</p>	F 502	<p>On 9/20/06 LPNSD obtained CMP for resident #10. Physician reviewed results and ordered a recheck of lab in two months with no additional orders. On 9/20/06 Director of Nursing audited laboratory services. Results indicated laboratory services were obtained timely. Results brought from survey inspection and audits to Quality Assurance Meeting on 9/21/06. Members discussed survey results and requested more audit findings and corrections brought to the 10/26/06 Quality Assurance Meeting. An audit of laboratory services was also completed by an independent consultant on 9/21/06. Audit determined laboratory services ordered were timely. On 9/25/06 Nursing management reviewed policies and procedures of laboratory services. On 10/06/06 licensed nursing staff will be educated on policies and procedures for laboratory services. This education will become part of new hire orientation and continuing education. Licensed Nurses after obtaining order for a lab will place in TAR to alert staff to lab order. As a quality assurance check the night shift licensed nurses will ensure lab orders are placed on the TAR and the requisition form is filled out for the day the lab is due. Nursing Management will audit routinely to assure laboratory services are completed as ordered. Results of audit will be brought to quality assurance meeting on 10/26/06 and quarterly thereafter.</p> <p>All corrective measures will be completed by 10/31/06.</p>	
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