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 _____	05/03/2006

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) COMPLETION DATE
F 286 SS=B	483.20(d) RESIDENT ASSESSMENT - USE A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility did not maintain Minimum Data Set (MDS) assessments completed within the previous 15 months in the resident's active record for 4 of 10 sample residents. Resident identifier: 2, 6, 7 and 9. Findings include: 1. Resident 2 was admitted to the facility on 10/23/03 with diagnoses which included asthma, paranoid schizophrenia and personality disorder. A complete review of resident 2's medical record was completed on 5/3/06. The medical record contained an annual MDS dated 3/10/06, three quarterly MDS's dated 12/13/05, 9/16/05 and 6/23/05 and one significant change MDS dated 3/31/05. The active medical record did not contain any MDS assessments after 3/31/05. 2. Resident 7 was admitted to the facility on 6/9/02 with diagnoses which included dementia, hyperlipidemia and hypertension. A complete review of resident 7's medical record was completed on 5/3/06.	F 286	5/23/06 See attached POC Pt acceptable attachments completion 5/31/06 Buenbach RN Utah Department of Health 755868 MAY 19 2006 Bureau of Health Facility Licensing, Certification and Resident Assessment	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
John Curtis	Administrator	05/19/06

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 286	Continued From page 1 The medical record contained two annual MDS's dated 3/30/06 and 4/21/05 and three quarterly MDS's dated 1/2/06, 10/7/05 and 7/14/05. The active medical record did not contain any MDS assessments after 4/21/05. 3. Resident 9 was admitted to the facility on 1/17/98 with diagnoses which included diabetes, anemia and dementia. A complete review of resident 9's medical record was completed on 5/3/06. The medical record contained an annual MDS dated 6/30/05 and four quarterly MDS's dated 3/20/06, 12/22/05, 9/23/05 and 4/7/05. The active medical record did not contain any MDS assessments after 4/7/05. On 5/3/06 at 9:40 AM, the quality of life coordinator was interviewed. She stated in the interview she oversaw medical records. She further stated that the active medical records have one year of MDS's and the rest of the MDS's would be found in the resident's overflow charts. 4. Resident 6 was admitted on 09/12/2000 with diagnoses that included senile delusion, multi-infarct dementia, obstructive chronic bronchitis without exacerbations, and malnutrition not otherwise specified. A complete review of resident 6's record was completed on 05/03/06.	F 286		

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F 286	Continued From page 2 The medical record contained an annual MDS dated 08/18/05 and four quarterly MDS's dated 02/10/06, 11/15/05, 05/26/05 and 03/08/05. The active medical record did not contin any MDS assessments after 03/08/05.	F 286		
F 371 SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility did not prepare, distribute and serve food under sanitary conditions. Findings include: During the initial inspection of the kitchen on 5/2/03 the following was observed. Freezer #1: a. Four brown bags, which were not labeled. b. One package of processed meat, which was not labeled. c. One clear bag of breaded wedges, which were not labeled.	F 371	See attached POC	

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	46A058	A. BUILDING _____ B. WING _____	05/03/2006

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F 371	Continued From page 3 Refrigerator/Freezer #2: a. Eight bags of waffles, which were not labeled. b. One bag of breaded patties, which were not labeled. c. Three bags of ground meat, which were not labeled. d. A roast, which was not labeled. e. Two packages of breaded sticks, which were not labeled. f. One blue bag of white meat, which was not labeled. g. One bag of meat strips, which was not labeled. h. One package of steaks, which were not labeled. Refrigerator in the kitchen preparation area: a. Twenty-five chocolate health shakes, which were not labeled with a thaw date. b. A container of bacon, dated 4/26/06. c. A pitcher of cranberry juice, which was not dated. d. An ice cream container with peaches in it, dated 4/27/06. e. A cottage cheese container with Jello in it,	F 371		

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F 371	Continued From page 4 dated 4/26/06. f. A container of prunes, dated 4/18/06. g. A container of roast, dated 4/25/06. h. An ice cream container with BBQ chicken salad in it, dated 4/27/06. i. A folger's coffee container with spaghetti sauce in it, dated 4/28/06. The ice cream containers, cottage cheese container and folger coffee container are defined as single-use and are not approved for re-use. "89 (a) "single-use articles" means utensils and bulk food containers designed and constructed to be used once and discarded. (b) "single-use articles" includes items such as wax paper, butcher paper, plastic wrap, formed aluminum food containers, jars, plastic tubs or buckets,... which do not meet the materials, durability, strength, and cleanability under 4-101.11, 4-201.11, and 4-202.11 for multi-use utensils. (Food Code, FDA, 2001. pg.17)"	F 371		
F 372 SS=D	483.35(i)(3) SANITARY CONDITIONS - GARBAGE DISPOSAL The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by:	F 372	See attached POC	

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	46A058	A. BUILDING _____ B. WING _____	05/03/2006

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F 372	Continued From page 5 Based on observation during the survey the facility did not dispose of garbage and refuse properly. The dumpster in the facility parking lot had the lids open exposing the garbage to possible pest infestation. Findings include: 1. On 5/2/06 at 3:40 PM, the facility dumpster was observed. The dumpster had the lid on the left side opened. The dumpster contained plastic bags of garbage. The dumpster was also observed to have card board boxes around the left side. 2. On 5/3/06 at 9:10 AM, the facility dumpster was observed. The dumpster had both lids opened. The dumpster contained plastic bags of garbage. The dumpster was also observed to have card board boxes around the left side. A facility staff member was observed to throw a plastic bag of garbage into the dumpster, she was not observed to close the lid on the dumpster. 3. On 5/3/06 at 12:15 PM, the facility dumpster was observed. The dumpster had the lid on the left side opened. The dumpster contained plastic bags of garbage. The dumpster was also observed to have card board boxes around the left side.	F 372		

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F 502 SS=D	483.75(j)(1) LABORATORY SERVICES 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. This REQUIREMENT is not met as evidenced by: Based on interview and medical record review, it was determined that the facility did not obtain timely laboratory services for 2 of 10 sample residents as ordered by the physician. Residents 2 and CL1. Findings include: 1. Resident 2 was admitted to the facility on 10/23/03 with diagnoses which included asthma, paranoid schizophrenia and personality disorder. A complete review of resident 2's medical record was completed on 5/3/06. On 12/13/05, a physician's order was obtained for a BMP (Basal Metabolic Panel). There was no documented evidence in the medical record that the BMP was completed. On 5/3/06 at 10:50 AM, the administrator stated that the BMP ordered on 12/13/05 was not completed. He further stated that they had called the laboratory services and the BMP was not ordered. 2. Resident CL1 was admitted to the facility on 11/23/05 with diagnoses which included bi-polar, diabetes and Parkinson's disease.	F 502	Dec attached POC	

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F 502	Continued From page 7 A complete review of resident CL1's medical record was completed on 5/3/06. On 12/13/05, a physician's order was obtained which documented the following, "...obtain serum creatine 3/2006." There was no documented evidence in the medical record that the serum creatine was completed in March of 2006. On 5/3/06 at 2:15 PM, the director of nurses stated that the serum creatine ordered on 12/13/06 was not completed in March of 2006. She further stated that she called the laboratory services and the serum creatine was not ordered.	F 502		

Fairview Care Ctr -
P.O. Box 65067
Salt Lake City, Utah 8

Plan of Correction
Certification Survey completed May 3, 2006

F 286:

The Facility will maintain all resident assessments completed within the previous 15 months in the resident's active record.

The additional MDS has been pulled from overflow for residents 2,6,7, and 9 and placed in the active record. All other active records have been audited and where needed, the MDS has been pulled from overflow. The medical records person and the DON will audit all resident active records quarterly to assure that the required number of MDS' are in each record. Compliance will be monitored by the Quality Assurance committee which will meet at least quarterly.

Completion date
05/31/06

F 371:

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

All non compliant storage containers have been disposed off. A substantial amount of approved containers have been purchased and will be used as needed for food storage. All items requiring labeling (date and item) have been appropriately labeled. Dietary staff have been inserviced on appropriate storing and labeling of food items, in servicing complete 05/19/2006.

The dietary manger will inspect fridges and freezers daily to ensure that all items are stored and labeled appropriately, the dietary consultant will, on her routine sanitation inspection, also inspect all storage for compliance. The dietary manager will report to the QA committee and compliance status will be reviewed by the committee which will meet at least quarterly.

Completion date
05/31/06

Fairview Care Ctr - East
P.O. Box 65067
Salt Lake City, Utah 841[illegible]5

F 502:

The facility will provide or obtain laboratory services to meet the needs of it's residents. The facility is responsible for the quality and timeliness of the services.

The original of the Dr.'s orders for labs will be given to the DON to review for accuracy and completeness.

The nurse receiving the order will complete the required lab requisition form, place it appropriately in the lab book, contact the lab and arrange for the lab tech to obtain the specimen, enter the lab in the MAR and note in the nursing notes of the resident's chart that the lab has been ordered and the lab contacted.

The yellow copy of the doctor's order will be filed in the pt's chart in the dr.'s orders section.

The pink copy of the order will go to medical records for computer input when appropriate (one time labs need not be entered).

When lab reports are received, the nurse on duty will compare the results to the order to ensure that all labs on the order have been completed. If any part of the order is missing on the results, the lab will be called immediately to complete the order.

All professional nursing staff will be inserviced by the DON on the lab verification procedure. In-servicing will be completed by June 1, 2006.

The DON will monitor this process on an ongoing basis for compliance and will report to the Quality Assurance Committee which will meet at least quarterly.

Completion date:
06/01/06

Fairview Care Ctr - East
P.O. Box 65067
Salt Lake City, Utah 84165

F 372

The facility will dispose of garbage and refuse properly.

The facility plant operations supervisor will routinely inspect the dumpster to ensure that the lids are kept closed. Staff were inserviced at the May 5th staff meeting regarding keeping the lids closed. The shift aide coordinator will monitor that the lids are kept closed and will report to the shift nurse who will note on the shift report that the lids have been kept closed.

Cardboard boxes will be broken down and placed in the dumpster.

The facility plant operations supervisor will report to the Quality Assurance committee, which shall meet at least quarterly, the compliance status of this plan of correction.

Completion date:
05/0506