TN to LIS 2-3-04

DEPARTMENT OF HEALTH AND HUMA' ERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 1/20/2004
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 221 SS=D	483.13(a) PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observations, resident record reviews and facility staff interviews, it was determined that the facility failed to assess resident medical symptoms that would necessitate the implementation and use of physical restraints for 1 of 10 sample residents. Resident identifier: 11. Findings include: 1. Resident 11 was admitted to the facility on 9/12/2000 with diagnoses that included dementia, malnutrition, chronic obstructive pulmonary disease, and benign prostatic hypertrophy. On 1/7/04 and 1/8/04 resident 11 was observed in his wheelchair at the dining table eating with a lap buddy restraint in place. On 1/7/04 the facility DON (Director of Nursing) was questioned about resident 11's use of a lap buddy/restraint. She stated that resident 11 was on Hospice, and that they (Hospice) were responsible for obtaining an order for the use of a restraint. She stated that she called Hospice, and an employee from Hospice was going to bring a copy of a physicians order for the restraint, so that it could be placed on resident 11's medical record. On 1/8/04 at 08:50 AM, the facility Administrator and DON were asked what the facility protocol was for restraint use in the facility. The DON stated the	F 221	See attached P.O.C pg 2/9/04 POC acceptable w addendum completion date 3/05/04 Kbusenbark RN Utah Department of Health 409272 FEB 02 2004 Bureau of Medicare/Medicaid Program Certification and Resident Assessment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

01-30-04

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 after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 221	Continued From page 1 following for side rails; we ask the MD (Doctor of Medicine) for an order and PT (Physical Therapy) is to do an evaluation. She further stated that in most cases when lap buddies are used, it is because a resident is failing out of the chair. When there is no time for a meeting, we write an order, then an evaluation is completed to see if the lap buddy is needed. The procedure is that we identify the need, call the MD and call PT. Resident 11's medical record was reviewed on 1/7/04, and 1/8/04. The physician's orders were reviewed. There was no documented physician's order for the lap buddy restraint found in resident 11's record. There was no documentation of a medical symptom that would require the use of a lap buddy restraint. A review of resident 11's annual MDS (minimum data set), dated 10/14/03, documented the following: Section B, 4 Cognitive skills for Daily Decision Making: The resident was assessed as being severely impaired. Section G1, Ab. Transfer: The resident was assessed as requiring 2 or more persons for physical assistance to transfer. Section P, 4. Devices and Restraints: The resident was assessed as using a restraint, "chair prevents rising", used daily. Resident 11's care plans were reviewed. There was no documented care plan which addressed resident 11's use of a lap buddy. There was no documented evidence regarding why and when the resident was using the restraint. There was no documentation on	F 221		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 221	Continued From page 2 when the resident was to be released from the restraint to be taken to the bathroom, eat, have range of motion provided, or how frequently the resident was to be checked/monitored for a potential injury from the use of the restraint. There was no documentation of an initial evaluation, done by the facility PT department addressing the use of a lap buddy, found in resident 11's medical record. A review of resident 11's medical record revealed that there was no assessment completed by the facility's interdisciplinary team which addressed the use of a lap buddy as a restraint or for postural support. There was no informed consent found in resident 11's record, signed by resident 11 or his family explaining the risks verses benefit of the restraint. There was no documented evidence that the interdisciplinary team assessed the use of physical restraints or identified a medical symptom that would warrant the use of physical restraints for resident 11.	F 221		
F 241 SS=E	483.15(a) QUALITY OF LIFE 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. This REQUIREMENT is not met as evidenced by: Based on observations, group interview and individual interviews, it was determined that the facility failed to 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. Specifically, residents who arrived in dining area either independently or with staff assistance were not served their meals in a timely fashion. These residents	F 241	See attached P.O.C.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 241	Continued From page 3 were left to wait up to 33 minutes for their meals as residents around them were eating. Additionally, 1 resident required assistance with personal hygiene while eating a meal and staff was not observed to provide the assistance needed. Findings include: 1. Resident 11 was admitted to the facility on 9/12/2000 with diagnoses that included dementia, malnutrition, chronic obstructive pulmonary disease and benign prostatic hypertrophy. On 1/7/04 at 12:55 PM, resident 11 was observed eating his lunch meal in the main dining room. Resident 11 was observed to have some clear, mucousy, stringy drainage hanging from his nose. As the resident was eating his meal, he would catch the drainage on his eating utensil and along with the food take it in orally and eat it. Resident 11's drainage was then observed to reoccur and he was observed to eat more of the drainage during his meal. Resident 11 was observed from 12:55 PM to 1:10 PM. The facility staff, including one staff member who was sitting across from him at the table, were not observed to make any attempt to wipe resident 11's nose or to encourage resident 11 to wipe his nose. 2. Observations of the lunch meal on 1/5/04 in the main dining area from 12:46 PM until 1:12 PM, revealed the following: a. Four residents were seated at the same table. One resident was observed to be eating his lunch at 12:46 PM. Two residents at the table were served their trays at 12:58 PM. Twelve minutes passed between trays being served to the first resident at the table and these two residents. The fourth resident at this table was served her tray at 1:07 PM. Twenty-one minutes passed between trays being served to the first and last	F 241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 241	Continued From page 4	F 241		

resident at this table. The last resident served had been seated at the table when the first tray was served. As she waited to be served, the other residents at the table were eating.

3. Observations of the breakfast meal on 1/6/04 in the main dining area from 7:25 AM until 8:30 AM revealed the following:

a. Four residents seated at the same table were served their breakfast trays at 7:39 AM and began to eat. A fifth resident at this table did not receive his breakfast tray until 7:57 AM. Eighteen minutes passed between trays being served to the first and last resident at this table. This resident was observed to take ½ of a banana from the tray of the resident sitting next to him and eat it while it waited for his tray to be delivered.

b. Three residents seated at the same table were served their breakfast trays at 7:45 AM. A fourth resident at this table did not receive her breakfast tray until 8:00 AM. Fifteen minutes passed between trays being served to the first and last resident at this table. The last resident served had been seated at the table when the first tray was served. As she waited to be served, the other residents at the table were eating.

4. Observations of the breakfast meal on 1/7/04 in the main dining area from 7:40 AM until 8:13 AM revealed the following:

a. Six residents were seated at the same table for the breakfast meal. Two residents were served their trays at 7:40 AM. Three residents at the table received their trays at 7:43 AM. The sixth resident at the table had not received his breakfast tray by 8:07 AM. At that time, a CNA was observed to call the kitchen and ask for his tray. At 8:13 AM, the resident was served his breakfast tray. Thirty minutes passed between the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 241	Continued From page 5 three residents served their trays at 7:43 AM and this resident being served his tray. As he waited to be served, the other residents at the table were eating. 5. Observations of the lunch meal on 1/7/04 in the main dining area from 12:45 PM until 1:05 PM revealed the following: a. Three residents seated at the same table were served their lunch trays at 12:50 PM. A fourth resident at this table did not receive her lunch tray until 1:03 PM. Thirteen minutes passed between trays being served to the first and last resident at this table. The last resident served had been seated at the table when the first tray was served. As she waited to be served, the other residents at the table were eating.	F 241		
F 253 SS=E	483.15(h)(2) ENVIRONMENT The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observations from 1/5/04 to 1/8/04, the facility did not provide housekeeping and maintenance services to maintain a sanitary, orderly and comfortable interior in resident rooms, bathrooms and other common living areas. Findings include: Room 104 The bathroom tile floor was soiled with a brown and filmy substance. There was an odor of urine. There was some gray dirty buildup in the corner behind the bathroom door, located on the tile floor. There was a brown stain on the toilet seat. The vent in the	F 253	see attached P.O.C. &	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 253	Continued From page 6 bathroom was rusty. The South bedroom window had 1 missing blind slat. The East bedroom window was missing 2 blind slats. The bedroom closet had a light fixture with no light bulb in it. There was a small area of cracked tile on the bedroom floor. Day Room There was an area on the ceiling that was stained and appeared to be from possible water damage. This was above the big television. Upstairs Bathroom There was brown fecal material on the toilet seat. The East wall near the toilet had some yellow and brown stains. The floor tile under the sink had a brown stain. The bathtub was soiled with a brown and gray substance. Resident Dining Area The floor was soiled with a gray substance; with some grime build up, specifically where the tile meets the carpet leading into the resident day room. The floor area near the dumb-waiter had some gray substance and food splatters. The wall area around the dumb-waiter had some chipped paint near the entry area. The Formica was soiled with a gray substance and some food stains. The opening area (the door) of the dumb waiter was soiled with dark brown substance, which looked like a dirty build up. The wall area around the dumb waiter was soiled with some food spills and splatters. There were approximately 5 vinyl chairs that were torn or ripped, with yellow foam exposed, and were no longer sanitizable. There were 2 tables in the dining room that had some of the finish worn down in some areas, making those areas of the table unsanitizable. Room 101 The bathroom mirror vanity had a missing sliding	F 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 253	Continued From page 7 door. There was a brown substance that appeared to be fecal material on the toilet seat. The wall behind the toilet had some areas of what appeared to be possible water damage, the paint was lifting off. The lid of the toilet tank was chipped and covered with white tape. The floor tile had some yellow and brown stains. Room 103 The doorjamb at the bottom had some exposed wood. Room 106 The wall area behind the resident headboard area had some chipped paint. The resident's chair was soiled with stains. The bathroom mirror vanity had a missing sliding door. Room 108 The bathroom had an odor of urine. The floor was sticky when walked upon. The south bedroom wall had a hole measuring approximately 2 inches by 2 inches, below the bedroom window. There was an area on the West wall that had some chipped/missing paint; this was in the area of the resident's headboard. There was one window tile that was chipped. Room 110 There were some yellow stains on the ceiling. The tile floor was soiled. Room 112 The wall near the closet area had a chip in it. The South and West walls had areas near the resident's headboard that was missing some paint. The doorjamb leading into the resident's bathroom at the bottom had some missing wood leaving a small hole on each side of the doorjamb. The bathroom tile floor was soiled. The bathroom faucet was leaking. The South wall in the bathroom had some paint peeling off of the wall.	F 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 253	Continued From page 8 The shower had some moldy build up, (dark brown substance) on the tile floor, where the shower wall meets the floor. Room 114 The bedroom window on the East wall was missing 2 blind slats. Room 111 The bedroom closet had a hole in the door, at the top, 6 inches wide by 1 inch long. The South wall had a hole in it; this was behind a blue recliner. The light fixture located up the bathroom sink had a missing light bulb. South end Resident Day Room The wall near the glass exit door had some missing paint. This was behind the white recliner. There was a clock sitting on the television that had a broken white rim. Room 109 The South bedroom window had 1 missing blind slat. The bedroom floor had some black scuffmarks. The bathroom tile floor was soiled. The bathroom mirror vanity had a missing sliding door. The wall behind the toilet had some missing paint. The bathroom had a leaky faucet. The bedroom door had a slightly loose doorknob. Common Resident Shower/Restroom There were 3 missing floor tiles. The shower had some moldy build up, (dark brown substance) on the tile floor, where the shower wall meets the floor. The shower hose did not have a vacuum breaker. The bathroom wall had some areas that had missing paint. Room 107 The bedroom ceiling had a yellow stain near the light	F 253		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 253	Continued From page 9 fixture. The wall behind the door had some peeling paint. The door to the bathroom was chipped. The doorjamb leading into the resident's bathroom at the bottom had some missing wood leaving a small hole on each side of the doorjamb. Room 105 The bedroom closet had a loose doorknob. The West wall had some gouged areas. The bathroom mirror vanity had a missing sliding door. The Formica on the sink looked warped. The bedroom floor was soiled and had some black scuffmarks. The South bedroom window had 2 missing blind slats. Equipment Resident 16's padded arm support cushion on her wheelchair was torn, and the yellow foam was exposed, leaving it unsanitizable.	F 253		
F 324 SS=G	483.25(h)(2) QUALITY OF CARE The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, it was determined that the facility failed to provide adequate supervision and assistive devices to prevent accidents. Specifically, 1 of 10 sampled residents who had experienced multiple falls since his admission and had been assessed as being at a high risk for falls, did not have a care plan nor interventions implemented to attempt to prevent falls from occuring. One fall resulted in this resident having injuries which required surgery. Resident 17. Findings include:	F 324	See attached P.O.C.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 324	Continued From page 10	F 324		

Resident 17 was admitted to the facility on 3/30/03 with diagnoses that included normal pressure obstructive hydrocephalus, hypertension, status post cerebrovascular accident, dementia and senile depressive and atherosclerosis.

Findings include:

Resident 17's medical record was reviewed on 1/5/04 and 1/7/04.

On 4/13/03, 14 days after his admission to the facility, resident 17 was assessed to have a "Fall Risk Assessment" score of 19. Per this risk assessment, a score above 10 represents high risk. (There was no documented evidence that resident 17's "Fall Risk Assessment" form had been updated since the initial assessment completed on 4/13/03.)

The instructions on the "Fall Risk Assessment" form documented the following: "Upon admission and quarterly (at a minimum) thereafter, assess the resident status in the eight clinical condition parameters . . . by assigning the corresponding score which best describes the resident in the appropriate assessment column . . . If the score is 10 or greater, the resident should be considered at HIGH RISK for potential falls. A prevention protocol should be initiated immediately and documented on the care plan".

A review of resident 17's care plans since admission was completed on 1/5/04 and 1/7/04. There was no documented care plan, including approaches and goals/interventions, that addressed resident 17's assessed high risk for potential falls.

Documentation in resident 17's medical record revealed that resident 17 had experienced 13 falls

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 324	Continued From page 11 since admission on 3/30/03. A review of all nursing notes from 3/30/03 through 1/7/04 documented these falls: On 4/2/03: "Found pt (patient) on floor in sitting position between w/c (wheel chair) foot rests." On 5/31/03: "Resident found on floor in room sitting in front of w/c (wheel chair)- Resident stating: ' I tried to sit myself in my w/c (wheel chair) and missed'". On 6/9/03: "Found pt (patient) on floor, landed on [left] side". On 7/24/03: "Found on floor outside shower room in main hall. Had been showered by staff [and] had been told to walk back to room [with] walker, per the CNA (certified nurses' aide) who had been assisting resident [with] shower". On 8/18/03: "Pt (patient) found sitting on floor leaning against bed. Has bedding wrapped around body below waist. Stated he tried to get up [without] assist." On 8/23/03: "Pt (patient) was discovered on floor by bed". On 9/10/03: "Pt (patient) discovered [at] bedside floor from apparent fall [after] effort [increased] OOB (out of bed) [without] seeking assist. On 10/28/03: "Pt (patient) found on floor between bed [and] walker". On 10/29/03: "Resident was transferring from walker assist to DR (dining room) chair for snack, missed the seat of chair and went to floor . . ."	F 324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 324	Continued From page 12 On 11/7/03: "Resident fell on floor backwards when confused resident grabbed walker". On 11/28/03: "Resident found on floor in front of recliner [at] 1700 (5:00 PM)." On 12/5/03: "Resident found on floor in front of recliner in his room." On 12/15/03: "Staff found pt (patient) on floor in hall [and]in front of his room..." On 12/17/03, a facility nurse documented that resident 17 was complaining of not feeling well for most of the day, that his blood pressure was elevated, that he had been having bowel movements "all day", was refusing all food, and was refusing to get up out of bed. It was also documented that he was clammy and that his blood sugar was elevated. On 12/17/03, resident 17 was sent to the hospital emergency room were he was admitted and diagnosed with an acute left subdural hematoma requiring surgery to evacuate. The physician at the hospital documented on resident 17's history and physical report that there had been no history of trauma but that, "he must have fallen or struck his head to have sustained the acute subdural as seen on the CT (computerized axial tomography) scan." On 1/7/04 at 9:10 AM, an interview was conducted with the facility's ADON (Assistant Director of Nursing). She was asked about resident 17's frequent falls and asked to detail what interventions the facility had implemented to address his high fall risk. She stated that resident 17 had an increase in his dementia and that he would often leave his lifting recliner chair in an upright position and would attempt to get up without using his call light. She stated that resident 17	F 324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 324	Continued From page 13 was supposed to be on ½ hour staff monitoring checks, that his lifting chair was to be in the lowest position, and that staff tried to keep wandering residents away from him and out of his room with a stop sign at the door. She further stated that he was using a wheelchair and side rails while in bed since his re-admission to the facility on 12/22/03. Resident 17's re-admission orders from the hospital, dated 12/22/03, documented an order for physical, speech and occupational therapy as indicated. There was no documented evidence that physical therapy had evaluated resident 17 in accordance with this order. (It should be noted that resident 17 had been seen by physical therapy from April 2003 through July 2003 and was assessed as being a high fall risk.) The ADON was asked about the physical therapy evaluation order dated 12/22/03. She looked through the medical record and stated that she did not see a physical therapy evaluation in the chart and added that it had not been done. She was asked if a care plan addressing resident 17's falling would be located anywhere other that the medical chart and she stated no. She was asked to locate anything addressing care planning for resident 17 falls and was unable to find anything. The ADON was shown the "Fall Risk Assessment" form dated 4/13/03. She was asked if it should have been updated. She stated that it should have been updated quarterly and when resident 17 returned from the hospital. Utilizing this criteria, the facility would have completed 3 additional "Fall Risk Assessments" for resident 17. On 1/7/04, the facility DON (Director of Nursing) and the facility Administrator were interviewed. The DON stated that resident 17 did not want to wait for staff	F 324		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 324	Continued From page 14 assistance and that it was hard to make him understand that he needed to call for help and that is why he had frequent falls. When asked about interventions the facility had attempted in order to address resident 17's fall risk and multiple documented falls, the DON indicated that the facility had tried a chair/bed alarm but that the resident had refused. When asked if this approach was documented in the medical record, she indicated that it was not. The Administrator, when asked about the physical therapy ordered on 12/22/03, stated that resident 17 was on Hospice upon his return from the hospital and that is why no therapy was ordered. He also stated that the family did not want to pay for it. (It should be noted that from documentation in the medical record, resident 17 was on Hospice from 12/25/03 through 12/29/03.) Prior to resident 17's fall on 12/15/03 (resulting in a left subdural hematoma requiring brain surgery), there was no documentation found in resident 17's medical record that alternative interventions had been tried to decrease resident 17's falls or diminish the effects of these falls.	F 324		
F 363 SS=E	483.35(c)(1)-(3) DIETARY SERVICES Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined that the facility did not follow the approved menus for 2 of 2 noon meals that were	F 363	see attached P.O.C.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 363	Continued From page 15 observed during the survey. Additionally, residents receiving pureed diets were not served food items per the menu during 1 breakfast meal observed. Findings include: Observations in the dining room during the lunch meal on 1/5/04 revealed that residents were served turkey vegetable soup, which consisted of a thin broth with approximately 1 ounce of turkey meat with small pieces of potato, carrots and corn, coleslaw, rice pudding, crackers and 1 slice of bread with margarine. The menu documented that residents were to be served 1 cup of vegetable soup, 1 egg salad sandwich, ½ cup of carrot raisin salad, saltine crackers and rice custard. The menu was not followed and this would affect the nutrients, including calories, protein and vitamins the residents actually received versus what they should have received. Observations in the dining room during the breakfast meal on 1/6/04 revealed that residents ordered pureed diets were served pureed bananas and cream of wheat. The menu documented that residents on pureed diets were to be served ½ cup of cooked cereal, 2 ounces of pureed sausage and 2 pieces of pureed French toast. The menu was not followed and this would affect the nutrients, including calories and protein the residents actually received versus what they should have received. On 1/6/04, at approximately 8:05 AM, the dietary cook was interviewed. She was asked what residents receiving pureed diets were served for breakfast that morning. She stated that they were served cream of wheat and pureed bananas. She was asked if they got any sausage or French toast and she stated no. Observations in the dining room during the lunch meal	F 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 363	Continued From page 16 on 1/7/04 revealed that residents were served meatloaf with gravy, potatoes with peas, 1 slice of white bread with margarine and bread pudding. The menu documented that in addition to the above items served, residents were to receive sliced beets. Observation revealed beets were not served to the residents. The menu was not followed and all residents were short one vegetable serving.	F 363		
F 371 SS=E	483.35(h)(2) DIETARY SERVICES The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, it was determined that the facility did not store, prepare, distribute and serve food under sanitary conditions. Specifically, residents were served fried eggs with yolks that were not congealed and there were expired food items, food items that were not labeled and/or dated and moldy food items in the facility refrigerators. Findings include: 1. During the breakfast meal on 1/6/04, 1 resident eating in the main dining room was served fried eggs with yolks that were not congealed. On 1/7/04, the facility breakfast menu was reviewed. It was documented that fried eggs were to be served to the residents. During the breakfast meal on 1/7/04, 9 residents eating in the main dining room were served fried eggs with yolks that were not congealed.	F 371	See attached P.O.C.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 371	Continued From page 17 On 1/7/04, at 4:50 PM during a meeting with the facility administrator and the facility DON (director of nursing) the administrator stated that the facility did use pasteurized eggs for everything but fried eggs. In a food establishment that serves a highly susceptible population: The following food may not be served or offered for sale in a ready-to-eat form: A partially cooked animal food such as lightly cooked fish, rare meat, soft cooked eggs that are made from raw shell eggs and meringue. Reference guidance: U. S. Public Health Service, FDA 2001 Food Code, page 79. 2. Observations in the kitchen during the initial tour on 1/5/04 from 10:04 AM to 10:22 AM revealed the following: a. In the refrigerator closest to the coffee maker: There was an open bag of whipped topping that was not dated. b. In the second refrigerator in the kitchen: There were 7 moldy cucumbers and 2 moldy tomatoes in the bottom drawer. There was an expired 5-pound container of sour cream dated 12/16/03 (20 days old). There was an expired 5-pound container of cottage cheese dated 12/28/03 (8 days old). There was a 1-gallon container of ranch dressing that had been opened but was not dated. c. In the refrigerator outside the kitchen door: There was a 1-gallon container of mayonnaise that had	F 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 371	Continued From page 18 been opened but was not dated. There was a pitcher of protein drink dated 12/31/03 (5 days old) There were 6 mugs of a white liquid that were not labeled or dated. The bottom panel of the refrigerator was missing which exposed the wiring and elements and made the area unsanitizable. d. In the second refrigerator outside the kitchen: There was a large pot of baked potatoes that were not covered or dated.	F 371		
F 426 SS=E	483.60(a) PHARMACY SERVICES A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and review of manufacturer's and American Diabetes Association guidelines, it was determined that the facility did not meet professional standards of quality, for 4 of 6 residents who received insulin injections. Specifically, six opened vials of insulin were kept beyond the expiration dates. Residents: 9, 14, 18 and 24. Findings include: During observations of the morning medication pass, on 1/6/04, two residents were observed to receive	F 426	See attached P.O.C.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 426	Continued From page 19 insulin injections. On 1/6/04 at 7:15 AM, resident 24 received an injection of 40 units of NPH insulin and 10 units of regular insulin. The insulin had not been refrigerated. The insulin had been stored at room temperature in the medication cart. The regular insulin was dated as having been opened on 10/31/03. On 1/6/04 at 7:19 AM, resident 9 received an injection of 60 units of 70/30 insulin. The insulin had not been refrigerated. The insulin had been stored at room temperature in the medication cart. The 70/30 insulin was dated as having been opened on 11/25/03. On 1/6/04 at 7:20 AM, the nurse who administered the insulin stated that the insulin had not been refrigerated because it was used quickly. On 1/6/04 at 7:30 AM, additional vials of insulin were observed to be stored in a locked refrigerator at the nurse's station. Four vials of regular insulin prescribed for resident 9 were in the refrigerator. One vial, dated 4/11/03, had been broken and was sitting in clear liquid within the plastic prescription canister. One vial was dated as having been opened 10/6/03, and one other vial had not been labeled with the date it had been opened. One additional vial of insulin for resident 9 was dated 6/30/03. One vial of regular insulin prescribed for resident 18 was in the refrigerator. The vial was dated as having been opened 10/28/03. Four vials of regular insulin prescribed for resident 14 were in the refrigerator. One vial of regular insulin had been dated as having been opened 12/2/03. The	F 426		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 426	Continued From page 20 other vials were dated 4/19/03, 6/16/03 and 6/30/03. On 1/7/04 at 10:18 AM, the facility's pharmacist was interviewed. The pharmacist stated that the pharmaceutical manufacturers advise insulin may be used for 30 days after the vial is opened. The pharmacist stated that if kept refrigerated, regular and NPH insulin should be okay up to 60 days. The exception is Lantus insulin which should not be used after 30 days. The pharmacist stated that the time frame of 30 days is primarily due to the risk of contamination. Eli Lilly and Company, manufacturer of insulin, storage guidelines for insulin, "In accordance with recommendations by the ICH/CPMP, (International Committee for Harmonization and the Committee for Proprietary Medicinal Products) Eli Lilly and Company suggests disposal of an in-use insulin vial after 28 days. The ICH/CPM mandates this time limit, providing the following rational, the storage time following initial use or reconstitution/dilution should be as short as possible, as the risk of microbiological contamination can never be fully eliminated." The American Diabetes Association: Continuous subcutaneous insulin infusion (Position Statement). Copyright 2001, documented the following under the paragraph title "Storage", "Although an expiration date is stamped on each vial of insulin, a slight loss of potency may occur after the bottle has been in use for greater than 30 days."	F 426		
F 494 SS=D	483.75(e)(2)-(3) ADMINISTRATION A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to	F 494	See attached P.O.C.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 494	Continued From page 21 provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of ss483.151-483.154 of this part; that individual has been deemed or determined competent as provided in s483.150(a) and (b). A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section. This REQUIREMENT is not met as evidenced by: Based on interviews and review of facility personnel files, it was determined that 2 nurse aides had been permanently employed by the facility for longer than four months without becoming a certified nurse aide (CNA). Nurse Aide A was not certified at the end of the survey (6 months after hire) and CNA employee B, became certified 5 months after the 4 month employment date that is stipulated in the regulations. Employee identifiers: A and B. Findings include: According to the State Operations Manual (SOM) Interpretive Guidelines, a "'permanent employee' is defined as any employee you expect to continue working on an ongoing basis." Facility personnel files were reviewed on 1/7/04 and revealed the following: 1. Employee A was hired as a nurse aide and an employee of the facility on 7/11/03. A review of the documentation in the facility's personnel file provided no evidence that employee A had become a certified nurse aide by November 2003 as required by the regulations (4 months after employment). During an interview with the DON (Director of Nurses) and	F 494		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 494	Continued From page 22	F 494		

Administrator on 1/7/04, they stated that employee A was not yet a CNA. However, they stated that since employee A only worked on an "as needed (prn)" basis, they believed he did not fall under the 4 month requirement of the regulation and could continue to work without nurse aide certification.

The CNA work schedule from July 2003 through January 2004 was reviewed. Employee A was scheduled to work as a nurse aide the following number of shifts in the months reviewed:

July, 2003 13 shifts
August, 2003 21 shifts
September, 2003 18 shifts
October, 2003 18 shifts
November, 2003 22 shifts
December, 2003 10 shifts
January, 2004 7 shifts

PRN staff are generally considered to be non-permanent employees of a facility who work at varying times dictated by the needs of the facility, sometimes also referred to as "per diem" (by the day). In the months of November and December 2003, employee A consistently was scheduled to work a routine of 5 shifts of work followed by 2 days off, similar to what is commonly believed to be a "full time" position. The work frequency of employee A accurately fits the SOM definition of a "permanent employee" and therefore, employee A was required to be a certified nurses aide from November 2003 on.

2. Employee B was hired as a nurse aide and an employee of the facility on 3/7/03. In accordance with regulations, employee B should have become a CNA by July, 2003. A review of the facility's personnel records documented that employee B had become certified in December, 2003, 5 months past the time

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A058	A. BUILDING _____ B. WING _____	1/8/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW CARE CENTER - EAST	455 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(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) COMPLETE DATE
F 494	Continued From page 23 she should have become a CNA. During an interview with the DON on 1/7/04, she stated that employee B had tested to become a CNA several times but had been unable to pass the CNA competency test until December 2003. Employee B was certified 9 months after being hired and therefore, 5 months after the 4 month time limit. The CNA work schedule from July 2003 through November, 2003, the period that employee B should have been certified, was reviewed. Employee B was scheduled to work as a nurse aide the following number of shifts in the months reviewed: July, 2003 13 shifts (consistently same 3 days each week) August, 2003 21 shifts (consistently same 3 days each week) September, 2003 16 shifts (5 shifts working followed by 2 days off) October, 2003 23 shifts (5 shifts working followed by 2 days off) November, 2003 24 shifts (5 shifts working followed by 2 days off) The work frequency of employee A accurately fits the SOM definition of a "permanent employee" and therefore, employee B was required to be a certified nursing assistant from July, 2003 on.	F 494		

F221
The resident has the right to be free from any physical restraints imposed for the purpose of discipline or convenience, and not required to treat the resident's medical symptoms.

Resident 11 has an order in place for the use of the lap buddy as a postural support, this is because of the severe spinal curvature and back weakness that he has. Physical therapy has been requested to assess the resident and the use of the lab buddy for postural support. The use of the support has been care planned, and the IDT will routinely review the appropriate continued use of the lap buddy for this purpose.

When the need for a physical restraint of any type is identified, the attending physician will be notified and an order for a Pt evaluation will be obtained. When the evaluation is complete and the need for the restraint has been validated, and the appropriate type of restraint has been identified, the restraint utilization will be care planned. The care plan will identify when and how the restraint is to be used. The Director of Nursing, Assistant Director of Nursing and the Administrator will monitor this process for compliance. This process will be reviewed in the IDT meetings and the quarterly Quality Assurance meetings for continued compliance.

complete date 02/20/04

F241
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.

Staff have been in-serviced as to the need to pay closer attention to dignity issues during mealtimes and use appropriate interventions where needed. Extra gloves and tissues will be readily available for future occurrences of nose drainage. The unit coordinator and the charge nurse will monitor the dining area during mealtimes to ensure that the dignity and well being of the residents is maintained.

The order in which the trays are served from the kitchen has been revised, the order listing is also posted at the opening of the dumbwaiter. The trays will be served from that listing which is organized table by table. All trays at any given table will be served before serving the next table.
The Director of Nursing, CNA coordinator and Dietary Manager will monitor this issue for compliance.

Complete date 02/20/2004

01-30-04

Fairview Care Center
Re-Certification Survey
Plan of Correction

F253 The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

Room 104

The adjacent bathroom has been thoroughly cleaned and all areas found to have buildup, filmy substances or stains are now clean and sanitary, and the odor of urine is no longer present. The bathroom has been put on a regular "deep clean" schedule Services Supervisor will monitor this on a daily basis to ensure compliance on this issue.

Completed 01-17-04

The vent in the bathroom will be sanded to remove the rust and repainted. The facility Plant Operations Manager will

To be completed by 2-21-04

The blind slats missing from the east and south windows will be replaced. The light fixture in the closet is no longer functioning and will be removed. The facility Plant Operations Manager will ensure that this is carried out and will monitor the room for compliance on this issue

To be completed by 2-21-04

The cracked floor is scheduled to be replaced with carpet.

To be completed on 1-30-04

Day Room

The stained area of ceiling above the television will be painted. The facility Plant Operations Manager will routinely inspect the room for similar signs of damage and will immediately make any necessary repairs.

To be completed by 2-21-02

Upstairs Bathroom

The bathroom has been thoroughly cleaned and all areas found to have buildup, filmy substances or stains are now clean and sanitary. The bathtub has also been scrubbed and sanitized and will be done so regularly. The bathroom has been put on a regular "deep clean" schedule in addition to the daily cleaning schedule. The Environmental Services Supervisor will monitor this on a daily basis to ensure compliance on this issue.

Completed 1-11-04

Resident Dining Area

The areas in which grime, and gray or brown substances were found such as: the floor areas where the tile meets the carpet, the floor near the dumbwaiter, the Formica in front of the dumbwaiter door, the door of the dumbwaiter have all been thoroughly cleaned and sanitized. The food splatters found on the floor near the dumbwaiter as well as on the wall area around the dumbwaiter door have been cleaned off and sanitized. The Environmental Services Supervisor will ensure that these areas are cleaned daily as part of the regularly dining room cleanup.

Completed 1-16-04

The chipped paint on wall area around the dumbwaiter will be repainted. The facility Plant Operations Manager will ensure that this is carried out and will routinely inspect this area for compliance on this issue.

01-30-04

To be completed by 2-21-04

The two tables with worn finish will be refinished. The facility Plant Operations Manager will ensure that this is completed and will routinely inspect all tables and all surfaces upon which food is served and will immediately make any necessary repairs in order to maintain compliance on this issue.

To be completed by 2-21-04

The five vinyl chairs found to have exposed yellow foam will purchased approximately fifteen new chairs which are scheduled for delivery on 2-20-04. The facility Plant Operations Manager will ensure that any damaged chairs are for compliance on this issue.

To be completed by 2-20-04

Room 101

The adjacent bathroom has been thoroughly cleaned and all areas found to have fecal substances or stains are now clean and sanitary. The bathroom has been put on a regular "deep clean" schedule in addition to the daily cleaning schedule. The Environmental Services Supervisor will monitor this on a daily basis to ensure compliance on this issue.

Completed 1-15-04

The sliding doors missing from the vanity mirror will be replaced. The wall behind the toilet with the apparent water damage and peeling paint will be repaired and repainted. The damaged toilet tank lid will be repaired, or replaced if a proper repair cannot be made. The facility Plant Operations Manager will ensure that these actions are completed and will routinely inspect this area for compliance on these issues.

To be completed by 2-21-04

Room 103

The exposed wood observed at the bottom of the doorjamb will be painted. The facility Plant Operations Manager will routinely inspect this area to ensure compliance on this issue.

To be completed by 2-21-04

Room 106

The resident's chair found to be soiled had been cleaned and sanitized. The facility Environmental Services Supervisor will routinely inspect all furniture of this type for compliance on this issue.

Completed 1-12-04

The chipped paint on the wall behind the resident headboard will be repainted. The sliding door missing from the vanity mirror will be replaced. The facility Plant Operations Manager will routinely inspect these areas and will immediately make any necessary repairs to ensure compliance on this issue.

To be completed by 2-21-04

Room 108

The adjacent bathroom has been thoroughly cleaned and the floor is no longer sticky and the odor of urine is no longer present. The bathroom has been put on a regular "deep clean" schedule in addition to the daily cleaning schedule. The Environmental Services Supervisor will monitor this on a daily basis to ensure compliance on this issue.

Completed 1-09-04

The 2" x 2" hole in the south wall will be repaired. The area of wall near the resident's headboard on the west wall found to be missing paint will be repainted. The chipped window tile will be replaced. The facility Plant Operations Manager will ensure that these actions are completed and will routinely inspect these areas and immediately make any necessary repairs to ensure compliance on this issue.

To be completed by 2-21-02

Room 110

The soiled tile floor has been thoroughly cleaned and is already part of a daily cleaning schedule as well as the regular "deep clean" schedule. The facility Environmental Services Supervisor will ensure that the floor is properly cleaned on a daily basis to ensure compliance on this issue.

Completed 1-09-04

Room 112

The adjacent bathroom has been thoroughly cleaned and all areas found to have buildup or to have been found soiled are now clean and sanitary. The bathroom has been put on a regular "deep clean" schedule in addition to the daily cleaning schedule. The Environmental Services Supervisor will monitor this on a daily basis to ensure compliance on this issue.

Completed 1-15-04

The chipped wall near the closet are will be repaired. The areas of wall near the resident's headboards found to be missing paint will be repainted. The doorjamb leading into the bathroom found to be missing some wood will be repaired and repainted. The leaking faucet has been repaired. The south wall found to have peeling paint will be repainted. The facility Plant Operations Manager will ensure that these actions are completed and will routinely inspect this area and will immediately make any necessary repairs in order to maintain compliance on this issue.

To be completed by 2-21-04

Room 114

The two slats missing from the east window will be replaced.

01-30-04

The facility Plant Operations Manager will routinely inspect this area and will replace any missing slats to ensure compliance on this issue.

To be completed by 2-21-04

Room 111

The 6" x 1" hole in the closet door, and the hole in the south wall behind the blue recliner will be repaired. The facility Plant Operations Manager will ensure that this is completed and will monitor this area, immediately making any necessary repairs to maintain compliance on this issue.

To be completed by 2-21-04

The bulb missing from the light fixture above the sink has been replaced. The facility Plant Operations Manager will monitor this area for compliance on this issue.

Completed 1-28-04

South end Resident Day Room

The wall observed to be missing paint near the exit door will be repainted The facility Plant Operations Manager will monitor this area for compliance on this issue.

To be completed by 2-21-04

The broken clock observed above the television has been replaced. The facility Plant Operations Manager will monitor this area for compliance on this issue.

Completed 1-09-04

Room 109

The bathroom tile floor which was observed to be soiled has been thoroughly cleaned and sanitized and has been put on a regular "deep clean" schedule in addition to the daily cleaning schedule. The facility Environmental Services Supervisor will monitor this area to ensure compliance on this issue

01-30-04

Completed 1-22-04

Room 109 continued

The missing doors from the vanity will be replaced. The wall behind the toilet observed to be missing paint will be repainted. The facility Plant Operations Manager will ensure that these actions are completed and will monitor this area for compliance on this issue.

To be completed by 2-21-04

The missing blind slat from the south window will be replaced. The floor observed to have black scuff marks will be refinished. The facility Plant Operations Manager will ensure that these actions are completed and will monitor this area for compliance on this issue.

To be completed by 2-21-04

The leaky faucet observed in the bathroom has been repaired. The bedroom door observed to have a loose door knob assembly has been tightened. The facility Plant Operations Manager will routinely inspect this area and will immediately make any necessary repairs to ensure compliance on this issue.

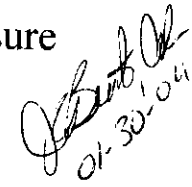
Completed 1-28-04

Common Resident Shower/Restroom

The areas observed to have moldy buildup have been thoroughly cleaned and sanitized and the bathroom has been put on a regular "deep clean" schedule in addition to the daily cleaning schedule. The facility Environmental Services Supervisor will routinely inspect this area to ensure compliance on this issue.

Completed 1-16-04

The bathroom walls observed to be missing paint will be repainted. The facility Plant Operations Manager will ensure that this is completed and will routinely inspect this area,



immediately making any necessary repairs in order to maintain compliance on this issue.

To be completed by 2-21-04

The three floor tiles observed to be missing from the shower area have been replaced. The shower hose has been fitted with a vacuum breaker. The facility Plant Operations Manager will routinely inspect this area and will immediately make any repairs to ensure compliance on this issue.

Completed 1-28-04

Room 107

The areas observed to have stained, chipped, and peeling paint will be repainted and repaired as necessary. These areas include: The ceiling area near the light fixture, the wall behind the door, the door to the bathroom, the doorjamb leading to the resident bathroom. The facility Plant Operations Manager will ensure that these actions are completed and will routinely inspect this area and will immediately make any necessary repairs to maintain compliance on this issue.

To be completed by 2-21-04

Room 105

The floor observed to be scuffed and soiled has been thoroughly cleaned and sanitized. This area is already part of a regular "deep clean" schedule in addition to the daily cleaning schedule. The facility Environmental Services Supervisor will monitor this area to ensure compliance on this issue. In addition the facility Plant Operations Manager has placed this floor on a regular schedule to refinish the floor.

Completed 1-27-04.

The gouged areas observed on the west wall will be repaired and repainted. The sliding doors missing from the vanity will be replaced. The Formica on the sink observed to be warped will be replaced. The facility Plant Operations Manager will ensure that these actions are completed and will routinely inspect this area and will immediately make any necessary repairs to maintain compliance on this issue.

To be completed by 2-21-04

Equipment

The cushion on the arm rest of Resident 16's wheelchair observed to be torn with yellow foam exposed has been replaced. The facility Environmental Services Supervisor will routinely inspect this and all similar types of wheelchair components. The facility Administrator will monitor this area to ensure compliance on this issue.

The Quality Assurance Committee will review all of the stated environmental issues on a quarterly basis at the regularly scheduled meetings.

Completed 1-12-04

F324
The facility will ensure that each resident receives adequate supervision and assistance devices to prevent accidents.

Residents identified as having a high fall risk will have prevention protocols initiated immediately and documented on the plan of care.

The nursing history and assessment that is completed within twenty-four hours of admission has a section which identifies the residents potential for falls (as well as other risks). Those risks identified on admission will be addressed and appropriate interventions will be implemented through the nursing process within the initial twenty-four hours. The admission MDS will further identify and clarify risks. The MDS will be the primary instrument for the assessment of the residents needs.

Items triggered on the rap sheet, which include high fall risk, will be thoroughly addressed in the care plan. The sections on the MDS that result in a trigger for care planning decision will be printed separately; the nurse assigned the responsibility of care planning for that resident will use the triggers to thoroughly address the care plan needs of that resident. The care plan will be updated appropriately at the quarterly IDT meetings and PRN.

When resident 17 returned from the hospital following surgery, the orders for PT, OT and speech therapy were indeed conveyed to the contracting physical therapist. When the contracted agency returned the call, the decision had been made to place the resident on hospice and the order was cancelled. When orders are received for therapies, the contracted agency will be notified and the notification will be documented in the residents' record.

The care planning process will be monitored and reviewed on a regular basis by the Director of Nursing, Assistant Director of Nursing, Administrator. This process will be reviewed in the Quality Assurance meetings held on a quarterly basis.

Complete date 03/05/04

01-30-04

F363

Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food an Nutrition Board of the National Research Council, National Academy of Sciences: be prepared in advance and followed.

Menus have been approved by the consulting Registered Dietician and will be prepared and served as written: any substitution of any item of given meal will be of equal nutritive value and will be documented in the kitchen log book. The documentation will note the date and specific meal and item that has been substituted.

Puree diets will consist of the same items as posted on the menu. The facility has a new dietary manager who started full time employment on 01/07/04. This individual will assure that menus are followed as posted with substitutions being documented as stated above. The dietary manager will inservice, train and supervise all dietary personnel to ensure that the menus are prepared and served as written. The administrator will monitor this issue for compliance. Compliance will be addressed at the quarterly Quality Assurance meetings.

Complete date 02/20/04

F371
The facility must store, prepare, distribute, and serve food under sanitary conditions.

Fried eggs are no longer on the menu. Appropriate substitution for fried eggs have been made on the daily menus.

All outdated food items have been discarded. The new dietary manager has inserviced and trained all dietary personnel in the proper handling and storing of food items. All foods leftover will be discarded no later than three days from the date listed on the item. All items with a expiration date will be used or discarded no later than that date. All food items out of original containers will be labeled and identified.

The panel on the refrigerator will be replaced with a surface that can be sanitized. The Dietary Manager and Administrator will monitor these issues for compliance and the Quality Assurance committee will review on a quarterly basis.

Complete date 02/20/04

01-30-04

F426
Facility must provide pharmaceutical services (including procedures that ensure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

A process has been developed to assure that no resident will receive any outdated insulin. The pharmacy provides a sticker on the lid of each individual vial of insulin. The vial and the container are both dated with the dispense date. The nurse that opens the vial will write the open date and initial on the sticker on the lid of the container. Opened vials and unopened vials will be kept in separate containers. Based on suggested ranges of disposal by various entities our policy will be that all insulins will be refrigerated and will be disposed of on or before the thirtieth day following the opening of the vial. This process will be monitored on the existing Glucometer calibration control sheet; a new section will be added which will provide space for the nurse to initial that all opened vials have been checked and dealt with appropriately. The Director of Nursing, the Assistant Director of Nursing and the consultant Pharmacist will monitor this issue for compliance. The Quality Assurance Committee will review this process at the quarterly meetings for continued compliance.

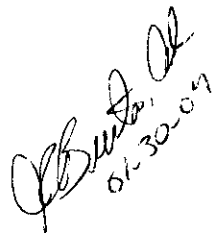
Complete date 02/20/04

F494

This facility will not use on a temporary, per diem, leased or any basis other than a permanent employee any individual who does not meet the requirements of CNA certification.

Individuals hired as nursing assistants that are not certified, and that are deemed acceptable for continued employment, will be enrolled in a CNA training program that will enable them to be tested and certified before the end of their fourth month of employment. The Director of Nursing Services and the Administrator will monitor this process for compliance.

Complete date 03/05/04



Addendum to POC 221

OK

The monitoring process will accomplished through the use of a "Restraint Utilization Checklist", which when completed will be placed in the Therapies section of the resident chart and reviewed at the quarterly IDT meeting

Addendum to POC F241

OK

Monitoring of this tag will be accomplished through observation daily at each meal. staff inservice 02/06/04 will again address resident dignity at meal time and the process will be reviewed at the Quarterly Quality Assurance meeting. The monitoring process will be formally initiated 02/09/04

Addendum to POC F253

OK

Schedules for routine cleaning (done daily) and deep cleaning (one to two rooms weekly) are attached. The deep cleaning is set up in such a way that every patient room is deep cleaned at least once every eight weeks....additionally deep cleaning occurs when a resident is moved from the room. The Housekeeping Supervisor, Plant Ops Manager and the administrator will do a complete compliance round of the building at least once every week to assure that all areas are being well maintained. A compliance checklist is being developed that will be used for the compliance rounds. The checklists and all other environmental concerns will be reviewed at the Quarterly Quality Assurance meetings.

OK

Addendum to POC F324

Staff inservice 02/06/2004 to address documentation procedure of restraint use. The ADL sheets used by the nursing assistants will have an appropriate area to note number of times restraints were released during each shift. Professional nursing staff have been presented with the POC for F324 in writing and have signed their acknowledgement.

The monitoring process will occur during IDT meetings (held quarterly) when the plan of care is reviewed, and the nurse responsible for care planning will check off completion of the process on the Raps Summary sheet which identifies all triggered items from the MDS.

2-5-04

Addendum to POC F363

The administrator will review inservice records from the Dietary Manager at quarterly Quality Assurance Meetings. The substitution log will also be monitored at the QA meeting. The administrator will randomly review the menu as posted and assure that the corresponding meal served is appropriate. These reviews will be documented by the administrator's initial on the daily shift report which will identify which meal was observed. The effectiveness of this process will be reviewed at the Quality Assurance meetings.

Addendum to POC F371

Inspection of food items requiring dating, items having expiration dates, and the general condition of kitchen equipment will be done at least twice a week by either the dietary manager or the administrator and will be documented on inspection log sheet.

Addendum to POC F426

The Glucometer calibration control sheet which now has a designated area to document that the nurse has checked all insulins expiration dates is done daily by the 11 - 7 nurse.

Addendum to POC F494

Monitoring will be accomplished through the use of a new hire data base which will generate reports every two weeks identifying employees that can no longer be scheduled to work as nursing assistants. This report will be reviewed at the quarterly Quality Assurance meetings. This process was initiated 02/01/04

02-05-04

DAILY ROOM CLEANING LOG

MONTH

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAY																															
DAY ROOM																															
DINING ROOM																															
BATHROOMS																															
101																															
102																															
103																															
104																															
105																															
106																															
107																															
108																															
109																															
110																															
111																															
112																															
113																															
FOUNTAIN																															
STAIRS																															
201																															
202																															
BATHROOM																															
VACUUM ALL																															
EXIT SIGNS																															

Month: _____ Date

Room Numbers								
Detail Assignments	Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1.) Wash and sanitize beds (must be done by 10:00								
2.) Wash windows and window sills - dust blinds								
3.) Wash baseboards								
4.) Furniture Moved - vacuum/mop underneath								
5.) Wash doors and doorknobs - spot clean walls and light switches								
6.) Wash moulding around and above doors								
7.) Adjoining bathroom - scrub all tile surfaces, wipe down walls, toilet base, and back of toilet, dust ceiling fan. Wipe down door.								
Initial Full Signature	Initial							
_____ _____	_____							
_____ _____	_____							
_____ _____	_____							
_____ _____	_____							