acceptable POA.
5/21/0-Asslende PN

Printed: 05/13/2003 FORM APPROVED

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDI		(X3) DATE SI COMPLE	
		465055		B. WING _		4/10	0/2003
	OVIDER OR SUPPLIER L HEIGHTS REF	ABILITATION AND I	41 SOU	Г Н 900 Е.	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY M	Y STATEMENT OF DEFICIENCIE UST BE PRECEEDED BY FULL I IDENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO THE API	TION SHOULD BE	(X5) COMPLETE DATE
F 157 SS=G	SERVICES A facility must im consult with the renotify the residen	mediately inform the resignification; and if	dent; known, an	F 157			5/28/03
	involving the residence the potential for resignificant change psychosocial state mental, or psychothreatening conditioned to alter treated discontinue an exadverse consequent treatment); or a design of the potential form.	member when there is an dent which results in injure equiring physician interverse in the resident's physical as (i.e., a deterioration in losocial status in either lifetions or clinical complicatement significantly (i.e., a listing form of treatment onces, or to commence a recision to transfer or discifacility as specified in s48	y and has intion; a , mental, or nealth, tions); a need to hue to new form of harge the				
	if known, the resinterested family room or roommat s483.15(e)(2); or	also promptly notify the redent's legal representative member when there is a case assignment as specified a change in resident right aw or regulations as specified of this section.	or hange in in s under				
	address and phor	record and periodically une number of the resident' interested family membe	s legal		,		
	Based on physicismedical records, residents, the fact the resident's physichange in the restanced to alter the Specifically, the with the results of	t is not met as evidenced an interviews and review it was determined for 2 of allity did not immediately exician when there was a sident's physical or mental eatment significantly. facility did not notify the f a UA (urinalysis) and COUNDER/SUPPLIER REPRESEN	of resident f 22 sample consult with ignificant status with physician &S (culture	TÎ IRF	MAY	09834 202003 CR	(X6),DATE

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.

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	COMPLETE	I
		465055		B. WING		4/10/2	2003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDI	ESS, CITY, ST	FATE, ZIP CODE		
		BILITATION AND 1		ГН 900 ЕА			
			SALT L	AKE CITY	Y, UT 84102		
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F 157	Continued From pag	e 1		F 157			
1 13,	and sensitivity) when antibiotic that was re facility report to the	n a resident was receive sistant to the infection physician possible fece	nor did the s coming	OK 103	F 157 G Corrective action for		
		vaginal vault. This was		•	1		
		tion, the facility did no resident had low blood			identified Residents	į	
	Resident Identifier: 8		sugurs.		Day Jan 4 4 94 salan sanan		
			Í		Resident # 84 who was a		
	Findings include:				hospice resident expired on		
					April 11, 2003		
	on 5/9/00 with the didementia with deprethrombosis, recurrent osteoporosis, B12 decongestive heart fail recurrent urinary tradurosepsis.	originally admitted to the iagnoses of cerebrovasce ssive features, deep veint pneumonia with several ficiency, atrial fibrillature, neuromuscular dystet infections and a history of the control of the	eular n re hypoxia, ion, phagia, ory of		Resident # 83's physician was notified of the results of the UA (urinalysis) and C&S (culture and sensitivity) as indicated in the CMS 2567 and appropriate antibiotic administration was institute on 4-7-03. As indicated in		:
	(urinalysis) [with] C indicated- then start mouth) QD (every d (diagnosis) UTI (uri On 3/24/03 at 4:00 I "Order given for UA sample obtained [an The results for the UA)	with no date documented &S (culture and sensition Levaquin 250 mg P ay) X (times) 10 d (day nary tract infection)" PM, a facility nurse documented [with] C&S if indicated sent to lab (laborator). JA with C&S could not include the could not include the could be a sensitive and the could not include the	vity) if O (by rs) DX cumented, ed. Urine ry)."		the CMS 2567 this physicial was also notified of the possible feces in resident #83's vaginal vault and he conducted an appropriate vaginal exam with documented results on 4-10 03.		
	the nurse surveyor for The physician had a	M, resident 83's physic or resident 83's medical copy of the lab (labora th C&S, dated 3/25/03	l record. tory)				

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NAME OF PR	OVIDER OR SUPPLIER	<u> </u>	STREET ADD	RESS, CITY, S	TATE, ZIP CODE	<u> </u>	<u> </u>
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			SALT L	AKE CIT	Y, UT 84102		
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TAG	Continued From pag with C&S indicated that cultured positive Enterococcus. The Uthe bacteria was resist. There was no docum provide evidence that had reviewed the UA facility staff had info. The results indicated facility's fax machine. On 4/7/03 at 2:55 PM lab results come to the physician or fax the the lab results. On 4/7/03 at 3:00 PM the nurse surveyor the nurse surveyor the UA results until that facility staff became which identified that given to resident 83 ineffective. During a mini exit we 4/9/03 at 5:00 PM, thad not received the	e 2 that resident 83 had an e for Escherichia Coli at JA with C&S also indice	infection, and cated that lits to e facility mat the he results. It is a call the total that on an stated to are of the after y results and been ection were on on ed that they is a call the total that they is a call the after y results and been ection were on on ed that they is a call the total that they is a call that the call that they is a			S S	DATE
	physician but they d nurses) stated that re	idn't. The DON (direct esident 83's physician p laced in his box for him	or of olicy was		of abnormal results and of results requiring further physician follow-up, i.e. C&S that indicates a need		
	provided documents and/or faxed the res results did not indic	results completed for reation that the facility nuults to the physician. Tate that the facility places the physician to review	rses called he lab ed the		for a change in the ordered antibiotic. This will be developed by May 7, 2003.		

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F 157	on 4/7/03 through 4/1 facility CNA's had so out of resident 83's v past 2 weeks. On 4/10/03 at 8:45 A been told that resider vaginal vault a week because the CNAs haproblem. She further nor did she call and rephysician. On 4/10/03 at 12:55 she was not aware the coming from her vag further stated that she and CNAs had know 2 weeks. She stated that morning concern On 4/10/03 at 2:50 P in a phone interview, of possible feces convault around two wer further stated that he problem. 2. Resident 84 was a 1/17/03 with diagnos mellitus, pain, urinar failure and chronic references and content of the problem. Resident 84's medical Resident 84 had a phone interview.	s conducted with facility 10/03, provided evident aspected possible feces aginal vault for approximate. M, nurse #5 stated that it 83 had feces coming or so ago but did not did made it sound like an attact that she did not report the problem to the PM, the facility DON's at resident 83 possibly inal vault until 4/9/03. It was not aware that the nabout this problem for that she had called the ning the problem. TM, resident 83's physical that he had not been ming out of resident 83's eks ago or anytime after was just recently informations, which included dialogy tract infection, congestions.	tated that had feces She enurses or the past physician stated, hade aware s vaginal r that. He med of the ty on betes stive heart on 4/8/03.	F 157	The Director of Nu designee will inser licensed nurses on policy and procedured May 14, 2003. The licensed nurse inserviced by May by the Director of lor designee on: 1. Importance of as part of the sl scale insulin an sugar checks or parameters of wordering physicato be notified. 2. Need for dilige notifying the plof low blood suresults and in cand accurate documentation physician notificand of interven administered. 3. Need for dilige notifying the plof abnormal later results and of laresults requiring physician follow C&S that indicated for a chan ordered antibio	vice the this are by s will be 17, 2003 Nursing obtaining, iding ad blood rders, the when the cian wants nce in hysician agar check complete of ication tions nce in hysician agar check complete of ication tions nce in hysician agar check complete of ication tions nce in hysician coratory aboratory aboratory aboratory aboratory at a coratory at a coratory at a coratory at a coratory aboratory at a coratory at a	

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NAME OF PROVIDER OR SUPPLIER FEDERAL HEIGHTS REHABILITATION AND I STREET ADDRESS, CITY, STATE, ZIP CODE 41 SOUTH 900 EAST SALT LAKE CITY, UT 84102	AND PLAN C	OF CORRECTION	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		A. BUILDI		(X3) DATE SUR COMPLETE	
FEDERAL HEIGHTS REHABILITATION AND I SALT LAKE CITY, UT 84102			465055		B. WING _		4/10/2	2003
TO COMPANY OF CORPUCTION				41 SOUT	гн 900 Е.	AST		
(X4) ID SUMMARY STATEMENT OF DEFICIENT ATORY DEFETY (FACH CORRECTIVE ACTION SHOULD BE	PREFIX TAG	(EACH DEFICIENCY MU OR LSC II	ST BE PRECEEDED BY FULL RI DENTIFYING INFORMATION)	S EGULATORY	TAG		LD BE	(X5) COMPLETE DATE
Resident 84" "Diabetic Record" for November 2002 from 11/18/02 to 11/30/02 was reviewed and the following was documented: On 11/18/02 at 4:30 PM resident 84's blood sugar was 53. On 11/22/02 at 4:30 PM resident 84's blood sugar was 49. A review of the nursing notes, written 11/18/02 and 11/22/02, was completed on 4/8/03. There was no documented evidence that the physician was notified of resident 84's low blood sugars on these days. Resident 84" "Diabetic Record" for January 2003 from 1/1/03 at 6:30 AM resident 84's blood sugar was 46. On 1/10/03 at 6:30 AM resident 84's blood sugar was 49. On 1/12/03 at 6:30 AM resident 84's blood sugar was 49. A review of the nursing notes, written 1/7/03, 1/10/03 and 1/12/03, was completed on 4/8/03. There was no documented: A review of the nursing notes written 1/7/03, 1/10/03 and 1/12/03 at 6:30 AM resident 84's blood sugar was 49. On 1/10/03 at 6:30 AM resident 84's blood sugar was 39. A review of the nursing notes, written 1/7/03, 1/10/03 and 1/12/03 at 6:30 AM resident 84's blood sugar was 49. On 1/10/03 at 6:30 AM resident 84's blood sugar was 59. On 4/10/03 at 12:25 PM, the DON (director of nurses) stated that is was a facility policy signed by the medical director. On 4/15/03, resident 84's physician was interviewed.		Resident 84' "Diab from 11/18/02 to 1 following was documented evider of resident 84's low Resident 84' "Diab 1/1/03 to 1/14/03 v documented: On 1/7/03 at 6:30 46. On 1/10/03 at 6:30 49. On 1/12/03 at 6:30 39. A review of the numented evider of resident 84's low documented evider of resident 84's low documented: On 1/10/03 at 6:30 49. On 1/10/03 at 6:30 49. On 4/10/03 at 6:30 49. On 4/10/03 at 12:2 stated that a physical blood sugars below stated that this was medical director.	etic Record" for November 1/30/02 was reviewed and armented: 0 PM resident 84's blood 0 PM resident 84's blood or sing notes, written 11/18/pleted on 4/8/03. There was blood sugars on these day was reviewed and the follow of the sugar of	sugar was sugar was sugar was sugar was sugar was sugar was 2003 from owing was sugar was sugar was sugar was sugar was on tified ays. sugar was sugar was sugar was sugar was on tified ays. of nurses) for any surther by the		to document and follow up with the physician of concerns communicated to them by the certified nursing assistants as these concerns relate to abnormalities that are not documented in the resident's history and physical exam or in the physician's progress notes. Monitoring/Quality Assurance The Director of Nursing or designee will develop an audit tool by May 16, 2003 This tool will monitor compliance with timely: 1. Notification of the physician of laboratory results that are abnorma or need further physicia follow-up i.e. change of antibiotic order. 2. Notification of the physician of low blood	n d	

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	1/10/03 and 1/12/03 be notified if a reside	ed on 11/18/02, 11/22/02, 1/ . She did say that she wante ent's blood sugar was less th	ed to	F 157	3. Notification of the physician of abnormalities identified that are not documented in the resident's history and physical or in the	i i	5/28/03
F 241 SS=E	The facility must promanner and in an enenhances each resider recognition of his or This Requirement it Based on observation residents and a confidetermined that for facility, the facility respect to promote of dependent residents requests responded who were dressed in and/or room number passers by, for dependent and taken two hours before by to bed on top of the residents in a confidence their call light identifiers: 36, 80, 13 and 93. Findings include: 1. During the initiation of the initi	omote care for residents in a vironment that maintains or ent's dignity and respect in	full and was e nner of ds and idents ir name ole to or up to were put of 4 did not ident 13,62,	F 241	physician's progress notes. The Director of Nursing or designee will do weekly audits for six weeks to determine the level of compliance. At the completion of the audits th Director of Nursing or designee will report results to the Performance Improvement Committee (Quality Assurance). The Committee will then determine the frequency of any continued audits and reports based on the percer of compliance as indicated by the audits. When the audits indicate the attainment of 100 percent compliance, the audits and reports will then be done, a a minimum, quarterly for two quarters. The Committee will then determine if there is a need.	e .	
	On 4/8/03 at appro	ximately 6:15 AM, residents	s 81,		determine if there is a freed	· 	

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F 241	Continued From pag 99,102, 103 and 112 top of their bedcover	were observed to be sl	eeping on	F 241	for any further audits and reports		
	CNA (certified nursi	mately 6:20 AM, a graing assistant) stated that ost of the residents are	when she		The Director of Nursing w be responsible for continue compliance.		
	observed to give resi	AM, a facility nurse wident 84 her medication facility nurse left reside her a drink with her me	s crushed nt 84's		Completion date: May 28, 2003		i i
	resident. Resident 8 I want water." The	ent 84's room assisting 4 kept saying over and CNA replied, "just a mieft resident 84's room vf water.	over, "Oh, nute." At				
	resident 84 into the AM, resident 84 wa wheelchair at a dinit	O AM, a facility CNA be 2nd floor dining room. It is observed to be sleeping room table. At 8:20 and her breakfast by a Cop resident 84.	At 8:10 ng in her AM,				
	The facility meal tir dining room is appr	ne for breakfast on the oximately 8:10 AM.	2nd floor				
	observed to be bring dining room. When	AM, a graveyard CNA ging residents into the 2 asked why they brough n so early, she replied, to pout the day shift.	2nd floor ht residents				
	was observed in the	5 AM until 7:45 AM, re 2nd floor dining room to have his shirt up around back exposed. Residual	. Resident nd his chest				

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F 241	observed to be trying his stomach. 5. A confidential gr residents on 4/9/03, call lights 3 out of 4 their call lights said minutes. One of the waited as long as 30 stated they had waite 6. During a confide 3:00 PM, a resident needed some medical AM still had not recresident further state CNA at about 2:20 nurse was on their vended up never gett resident asked the n stated that he was many medications. 7. On 4/7/03 at 1:2 sitting in a wheelch were labeled with he It was also observed wearing came half venture tops of her legs. The thighs which we This situation was of the situation was of	oup interview was held at 3:00 PM. When ask resident who stated that they usually wait longed 4 residents stated that minutes and another red as long as 35 minutes at a state of that a few nights at a few n	l with ted about ey used er than 15 they had esident es. In 4/9/03 at a ago they and at 2:20 The ed with the dat the d they when the eight he ent wanted Observed Her shoes ack marker. t 62 was ident 62 had o cover the ient to cover e exposed.	F 241 OX 10 ³ 5 3110 ³	The Director of Nursing spol Residents # 36, 80,81,99,102 and 112 and requested that the sleep at night under their bedcovers. They were addit requested to put on nightclot sleeping at night. These resident to be non-compliar continuing to sleep in their continuing to sleep in their continuing to sleep in their contop of the bedcovers. His preference to continue this phas been care planned for earesident. Resident # 84 who was a hor resident expired on April 11. Resident # 113 is having his that are too small replaced with that are too small replaced with that the shoes. Resident was dissatisfied with new shoes liked having her name, that could read, on her shoes. # 62 is care planned to be a to wear either pair of shoes chooses. Resident is being provided a lap robe to cover.	ke with 2,103 hey ionally hes for idents at by clothes so or her bractice ich spice 2003. Is shirts with 13. Ight her is she she desident llowed as she	
	observed walking d Resident 13 was ob	8 AM, a facility staff rown the hall with residuerved to be wearing a served to om number programme and room number programs.	lent 13. light green	·	Resident # 13 and her fami requested that Residents #1 allowed to keep her coat as Care plan and nurses notes	13 be s it is.	ŧ

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	GVD 0117511 GD	TATEMENT OF DEFICIENCI	<u> </u>		PROVIDER'S PLAN OF CORRE	CTION	(X5)
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F 241	bottom outside hem buttocks, providing on number. 9. On 4/7/03 at 1:51 have been activated across from the nurs who was sitting at the and told the resident "They'll be in in a fet trays." At 1:55 PM entered room 212, to room. The light can resident began calling nurse who had been dining room to ask to was still calling for only leave the dining the resident there. The nurse went into The nurse went into The resident asked to the in in a minute."	e 8 cross the bottom outside hung directly over the pothers with her name and PM a call light was offer room 212 which was e's station. At 1:52 PM as enurse's desk entered a who was lying in bed as with minutes. They're clear certified nurse aide (furned off the light and line right back on. At 1:10 out for help. At 2:00 sitting at the desk wen the CNA to assist the resident of the nurse worthen the proom if the nurse worthen the proom if the nurse worthen the proom 212 and turned of the pand the nurse set at 2:02 PM another Clear the resident. It was resident received assist the received assist the resident received assist the resident.	resident's and room oserved to as directly of, the nurse room 212 that, eaning up CNA) left the 59 PM, the OPM the to the esident who she could ald sit with mother CNA or room and om 212. off the light. said, "They'll NA entered eleven	F 241	Resident # 93 was not address to what the specific concern was for this resident so no specific actions can be addressed. Identification of residents potentially affected All residents have the potential be affected. Measures to prevent recurry. The nursing staff will be insert by May 17, 2003 by the Staff Development Coordinator or designee on: 1. Respecting residents' dig by not labeling clothing residents' names and/or numbers that would be wasted to passers by. If resident family representative recurred such labeling or labels clin such a manner, speak resident and/or family and document and care plan response. Honor resider preferences in regard to insure the such a manner of the specific preferences in regard to insure the specific content of the specifi	al to ence eviced mity with room isible or quests othing to ad the	
F 253	3 483.15(h)(2) ENVI	RONMENT		F 253	issue. 2. Respecting residents' di by not taking dependent residents to the dining re too early.		5/28/03
	The facility must pr maintenance service orderly, and comfor		n a sanitary,		3. Respecting residents' di by assisting them to slee night under their bedcov Licensed nurses are to c	ep at vers. are	1
	Based on observation facility did not main	is not met as evidenced on from 4/7/03 through ntain maintenance serv on a sanitary, orderly a	1 4/10/03, the ices		to sleep on top of the bedcovers and if they protected to the bedcovers and if they protected the protected to the protected the	efer to	

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		BILITATION AND I		TH 900 E. AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCI T BE PRECEEDED BY FULL ENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE APPRO	N SHOULD BE	(X5) COMPLETE DATE
F 253	comfortable interior coving, missing wind torn and/or peeling weather stripping leal leaks in the dining robroken tiles. Findings include: The elevator doors with elevator up buttor around the elevator peeling away from the 2nd floor dining slats from its blinds. The 2nd floor assist missing 3 slats from The following had a machine Medicare hemergency exit Medicare hemergency exit Medicare hall custodial closet between 112, main dining roaround soda and snarestroom, staff deves soiled linen closet, room 144 and 145, west hall 2nd floor room 2nd floor, cledoor east hall 2nd floor, and the utility. The following baths 102, 103, 104, 105, 114, 115, 116, 117.	as evidenced by loose dow slats, scratched do vallpaper, exit doors waving gaps for potential from ceiling, and chipped were scratched. On the on would not light up, on the 2nd floor was looke wall. It is groom, east window weed dining room, west were well.	or jams, ithout l pests, ed and/or The coving lose and lose and lose and lose are hall, soiled utility re hall, l1, room lining room, public closet, m between clean linen ice machine loor, exit ast hall 2nd loor. loor jams: 11, 112, 113, 27, 128, 129,		4. Respecting resident by assisting resident properly fitting clo 5. Respect residents' offering residents' administering med crushed in applesa 6. Respect residents' responding promp residents' request for pain medication for water and request the dining of the color by May 16, 2003. Will monitor compliant 1. Proper labeling of clo 2. Taking dependent rethe dining room for metimely manner by not residents to dining room 3. Assisting residents to not comply with this to not comply with this to not comply fitting clo 5. Offering residents administering medications. 6. Promptly responding residents' request it medications. 7. Promptly respondinglights.	nts to have othing. dignity by water after lications uce. dignity by tly to i.e. request us, request us for help call light. Assurance In g or and audit This tool ce with: othing esidents to eals in a taking us to sleep at vers. Care who choose is practice. In the store othing, water after dications uce. In g to for pain	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB		(X2) MULTIF	G	COMPLETE	
		465055		B. WING		4/10/	2003
	ROVIDER OR SUPPLIER				ATE, ZIP CODE	•	
FEDERA	L HEIGHTS REHA	ABILITATION AND I		TH 900 EA AKE CITY	ST 7, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEEDED BY FULL RI ENTIFYING INFORMATION)	EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPR	ON SHOULD BE	(X5) COMPLETE DATE
F 253	Room 116 had covi peeling away from the east and west eroom, both had a 1-doors, leaving a pot to get into the facili. The main dining roclose or lock proper in between the door small rodents to get held closed with a contract of the patio door, fact along the bottom, leaving the morth dining rocks.	202, 203, 204, 205, 206, 213, 214, 215, and 223. Ing around the door loose the wall. xit doors, next to the main centimeter gap in between tential for pests and small ty. om, the east double door rely. There was a 2-centimeter, leaving a potential for the facility. The dochain and lock. ing east, had a 1 1/2 centimeters, a potential for pests and a 1 1/2 centimeters.	and n dining on the l rodents did not meter gap pests and or was imeter gap ts and	F 253	The Director of Nursing designee will do weekly four weeks and then report compliance to the Perfor Improvement Committee Assurance). The Committee Assurance if there is any further audits and report The Director of Nursing responsible for continued compliance. Completion date: May 25	audits for ort mance (Quality littee will a need for ports. will be 1 8, 2003	
	bigger window wer the 1st door closest and torn off of the door was also peeli vent in the center of was an area approx	te tied up. The wallpaper to the nurse's station wa wall. The wallpaper nexting and torn off of the walf the dining room was distinately 1-½ feet by 1 for the big window that had page 1.	next to s peeling t to the 2nd ll. The rty. There ot, in the	3/23/1	Corrective Action for it conditions The elevator door scratch repaired by May 28, 2000 bulb for the up button lig been replaced. The covir the elevator on the second will be repaired by May 2000.	nes will be 2. The th has ng around d floor	
	from the wall next	lpaper and coving peelin to the bathroom door. next to room 132, had com.			The 2 nd floor dining room window blind and the 2 nd assisted dining room, we blind will be repaired by 2003.	floor st window	
	The exit door, nex	t to room 135, had a 1-ce	ntimeter				

	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDI	NG	COMPLET	
		465055		B. WING _		4/10/	2003
	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	ABILITATION AND N		TH 900 E AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIEST BE PRECEEDED BY FULL I SENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPR	ON SHOULD BE	(XS) COMPLETE DATE
F 253	Room 141 had 8 tilthat were scratched Room 144 next to tapproximately 2 fee Room 146 next to tand coving peeling The exit door, by resmall rock, leaving rodents to get into tand the right arm broke Room 202 the comand cracked. Room 203 the comand broken off, in a and broken off. Room 204 the coviloose and peeling a	m, leaving a potential for into the facility. Ing peeling away from the set in front of the bathroom up and discolored. The bathroom door, had we to in length that was torn the bathroom door, had way from the wall. The point of the bathroom door, had way from the wall. The point of the main dining room off. The rof the window tile was addition 4 other tiles were addition 4 other tiles were may from the wall. The point of the window tile was addition 4 other tiles were may from the wall.	ne wall om door wallpaper off. wallpaper open by a i small om that had as chipped as chipped ac chipped a door was a door was	F 253	The following scratched of will be repaired by May 2 Room 113, ice machine Mall, clean utility Medicare emergency exit Medicare room 119, soiled utility roused Medicare hall, storage room Medicare hall, custodial of between rooms 110 and 1 112, main dining room, promain dining room, promain dining room, staff devoffice, custodial closet, so closet, room 149, shower between room 144 and 14 services office, clean line hall 2nd floor, room 202, ice machine room 2nd flool linen closet east hall 2nd floor, and the utility east hall 2nd floor. The following bathroom door jams will be repaire 28, 2003: 102, 103, 104, 108, 109, 110, 111, 112, 115, 116, 117, 119, 120, 127, 128, 129, 130, 131, 137, 139, 140, 141, 143, 145, 146, 148, 149, 201,202,203,204,205,206, 210,211,212,213,21223.	8, 2003: Medicare re hall, hall, born born closet 11, room atio doors d soda and born, reloper biled linen room 45, social re west room 210, bor, clean floor, exit closet east ity closet scratched d by May 105, 106, 113, 114, 122, 126, 135, 136, 144, 6,207,208, 4,215 and	
	loose and peeling a	ing around the bathroom way from the wall.	,		Coving around room 116 repaired by May 28, 200		
	In a confidential or	roun meeting, on $4/9/03$.	. 4 of the 8 □			- ·	ţ

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/	2003
NAME OF PR	OVIDER OR SUPPLIER	1	STREET ADDR	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 E. AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETE DATE
	Continued From pagresidents actively pathat the maintenance that they often bring council meetings. Thole in the north din sometime and that withrough. 483.15(h)(6) ENVIII The facility must pritemperature levels. October 1, 1990 mm 71-81 degrees Fahrer This Requirement in Based on observation the facility did not provided for 1 of 23 sample in who voiced complained 73, 87 and 88. Findings include: On 4/7/03 at 9:15 And her room. Resident "freezing". Resident in bed with her bed under her chin. At 88's over-bed table to be at 62 degrees nurse entered the room in the facility of the room. The side of the freezing of the freezing. The side of the facility did not provided the facility di	ricipating in the meeting in the building was laced up problems in their received of the residents stating room had been therwhen it rains water would read the resident and services and interview in the resident and a temperatural service comfortable and services and interview, it was provide comfortable temperatural and interview, it was provide comfortable temperatural and and interview, it was provide comfortable temperatural and and interview. It was provide comfortable temperatural and and interview in the resident and 2 additional into about being cold. It was a service to be covered to be c	king and sident ed that the e for d leak safe fied after re range of by: determined aperatures I residents Residents residents residents residents residents resident and for resident com tested interview a applained to another	F 253	The gaps between or at the botton of the following doors will be repaired by May 28, 2003: east at west exit doors (next to the main dining room), the main dining roe east double door, the patio door facing east and exit door next to room 135. The closure and lock the main dining room east double door will be repaired by May 28, 2003. The following concerns in the not dining room will be repaired by May 28, 2003: 1. hole in ceiling 2. Blinds on big window 3. Wallpaper 4. Peeling paint on ceiling Also the vent in the ceiling has been cleaned. The wall paper and or coving will be repaired by May 28, 2003 at the following locations: room 131, shower room next to room 1 room 135, room 144 next to bathroom door, room 146, room 204, room 205 and room 206. Tiles in front of bathroom door is room 141 will be repaired by May 28, 2003. The chair in the main dining room will be repaired, replaced or removed by May 28, 2003 Chipp	on on on the orth a n n n n n n n n n n n n n n n n n n	5/28/03
	was working prope From 9:15 AM unt observed in her roo	rly. il 9:35 AM, resident 87 om, which she shared wi	was	·	tiles in room 202 and 203 will be repaired by May 28, 2003.		

STATEMENT OF DEFICIENCIES (2) AND PLAN OF CORRECTION		(X.I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/2003	
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 E			
			l	AKE CII	Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	ILD BE COMPLETE	
F 257	shoes and socks, but At 9:35 AM, resident her bed and wrapped but she still complair On 4/8/03 at 7:15 AM be in the assistance of Resident 73 complair but there was no staff placed on a couch in room temperature tes. When a nurse's aide resident, resident 73. The nurse's aide state about the room temperature de but as de la but the room temperature de la but the room temperature de la but the room temperature de la but de la b	dressed in pants, shirt, she complained of beint 87 had taken the bland it around her torso and hed of feeling cold. M, four residents were dining room on the second of the room being of in the room. A therm the room for 5 minutes sted to be 66 degrees Frentered the room with a complained again of fred that she couldn't do a crature but asked if the esident 73 stated that shrought and wrapped arms and back. Resident from with no response, to be taken out but, ea table said just a minute her wheelchair near the nember came in and as ming room. M, three nurse aides has ssist the residents with the dining room and the let the forth aide trade om. The forth aide decidin't want to stay in the	observed to ond floor. too cold, cometer was s. The ahrenheit. another reezing. anything resident the did. A ound 73 asked to Resident ch time, e. Resident e door, sisted the dentered breakfast. ee lead places and lined the	F 257	The residents who are propping open the exit door by room 148 will be counseled by the Administrator or designee by M. 28, 2003 to stop this practice. Identification of residents potentially affected All residents have the potential to be affected. Measures to prevent recurrent The Maintenance Supervisor and the Administrator will do joint facility environmental rounds bimonthly for two months. Monitoring/Quality Assurance The Maintenance Supervisor wis secure a rounds sheet to address concerns of loose and peeling coving, missing window slats, scratched door jams, torn and/off peeling wallpaper, exit doors without weather stripping which results in gaps between and und doors, leaks in ceiling and broke tiles. The Maintenance Supervisor with the Administrator for two months. The Maintenance	ce d li the	
F 279 SS=D	The facility must de-	IT ASSESSMENT velop a comprehensive t includes measurable o		F 279	Supervisor will report the result these rounds to the Performance Improvement Committee (Qual Assurance). The Committee we determine the need for any furth rounds and reports.	e ity ill 5/28/03	

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•	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055	B. WING_		4/10/2003	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDI		TATE, ZIP CODE	<u> </u>	
FEDERA	L HEIGHTS REH		TH 900 E. AKE CIT	AST 'Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPLETE	
	Continued From pa and timetables to mand mental and psy in the comprehensith The services that are maintain the resider mental, and psychological services that we sake sake sake sake sake sake sake sak	ge 14 leet a resident's medical, nursing, chosocial needs that are identified we assessment. I describe the following: lee to be furnished to attain or int's highest practicable physical, posocial well-being as required under rould otherwise be required under provided due to the resident's inder s483.10, including the right to	F 279	The Maintenance Supervisor will be responsible for continued compliance. Completion date: May 28, 2003 F 257 B Corrective action for identified residents The nursing staff on the second who care for Residents # 73, 87 88 will be inserviced by the Staff Development Coordinator or designee on how to check the roleaters for proper functioning at how to set the heaters to keep the room temperature at the acceptarange of 71-81 degrees Fahrenholdentification of residents potentially affected All residents have the potential traffected Measures to prevent recurrence. Nursing staff will be inserviced the Staff Development Coordinator designee by May 28, 2003 on	floor and ff om and e ble eit. to be	
	and revealed the formal A physician order, (urinalysis) [with]	with no date documented, "UA C&S (culture and sensitivity) if		how to check the room heaters f proper functioning and how to so the heaters to keep the room temperature at the acceptable ran of 71-81 degrees Fahrenheit.	or et	
	indicated-then star	rt on Levaquin 250 mg PO (by		or a composition		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/2003	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPROPRIAT	ДD BE COMPLETE	
F 279	Continued From pag	e 15		F 279			
	mouth) QD (every da	ay) X (times) 10 d (day nary tract infection)"	s) DX		Monitoring/Quality Assurance	e	
	"Order given for UA sample obtained [and A review of resident recent urinary tract it infection or a history incorporated into her Resident 83 had a pha re-certification order nasal cannula and to greater than 90% on Observations of resident 4/10/03, procontinued on oxyger A review of resident	nysician order dated 1/2 ler dated 3/10/03, for or titrate until saturations room air, chart liter flo dent 83, during the survivided evidence that res	d. Urine y)." led that a ary tract een 8/03, with kygen via were w used. rey, 4/7/03 ident 83		The Staff Development Coordinated or designee will develop an audit tool by May 12, 2003 to monitor compliance with keeping room temperatures within the acceptar range of 71-81 degrees Fahrenh. The Staff Development Coordinated or designee will do weekly audit four weeks and then report compliance to the Performance Improvement Committee (Qualt Assurance). The Committee withen determine if there is a need any further audits and reports. The Staff Development Coordinated will be responsible for continue compliance. Completion date: May 28, 2003	ble eit. nator ts for ity ll for	
	11/13/02 with diagn disorder, dementia, of and left eye blindness. Resident 88's medical The quarterly Minim dated 2/11/03 and the dated 11/19/02 documents that resident 88 requirements.	admitted to the facility oses that included seizu depression, osteoporosiss. al record was reviewed num Data Set (MDS) as the comprehensive MDS imented, in sections G1 tired limited assistance we resident moves to and	on 4/9/03. ssessment assessment and G2, of one staff				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDI	TPLE CONSTRUCTION NG	(X3) DATE SUF COMPLETE	
		465055		B. WING _	· · · · · · · · · · · · · · · · · · ·	4/10/	2003
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	ABILITATION AND F		TH 900 E. AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE IT BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRIA	ULD BE	(X5) COMPLETE DATE
	Continued From page position, turns side to bed. b. Transfer, how rest as bed, chair standing. Dressing, how retakes off street cloth. i. Toilet use, how retransfers on/off toile clothing. j. Personal hygiene, washing/drying face. G2. Bathing, how rebath/shower, exclud. Resident 88 was observed and into bed, and trawithout any assistant on 4/7/03 at 9:15 Altreceives from the streally say they do and do anything to hinde only thing she didn't. A certified nurse's a for resident 88 since facility, was intervied CNA stated that restand was very indeperesident 88 dressed,	ge 16 to side, and positions bo ident moves between su ag position. sident puts on and faste uing. sident uses the toilet roc et and cleanses and adju- combing hair, brushing and hands and perineur esident takes full-body	urfaces such us, and us, and us, and us, and us, as observed from bed chairs derviewed from bed chairs derviewed from ted that the facility. usyded care to the AM. The to touched that und moved	F 279	Corrective action for identifier resident Resident # 83's careplan will be updated by May 8, 2003 to reflether history of recurrent urinary tract infections, history of urosepsis and use of oxygen. Resident # 88's careplan will be updated by May 8, 2003 to reflether independence in turning and repositioning and her continence of bowel and bladder. Resident # 64's careplan will be updated by May 8, 2003 to reflethe discontinuation of the use of oxygen and of a urinary catheter Identification of residents potentially affected All residents have the potential the affected. Measures to prevent recurrence The licensed nurses will be inserviced by the Staff	d ct i e	
	On 4/8/03 at 12:30 provided care for remonths, was intervienced at 88 did ever	PM, a second CNA who sident 88 for more than ewed. The CNA stated ything for herself. The out we encourage her to	had six that CNA said,		Development Coordinator or designee by May 18, 2003 on the necessity and importance of accurately careplanning each resident's problems and of timely updating of the careplans as conditions and treatments change	,	

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STATEMENT OF DESIGNACES AND PLAN OF CORRECTION A65055 NAME OF PROVIDER OR SUPPLIER FEDERAL HEIGHTS REHABILITATION AND: SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEEDED BY FILL REGULATORY) TAG SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MIST BE PRECEEDED BY FILL REGULATORY) TAG F 279 Continued From page 17 F 279 Problem number 3 on resident 88's current care plan, dated 12/3/03, documented the nurse's aides were supposed to use a turn sheet to reposition the resident while she was in bed and that they were to turn and repositions proper alignment. It documented that the nurse's aides were supposed to ure and repositions proper alignment. It documented that the nurse's aides were to turn and positions; proper alignment. It documented that the nurse's aides were to turn and repositions proper alignment. It documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented that the nurse's aides were to turn and repositions resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented that day and prositioning breevery two hours and peri care was to be done every shift and after each incontinent episode. The quarterly MDS assessment dated 11/19/02 documented, in sections H1 and H2, resident 88 was not incontinent and had complete control of her bowel and bladder. 3. Resident 64 was re-admitted to the facility on 12/2/02 with diagnoses which included status post hip, humerus and wrist fractures, dysphagia, congestive beart failure and a history of cerebrovascular accident.	DEPART:	MENT OF HEALTH . S FOR MEDICARE &	AND HUMA. SERVICES MEDICAID SERVICES			FORM	APPROVED 2567-L
AME OF PROVIDER OR SUPPLIER FEDERAL HEIGHTS REHABILITATION AND: SUMMARY STATEMENT OF DEFICIENCY FREDRY TAG SUMMARY STATEMENT OF DEFICIENCY OR ISC IDENTIFYEG INFORMATION) FREDRY TAG CACH DEFICIENCY MAST BE PRECEDED BY FILL REGULATORY OR ISC IDENTIFYEG INFORMATION PREFIX TAG F 279 Continued From page 17 Problem number 3 on resident 88's current care plan, dated 127/303, documented the nurse's aides were supposed to use a turn shect to reposition the resident while she was in bed and that they were to turn and reposition revery two hours. Problem number 7 in the current care plan for resident 88 documented the resident had a problem of impaired physical mobility, dated 12/3/2002. It was documented that the nurse's aides see to turn and repositions proper alignment. It documented that the murse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 every two hours. Problem number 7 in the current care plan for resident 88 every two hours. Problem number 7 in the current care plan for resident 88 every two hours. Problem number 7 in the current care plan for resident 88 documented that the murse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 every two hours. Problem number 7 in the current care plan for resident 88 every two hours. Problem number 7 in the current care plan for resident 88 every two hours. Problem number 7 in the current care plan for resident 88 every two hours. Problem number 8 in the current care plan for resident 88 every two hours. Problem number 9 in the current care plan for resident 88 every two hours. Problem number 9 in the current care plan for resident 88 every two hours. Problem number 9 in the current care plan for resident 88 every two hours. Problem number 10 on the current care plan for resident 88 every two hours. Problem number 9 in the current care plan for resident 88 every for the problem for formance for forman	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	A. BUILDI			
FEDERAL HEIGHTS REHABILITATION AND: (X4) ID PREFIX TAG SUMMARY STATEMENT OF DESICIENCES SALT LAKE CITY, UT 84102 SUMMARY STATEMENT OF DESICIENCES GEACH DEFICIENCY MIST BE PRECEEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) FREETX TAG FOOTITION THE APPROPRIATE DEFICIENCY OR ISC IDENTIFYING INFORMATION) Froblem number 3 on resident 88's current care plan, dated 12/3/03, documented the murse's aides were supposed to use a turn sheet to reposition the resident while she was in bed and that they were to rurn and reposition her every two hours. Problem number 7 in the current care plan for resident 88 documented that the nurse's aides and physical therapy staff were to place the resident had a problem of impaired physical mobility, dated 12/3/2002. It was documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 every two hours. Problem number 10 on the current care plan for resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident and a problem of impaired physical mobility, dated 12/3/2002. It was documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident for functional positions; proper alignment. It documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident and the documented that the nurse's aides and problem of impaired physical therapy staff were to place the resident's joints in functional positions; proper alignment. It documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident and the comprehensive MDS assessment dated 2/11/03 and the comprehensive MDS assessment dated 1/19/02 documented, in sections			465055	B. WING_		4/10/	2003
SUMMARY STATEMENT OF DEFICIENCY CACH DEFICIENCY MUST BE PRECISEDED BY FULL REGULATORY TAG TO PREFX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECISEDED BY FULL REGULATORY TAG TO THE APPROPRIATE DEFICIENCY OF INC. DEPICTENCY OF ISC INSTITUTE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY DATE OF THE APPROPRIATE DEFICIENCY DATE. F 279 Continued From page 17 F 279 Problem number 3 on resident 88's current care plan, dated 12/3/03, documented the nurse's aides were supposed to use a turn sheet to reposition the resident while she was in bed and that they were to turn and reposition her every two hours. Problem number 7 in the current care plan for resident 88 documented that the nurse's aides and physical therapy staff were to place the resident's joints in functional positions: proper alignment. It documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident's routine care needs were to be met by turning and positioning her every two hours and peri care was to be done every shift and after each incontinent episode. The quarterly MDS assessment dated 2/11/03 and the comprehensive MDS assessment dated 1/19/02 documented, in sections H1 and H2, resident 88 was not incontinent and had complete control of her bowel and bladder. 3. Resident 64 was re-admitted to the facility on 12/2/02 with diagnoses which included status post hip, humerus and wrist fractures, dysphagia, congestive heart failure and a history of cerebrovascular accident.			BILITATION AND 1 41 SC	OUTH 900 E.	AST		
Problem number 3 on resident 88's current care plan, dated 12/3/03, documented the nurse's aides were supposed to use a turn sheet to reposition the resident while she was in bed and that they were to turn and reposition her every two hours. Problem number 7 in the current care plan for resident 88 documented the resident had a problem of impaired physical mobility, dated 12/3/2002. It was documented that the nurse's aides and physical therapy staff were to place the resident's joints in functional positions: proper alignment. It documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident's routine care needs were to be met by turning and positioning her every two hours and peri care was to be done every shift and after each incontinent episode. The quarterly MDS assessment dated 2/11/03 and the comprehensive MDS assessment dated 2/11/03, and the comprehensive MDS assessment dated 2/11/03 and the comprehensive MDS assessment dated 2/11/04 and MDS	PREFIX	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEEDED BY FULL REGULATOR	ID Y PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU	ILD BE	COMPLETE
Problem number 3 on resident 88's current care plan, dated 12/3/03, documented the nurse's aides were supposed to use a turn sheet to reposition the resident while she was in bed and that they were to turn and reposition her every two hours. Problem number 7 in the current care plan for resident 88 documented the resident had a problem of impaired physicial mobility, dated 12/3/2002. It was documented that the nurse's aides and physical therapy staff were to place the resident's joints in functional positions: proper alignment. It documented that the nurse's aides were to turn and reposition resident 88 every two hours. Problem number 10 on the current care plan for resident 88 documented the resident's routine care needs were to be met by turning and positioning her every two hours and peri care was to be done every shift and after each incontinent episode. The quarterly MDS assessment dated 2/11/03 and the comprehensive MDS assessment dated 1/19/02 documented, in sections H1 and H2, resident 88 was not incontinent and had complete control of her bowel and bladder. 3. Resident 64 was re-admitted to the facility on 12/2/02 with diagnoses which included status post hip, humerus and wrist fractures, dysphagia, congestive heart failure and a history of cerebrovascular accident.	F 279	Continued From pag	e 17	F 279	Monitoring/Quality Assurance	ce	
Resident 64's medical record was reviewed on 4/7/03. The facility staff developed a care plan for resident 64 regarding her altered cardiac output and diagnosis of congestive heart failure. The care plan was not dated,		dated 12/3/03, docur supposed to use a tur while she was in bed reposition her every Problem number 7 ir 88 documented the rephysical mobility, dadocumented that the staff were to place the positions: proper alignurse's aides were to every two hours. Problem number 10 resident 88 documenteds were to be me every two hours and shift and after each in MDS assessment day sections H1 and H2, and had complete consumers and wrist find heart failure and a hand Resident 64's medical The facility staff development of the support of t	nented the nurse's aides were in sheet to reposition the resident and that they were to turn and two hours. In the current care plan for resident esident had a problem of impaire ited 12/3/2002. It was nurse's aides and physical therapite resident's joints in functional griment. It documented that the turn and reposition resident 88 on the current care plan for ited the resident's routine care to by turning and positioning her peri care was to be done every incontinent episode. The quarterlied 2/11/03 and the comprehensived 11/19/02 documented, in resident 88 was not incontinent entrol of her bowel and bladder. The admitted to the facility on sees which included status post his factures, dysphagia, congestive istory of cerebrovascular accidental record was reviewed on 4/7/03 of the cardiac output and diagnosis of	y y y y y y y y y y y y y y y y y y y	The Director of Nursing or designee will develop and audit tool by May 14, 2003. This too will monitor compliance with accurately careplanning proble presented by the resident and vupdating careplans as conditionand treatments change. The Director of Nursing or designee will do weekly audits four weeks and then report to the Performance Improvement Committee (Quality Assurance). The Committee will then determine if there is a need for any further audits and reports. The Director of Nursing will be responsible for continued compliance.	ol ems with ns for he	

however, it remained in resident 64's active medical record and had not been discontinued. One documented approach, which address the altered

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DEPARTICENTERS	MENT OF HEALTH . S FOR MEDICARE &	AND HUMAN SERVI MEDICAID SERVIC	ICES				APPROVED 2567-I
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM	CLIA (X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE SUI COMPLETI	
		465055	E	B. WING		4/10/	/2003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDRES	S, CITY, ST	ATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I	41 SOUTH				
			SALT LAI	KE CITY	7, UT 84102		
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F 279	ordered oxygen via r titrated to keep her o 90 percent. A review of resident was completed on 4/ order to discontinue The facility staff dev addressing her routin dated 12/2/02 and w record. One approa 64 used a Foley cath A review of resident was completed on 4/	em, was that resident 64 hasal canula which was xygen saturation level 64's physician telephor 7/03. On 3/1/03, there resident 64's oxygen. The care needs. The care in resident 64's active ch documented noted to the salar	4 was to be great than ne orders was an resident 64 re plan was re medical hat resident one orders was an	F 279			
F 309 SS=0	Each resident must reprovide the necessar maintain the highest psychosocial well-becomprehensive asset Use F309 for quality by s483.25(a)-(m).	peceive and the facility y care and services to a practicable physical, a eing, in accordance with ssment and plan of care y of care deficiencies n	attain or mental, and h the e. ot covered	F309 015103 51319	F 309 G Corrective action for ideresident Resident # 83's physician notified of the results of (urinalysis) and the C&S and sensitivity) as indicated CMS 2567 and appropriate antibiotic administration instituted. As indicated CMS 2567 this physician	n was the UA S (culture nted in opriate was in the	5/28/03

also notified of the possible feces

in resident #83's vaginal vault

vaginal exam with documented

results on 4-10-03.

and he conducted an appropriate

Based on review of resident medical records and

interviews, it was determined for 1 of 22 sample

residents, the facility did not provide the necessary

care and services to attain or maintain the highest

well-being. Specifically, the facility did not notify the

practicable physical, mental and psychosocial

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		465055		B. WING _		4/10/2	2003
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND 1		TH 900 EA AKE CIT	AST Y, UT 84102	_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
	well-being. Specific physician with the re C&S (culture and ser receiving an antibioti infection nor did the possible feces comin vault. In addition, the document findings ar medical record. Resident identifiers: Findings include: 1. Resident 83 was on 5/9/00 with the didementia with depret thrombosis, recurrent osteoporosis, B12 decongestive heart fails recurrent urinary tradurosepsis. On 4/7/03 resident 8 and revealed the following feet of the start mouth) QD (every decide diagnosis) UTI (uring the constant of the start mouth) QD (every decide given for UA) "Order given for UA) "Order given for UA)	mental and psychosocically, the facility did not sults of a UA (urinalysinsitivity) when the residue that was resistant to a facility report to the plag out of the resident's we facility did not accurated assessments in the residual assessments in the re	the notify the is) and dent was the nysician vaginal ately esident's he facility cular in re hypoxia, tion, sphagia, ory of reviewed d, "UA vity) if O (by ys) DX cumented, ed. Urine	F 309	Identification of residents potentially affected Residents with physician order for the laboratory tests for UA and C&S and residents with identified abnormalities that are not documented in the resident history and physical exam or in the physician's progress notes have the potential to be affected. Measures to prevent recurrence The Director of Nursing or designee will develop a policy and procedure to track ordered labs for timely draw, timely notification of the facility of laboratory results and timely notification of the physician of abnormal results and of results requiring further physician follow-up, i.e. C&S that indica a need for a change in the ordered antibiotic. This will be developed by May 7, 2003. The Director of Nursing or designee will inservice the licensed nurse on this policy and procedure by May 14, 2003. The licensed nurses will be inserviced by the Director of Nursing or designee by May 17, 2003 on:	e 's d de ee ee ee ee sees y	
	The results for the U in resident 83's med	A with C&S could not ical record.	be located				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUI COMPLETE	
		465055		B. WING _		4/10/	2003
NAME OF PR	ROVIDER OR SUPPLIER	.	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		,
FEDERA	L HEIGHTS REHA	BILITATION AND !		TH 900 EA	AST Y, UT 84102		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCI	ES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
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F 309	Continued From pag	e 20		F 309	!		
	The nursing progress through 3/24/03. The any reasons, in the president 83 required. There was no documerecord that the facility UA with C&S comp. On 4/7/03 at 2:45 PM the nurse surveyor for The physician had a results of the UA with the thing of the UA with the UA with the thing of the UA with	s notes were reviewed for a facility nurses did no rogress notes, to indica a UA with C&S. mented evidence in the restly had received any restleted on 3/24/03. M, resident 83's physicion resident 83's medical copy of the lab (laborath C&S, dated 3/25/03. That resident 83 had an expression for Escherichia Coli a UA with C&S also indicated to Levaquin. (medication administration and April 2003, reven Levaquin 250 mg, from the serior to 4/7/05 as notes were reviewed from the antiporovement from the antipo	t document te why medical ults of the an asked record. tory) The UA infection, and cated that tom 3/24/03 all dose of on. In the dent 83 Trom dent 83 Trom dent 83 Trom dent 83 Trom dent 83		 Need for diligence in notifying the physician of abnormal laboratory results and of laboratory results requiring further physician follow-up, i.e. C&S that indicates a need for a chang in the ordered antibiotic. Need for licensed nurses to document and follow-up with the physician on the concerns communicated to them by the certified nursing assistants as these concerns relate to abnormalities that are not documented in the resident's history and physician's progress notes. Need for licensed nurses to document changes in the resident's condition both as to decline or to improvement. i.e. the signs and symptoms that the resident exhibited to lead the nurse to obtain an order for a UA and C&S and how the resident responded to any ordered treatment. The signs and symptoms of a urinary tract infection and the possible nursing and medical interventions for treatment. 	ge	
	provide evidence tha	entation on the lab result the nursing staff at the with C&S results or the	e facility				i

ULKU1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		465055	B. WING_	······································	4/10/	2003	
		ABILITATION AND 1 41 SOU SALT L	TH 900 E AKE CIT	TY, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIES ST BE PRECEEDED BY FULL REGULATORY DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROP	SHOULD BE	(X5) COMPLETE DATE	
F 309	The results indicate facility's fax machine facility fax machine fax machi	formed the physician of the results. In that they were received by the me on 3/31/03 at 2:47 PM. PM, a facility nurse stated that the the nurse's desk and they call the exphysician and document that on that he was not made aware of the day. This was 7 days after facility of the laboratory results which intibiotics which had been given to the tacility administration on the corporate nurse stated that they are UA results until 3/31/03. She he facility should have called the didn't. The DON (director of resident 83's physician policy was placed in his box for him to review to the short of the laboratory that provides allity stated, in a phone interview, 6:00 AM, they received the UA and that at 7:52 AM they faxed the pout not culture, to the facility. The in the lab continued to say that on they faxed the preliminary results and beginning on 3/27/03 they tried over the next 4 days to fax the final thy. On 3/31/03, a laboratory and not been able to get the results lity. The lab stated that graveyard	F 309	The Director of Nursing of designee will develop an at tool by May 16, 2003. The will monitor compliance will monitor compliance will. Timely notification of physician of laborator results that are abnormated further physician follow-up, i.e. change antibiotic ordered in response to a possible urinary tract infection. 2. Timely notification of physician of abnormal identified that are not documented in the resist history and physical exist in the physician progres notes. 3. Documentation by the licensed nurses on the and symptoms exhibited the resident prior to has UA and or C&S for a suspected urinary tract infection and document of the resident's responsany interventions for treatment of a urinary traction fection.	r udit is tool with: the y hal or of the ities ident's kam or ess signs ed by wing a station hase to		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/2003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE	
		BILITATION AND I	41 SOU	TH 900 E	AST	
				AKE CIT	Y, UT 84102	
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F 309	laboratory stated they floor on 3/31/03, after The laboratory further problems like this will result and/or faxed the result and/or faxed the results did not indical results in a box for the date. On 4/10/03 at 12:55 results come through desk for each floor, purchased a new fax the beginning of Mar problem with the fax the other two fax mastated she would exphours and that therest osign to indicate the timely manner. Review of the laborate approximately 1:00 devidence that the face ensure that resident 3/25/03, had been reconstructed in a profund decline, poor a caredisoriented [explosed]	printer is out of ribbon, a faxed the results to the results to the results to the results that they don't the other facilities. The stated that they don't the other facilities. The sults completed for region that the facility number of the facility place of the physician. The physician to review a substitution of the physician to review and the fax machine at the Stated that they had just machine for the 2nd floor. She stated that if the machine that the lab of the chines in the building. The physician and the done in the physician and the done in the physician to receive the UTI results back is an audit book that they have received the results and the physician to do the physician to the ph	esident 83 rese called he lab ed the at a later nat lab enurses st recently oor prior to there was a an fax to The DON ck in 24 e nurses are esults in a 0/03, at mentation to an audit to lts, dated ian g] lethargy dent for all	F 309	The Director of Nursing or designee will do weekly audits for six weeks to determine the level of compliance. At the completion of the audits, the Director of Nursing or designee will report results to the Performance Improvement Committee (Quality Assurance). The Committee will then determine the frequency of any continued audits and reports based on the percent of compliance as indicated by the audits. When the audits indicate the attainment of 100 percent compliance, the audits and reports will then be done, at a minimum, of quarterly for two quarters. The Committee will then determine if there is a need for any further audits and reports. The Director of Nursing will be responsible for continued compliance. Compliance date: May 28, 2003	
	assistant) stated that	M, CNA#1 (certified n a little longer than a w resident 83 had feces	eek ago			

CENTER	S FOR MEDICARE &	MEDICAID SERVIC	ES				2567-L	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TPLE CONSTRUCTION NG	P /	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	·	STREET ADD	RESS CITY S	TATE, ZIP CODE			
	L HEIGHTS REHA	DII ITATION AND N						
PEDERA	L HEIGHTS KEHA	BILITATION AND I		TH 900 E. LAKE CIT	AST Y, UT 84102			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIE	s	ID	PROVIDER'S PLAN OF	COPPECTION	(75)	
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F 309	Continued From page	- 23		F 309				
	of her vaginal vault of	or if she had an infection	n She	I 303	:			
	further stated that res	ident 83 will usually ha	II. SIIÇ		:			
	soaked brief on the fi	rst round of the night a	nd then					
	after that she will dril	oble. She stated there	was a foul		!			
	urine odor, but it doe		was a four				ļ	
	On 4/10/03 at 6:05 A	M, graveyard nurse #1	ctated that					
	the signs and sympton	ms for resident 83's UT	T started				: i	
	about 2 weeks ago. I	He stated she had lethar	ov					
	increased confusion a	nd foul odor. When as	ked if the					
		and gotten better he rep						
	really".				: 			
	On 4/10/03 at 6:15 A	M, graveyard nurse #2	atata d					
j	that she and the facilit	ty DON had inspected	, Statett					
	83 last night and they	suspect a vaginal fistu	a She					
	stated when the reside	ent was lifted she cried	out in				1	
		ly had to read her signs						
	symptoms because she	e doesn't verbally expre	ess them					
	She further stated that	she was pretty sure ye	sterday					
	was not the first day th	hat facility staff had su	spected					
		esident 83's vaginal vau					ł	
	On 4/10/03 at 6-25 At	M, in a 2nd interview w	iith CNA					
		had told nurse #3 abou						
	possibly coming out o	f resident 83's vaginal	vanit	Ì				
	about 2 weeks ago. Si	he stated that she was t	old it was					
	already reported to the	e day shift. She further	stated			1		
	that resident 83 was no	ormally confused, usua	lly had					
	foul smelling urine, sh	e also stated that she h	ad an				ĺ	
	increase in pain. CNA	A #1 stated last night it	appeared	i			ŀ	
	resident 83 still had fe	ces coming from her v	aginal				ļ	
	vault	C		ļ		Ì		
	On 4/10/03 at 6:40 AM	M, CNA#2 stated that s	he felt					
	resident 83 was dehyd			}				
	urinates a lot and had							
	vault for about 2 week					ļ		
	had reported this to nu			}				
	-					J	ſ	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		465055		B. WING _		4/10/	4/10/2003	
	OVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	TATE, ZIP CODE AST Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	OULD BE	(X5) COMPLETE DATE	
F 309	you clean the more the 83 was normally condecreased over the part of the second decreased over the part of the second and a decreased appear felt these signs and second they had been pushing for the past 2 weeks a feces in the front of high where it was coming contributing to the U reported this to both On 4/10/03 at 8:45 A been told that resider vaginal vault a week because the CNAs haproblem. She further nor did she call and rephysician. On 4/10/03 at 12:55 she was not aware the coming from her vaginated that she and CNAs had know 2 weeks. She stated that morning concern. The nursing progress were reviewed a 2nd staff did not docume resident 83 had possivaginal vault until 4/10/10/10/10/10/10/10/10/10/10/10/10/10/	It had not improved, "there is." She stated that fused but her eating has ast few weeks. M, CNA#3 stated that he with a foul odor, lovetite. She further stated ymptoms had decrease gifluids. She further sishe had noticed an increase by the had not do not be had not be had at 83 had feces coming or so ago but did not do not be had not be had at stated that she did not be had not be had at the had alled the had alled the had called the had called the hing the problem. In notes from 3/24/03 - 4 time on 4/10/03. The not in the progress notes ible feces coming out of 10/03.	resident d resident 83 w back pain d that she d because tated that rease of not be sure could be had t she had out of her do anything in on going t chart on it he stated that had feces She enurses or the past physician 4/10/03 facility is that of her	F 309				
	It should be noted, th	nat the physician saw re	esident 83					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10	/2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE		•
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F 309	on 4/7/03 at 4:00 PM document nor indicate made aware that reside out of her vaginal various of possible feces convault around two were further stated that he problem. In addition to a program physician, he ordered and CBC (Complete were faxed to the face facility nurse docume physician with the retained that he problem. The BMP and CBC I values: Sodium 14 Chloride 11 BUN 28 BUN/Creatinine Rate White Blood Cells Monocytes 12 Neutrophils, Absolute An elevated sodium, BUN/Creatinine Rate dehydration. An increation can also indicate white blood cells, elementrophils can all be Neutrophils during a first line of defense, defense against bacted.	I. The physician did not in his progress note to dent 83 had possible fealt. M, resident 83's physician that he had not been ming out of resident 83's eks ago or anytime after was just recently information of the second of th	cian stated, made aware s vaginal r that. He med of the disconsisted that is a solic Panel) to results AM. A discolled the rmal lab	F 309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/2003	
NAME OF PE	ROVIDER OR SUPPLIER				TATE, ZIP CODE		٦
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCES T BE PRECEEDED BY FULL RE ENTIFYING INFORMATION)	EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPLETE	
F 309	Continued From page	e 26		F 309	_		
1 307		tion, 2002, pages- 84- 8:	5, 117,		F 310 G		
	ŕ				Corrective action for identifie resident.	d !	
F 310	483.25(a)(1) QUALITY OF CARE			F 310	Desident # 00 1 1 1	5/28/03	į
SS=G	SS=G Based on the comprehensive assessment of a resident,		OKIUS	Resident # 88 had a therapy evaluation completed on 4-10-0	3		
		re that a resident's abilit		SNY MG	and she was put on therapy case		
	activities of daily living do not diminish unless			,	load for general conditioning five times a week. Resident #88	e	
	circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This				agrees to participate in therapy		
includes the resident's abilit			í		and then very frequently refuses		
	groom; transfer and ambulate; toilet; eat; and use				The physical therapist spoke wit Resident #88 on 4-15-03 and	h	
-		other functional commu			explained the benefits of therapy	,	
	systems.				participation and the risk of non		
	This Dequirement is	not met as evidenced b	17-		participation. Resident #88's		
	_	observation and record			reply was as quoted by the	.	
		according to the compr			therapist, "I don't care." She will be evaluated for discontinuation		
		ity did not ensure that a			therapy and for possible	0.	
	ability to maintain he	er balance did not dimin	ish when		placement in the nursing		
		nplement a physician's o			restorative program by the		
		wed to be evaluated by p			therapist and the Director of	1	
	therapy for possible 88.	rehabilitation therapy. I	Cesident		Nursing by May 7, 2003.		
	Findings include:				Identification of residents potentially affected		
		2-year-old female who w					
		ity on 2/2/01 with diagno			Residents who demonstrate		
		order, osteoporosis, hype	ertension		unsteadiness in their standing balance and have a physician's		
	and left eye blindnes				order for physical therapy		
	Resident 88's medical record was reviewed on 4/8/03.				evaluation for possible rehabilitation therapy have the		
	The MDS assessmen	nt test for standing balan	ce		potential to be affected.		
	describes three diffe	rent foot positions for th	e resident				
		and specifies how the res					
!	ability to balance should be coded. If a stance can be					ļ	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		465055		B. WING_		4/10/20	003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		-
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 E			
			SALT L	AKE CIT	Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	ДD BE	(X5) COMPLETE DATE
	<u> </u>			T 210			
F 310	Continued From pag			F 310	Measures to prevent recurren	ce	
		econds, the resident ma			By May 11, 2003 the Director of	£	
		the first stance, the res	ident is to		Nursing or designee will develo		
	stand with feet plant	ed firmly on the floor,			a communication system to be	P	
	side-by-side. If the	resident can maintain th	at position		utilized to impart written		
	for ten seconds, they	may attempt the secon	d stance		information from nursing to the		
	with one foot halfwa	y in front of the other,	as in taking		therapy department to inform th		
	a small step. For the	e third stance, the reside	ent is to be		therapy department of physician		
		oot in front of the other			orders for therapy interventions.		
		the resident is able to			The licensed nurses and the		
	all three positions and maintain each of them for ten				therapy staff will be inserviced	on	
	seconds, their score is zero. A resident can score from				this system by the Director of		
	zero, one, two or thr	ee.	Ì		Nursing or designee by May 18,	,	
	771	(RN) who was the MI	\c		2003		
 		o documented the balan			By May 11, 2003 the Director of	of	
1		s interviewed on 4/8/02			Nursing or designee will	-	
		cted the balance tests a			implement a procedure whereby	7	
	the specific MDS or	iteria. The RN stated t	hat he had		1		
]	need that criteria wh	en he tested resident 88	S for her	required to date and sign physician orders as "noted" to			
		ent which was dated 2/					
	latest 1412 5 assessment				indicate that the orders have been	en	
	It was documented of	on resident 88's compre	hensive		processed. The licensed nurses	İ	
	Minimum Data Set	(MDS) assessment date	d 11/19/02,		will be inserviced on this		
	and the quarterly M	DS assessment dated 2	11/03, that		procedure by the Director of		
	the resident was abl	e to maintain her balan	ce while		Nursing or designee by May 18	,	
		ted according to the sta			2003.		
		section G3a, resident 88			Monitoring/Quality Assurance		
		ing "1", "unsteady but			Monitoring Quanty Assurance		
	rebalance self without	out physical support."			The Director of Nursing or		
	<u>}</u>]		designee will develop an audit		
	On 4/10/03, two mo	onths after resident 88's	latest MDS		tool by May 16, 2003. This too	ol	
	assessment, the RN	assessment coordinator	r was		will monitor compliance with:		
		t the standardized MDS			1. Timely notification of the	ļ	
		it. Resident 88 was abl			Therapy Department by		
	instructions to atten	npt the tests, but was ur	lable to		nursing of physician orders	s	
		ed positions without usi			for therapy interventions.	ļ	
	over-bed table to pl	nysically support hersel	I.		Notation of physician orde	rs	
	A physician's order	, dated 1/22/03, stated t	hat resident		by nursing.		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		465055		B. WING		4/10/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	FATE, ZIP CODE	<u> </u>
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA LAKE CIT	AST Y, UT 84102	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPLETE
F 310	to restorative nursing done. There was a modocumented the order on 4/10/03, the nurse interviewed. The nurse interviewed interviewed and calls the therapy depart documents the order. On 3/8/03, a physical name was on a list of reviewed by physical stated that a second part as week or two earlier. On 3/9/03, two physical stated that a second part interviewed were interviewed by physical stated that a second part interviewed were interviewed by physical therapy January and they estimate any physical therapy January and they estimate any of them had therapists stated that list of residents to be therapists had seen that resident 88 looke physical therapist state to assist her to help the going. The physical office during the interviewed by physical therapist interviewed by physical therapist state of the physical office during the interviewed by physical therapist physical office during the interviewed by physical therapist state of the physical office during the interviewed by physical therapist state of the physical office during the interviewed by physical therapists and the physical office during the interviewed by physical therapists and the physical office during the interviewed by physical therapists and the physical	ed by physical therapy and was to have a labourse's note, dated 1/22/r. e who had worked on 1 are stated that the physical stated it. The nurse order for physical the artment to relay the order	oratory test 03, that /22/03 was ician wrote stated that rapy, she der, and she estident 88's to be it therapist out resident ident a estorative egarding aware of ceived in ly a year 88. The 8 on their of the bulate but The urse aide he was ered the stated that esident 88 had not a year. ohysician,	F 310	The Director of Nursing or designee will do weekly audits f six weeks to determine the level compliance. At the completion the audits the Director of Nursin or designee will report results to the Performance Improvement Committee (Quality Assurance). The Committee will then determine the frequency of any continued audits and reports bas on the percent of compliance as indicated by the audits. When the audits indicate the attainment of 100 percent compliance, the audit and reports will then be done, at minimum, quarterly for two quarters. The Committee will then determine if there is a need for any further audits and reports. The Director of Nursing will be responsible for continued compliance. Completion date: May 28, 2003.	of of of ag

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	465055	B. WING _		4/10/2003	
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
FEDERAL HEIGHTS REHABILI		SOUTH 900 EA LT LAKE CIT			
PREFIX (EACH DEFICIENCY MUST BE PY	MENT OF DEFICIENCIES RECEEDED BY FULL REGULATO YING INFORMATION)	DRY PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	ILD BE COMPLETE	
F 310 Continued From page 29 specifics about his order fit would have been due to The physician's progress in documented resident 88 w. LE [left lower extremity w. progress noted, dated 3/17 had "unsteadiness / increat weakness." Resident 88 did not receive ordered for her by her phy facility staff and review of record reveal an avoidable condition. F 325 483.25(i)(1) QUALITY Condition. F 326 Hased on a resident's comfacility must ensure that a acceptable parameters of body weight and protein leclinical condition demons possible. This Requirement is not a Based on clinical record robservations, it was determined that 6 of 23 sample acceptable parameters of Specifically, 2 of 23 sample acceptable parameters of specifically, 2 of 23 sample dietary intervention weight loss. Resident idea 23 sampled residents did nutritional assessments and specifical assessments and speci	for physical therapy, but the her condition at the time. note, dated 1/22/03, was "unsteady, fall risk - [L weakness." The physicians 7/03, documented resident used risk for falls / [L] leg we the physical therapy ysician. Interviews with f the resident's medical e decline in resident 88's OF CARE Apprehensive assessment, the resident maintains nutritional status, such as levels, unless the resident's strates that this is not met as evidenced by: review, interviews and mined that the facility did ed residents maintained nutritional status. pled residents did not receive is to prevent significant entifiers 101 and 106. Two not receive adequate nutritions to increase the pressure sores from	F 310 F 325 F 325 H Corrective actions for identifier residents Resident # 64, 106, 54, 101 and 109 will have a full nutritional assessment completed by the new consulting Registered Dietitian (RD). Accurate heights and weights will be obtained and documented to ensure accuracy of these nutritional assessments. This RD will calculated the calorie and protein requirements of each of these residents based of his/her individual risk factors. Each of these residents will receive nutritional interventions and diets to address his/her individual needs as recommende by the RD. These nutritional assessments will be completed an interventions instituted by May 12, 2003. Each of these resident care plan will be updated by May 12, 2003 to reflect any changes indicated by the RD. Resident # 84, a hospice resident expired on April 11, 2003 Identification of residents potentially affected Residents with unplanned weight loss, pressure ulcers and/or laboratory values reflecting malnutrition have the potential to	ed w of on 5/28/03 d ad rs r		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
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F 325	registered dietitian consessments, which conneeds, to assess when interventions implement 109. Calculating weight less subtracting the curre weight, dividing the and multiplying by 1 as follows: 5 % in o 10 % in 6 months. So follows: greater that 7.5 % in 3 months at (Reference guidance American Dietetic American Di	cal record that the facility ompleted full nutrition calculated calorie and puther the diets and nutrition then the diets and nutrition then the diets and nutrition the diets are dequate to so the resident identifiers. The session of the previous session of the previous session of the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the previous session of the difference by the previous session of the difference by the previous session of the previous session of the difference by the previous session of	notein sional or meet their 84 and nee by vious ous weight closses are months and e as eater than 6 months. Dietetics, 2000). standard this area. y on sclerosis, nia. d 4/08/03 n (RD), which et, 8 inches, was esident 101	F 325	The facility has secured the services of a replacement Registered Dietitian (RD) with 7 years of experience. This RD is reviewing each current resident's dietary assessment for accuracy on utritional need and is making changes and recommendations for interventions as each case may indicate. This review will be completed by May 12, 2003. The RD is the facility's current consulting RD and will be a member of the weight and wound committee. The Director of Nursing has replaced the Assistant Director of Nursing as the chairperson of the weight and wound committee. Other members of the committee include the Dietary Service Manager and the wound nurse. Committee members will seek input from the direct care staff as may be indicated. A project team selected by the Administrator has reviewed the facility's process and system for addressing weight and nutrition management. The team has developed a policy and procedure for obtaining accurate and timely weights and heights and for their	s of or dis	
	(IBWR) of 131 - 16	his ideal body weight radius deal body weight radius. Recommenders for evening snacks to	lations				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465055	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 4/10/2003	
			NEGO CITY CT	TATE, ZIP CODE	7/10/2	
	OVIDER OR SUPPLIER					
FEDERA	L HEIGHTS REHA		TH 900 EA AKE CIT	Y, UT 84102		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5) COMPLETE
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F 325	Continued From pag and for meal intakes weight.	to be encouraged to increase	F 325			
	A review of resident from the dietitian, reform the soft of the september 2002 and significant weight left the months of Nove a 14-pound, or 11.4 the months of Augustian March 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of Augustian the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months of September 2003 and significant weight left the months	111 pounds. This represents a poss of 9 pounds, or 7.5% between poer 2002 and January 2003 and a possificant weight loss between 2002 and January 2003. 108 pounds. This represents a poss of 11 pounds, or 9.2% between 2002 and February 2003 and 2% significant weight loss between 2002 and February 2003. 10 pounds. This represents a poss of 12 pounds, or 10% between 2002 and March 2003. 10 pounds. This represents a poss of 12 pounds, or 10% between 2002 and March 2003.		accurate documentation. The teah has also developed a tool for the meeting to facilitate assessment, documentation and follow-up or recommended interventions. The Director of Nursing or designee will inservice by May 17, 2003 the licensed nurses and the weight and wound committee on the policy and procedure for obtaining and documenting weights and heights and on the tool for the weight and wound committee meetings. The facility has designated cert Certified Nursing Assistants as team to obtain weights and heights. This team will be inserviced by the Staff Development Coordinator by 9, 2003 on proper techniques for obtaining weights and heights how to properly document. The dietary staff will be inserviced by May 15, 2003 by Registered Dietitian or designed on following tray cards and or following therapeutic diets as	in the May or and	
	2/21/03, showed an nutritional status) le deciliter). The lab level was 3.5-5.0 g	n albumin (a protein and indicator of evel of 3.1 g/dl (grams per reference range for an acceptable /dl.		ordered. This inservice will a include information on portion sizes and use of the right utenfor measurement.	1	
1	An albumin level of less than 2.4 g/dl is considered a					

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIE A. BUILDING	LE CONTROLLE	(X3) DATE SURVEY COMPLETED	
0		465055		B. WING		4/10/2	2003
			TDEET ADDE	FSS CITY OF	ATE, ZIP CODE	·	
	OVIDER OR SUPPLIER						
FEDERA	L HEIGHTS REHA	BILITATION AND I	SALT L	TH 900 EA AKE CITY	Y, UT 84102		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTI	ION ILD RE	(X5) COMPLETE
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	Continued From pag severe visceral prote g/dl- 2.9 g/dl is considered a mild viguidance: Manual or Dietetic Association On 10/16/02, the diet which documented the gradual weight loss weight trend appeared ocumented that resumented that she would not assess for interveron a downward trender a concern if the downward trender and that he has regarding food prefers and that he has regarding food prefers documented that weight loss and ward on 11/25/02, the Reference double provided that resident 101 has meals but was not a meals bu	sin deficit, an albumin level idered a moderate viscera in level of 3.0 g/dl-3.5 g/d sceral protein deficit. (Rest Clinical Dietetics, Amera, 6th edition, 2000, page 2 etitian completed a dietary that resident 101 had expensince April 2002 but that led "somewhat stable". The sident 101 was nutritionally monitor resident 101's weight and although not significant and although not significant and although not significant and although not significant and although not many time ferences. In an addendum at resident 101 was aware need to maintain and/or gate and although not significant to maintain and/or gate or tions at meals to "arrest visician's progress note docad requested double portion receiving them.	Il protein dil is eference cican 22). Inote, rienced a his ne RD by stable ight trend was at was note, the of his imes note, the of his im weight. Int 101 wt cumented ons at	F 325	Monitoring/Quality Assurance The Director of Nursing or designee will develop and audit tool by May 12, 2003. This tool will monitor compliance with: 1. Accurate and timely obtaining and documenting of weight and heights 2. Timely interventions for identified nutritional problems 3. Dietary following therapeur diets as ordered 4. Current reassessments of residents, who present with new risk factors, such as significant weight loss, skin ulcers, low albumen levels and initiation of enteral feedings. 5. Timely weight and wound committee assessments whindicated	ing ss tic	
	note, which docum re-certification ord order was for regul that she would re-v	s later, the RD completed a nented that resident 101's p lers noted that resident 10 lar portions. The RD docu write a diet order to clarify to receive double portions.	ohysician 1's diet umented y that				

D1111211111111111111111111111111111111		(- · ·)	i) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10/20	003	
	ROVIDER OR SUPPLIER LL HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E.	STATE, ZIP CODE AST Y, UT 84102			
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F 325	1/4/03 was 111 poun was noted that reside facility's weight com appropriate intervent evidence that the die experienced a signifi 7.5% between the majanuary 2003 and a weight loss between January 2003. The that the dietitian re-a requirement, including based on his signific appropriate intervent diet to prevent further to prevent further on 4/15/03 at 3:20 F (DON) was interviewed and skin committee facility assistant direct nurse and the dietary. On 4/16/03 at 12:55 interviewed. She state committee met on a that had skin breakd ADON stated that she decide which resident team. A review of resident Report", dated 1/9/0 was receiving a mecoportions. Under the for weight change", documented intervent There were no documented received the side of the side	hat resident 101's weight do and was slowly decreated in the 101 would be addressed in the 101 would be addressed in the mittee meeting to determite meeting to determite meeting to determite meeting to determine. There was no do that it is determined that responds of October 2002 and the months of July 200 are was no documented assessed resident 101's and calorie and protein and weight loss, or recommend to increase calories are weight decline. My the facility director wed. She stated that the was composed of the factor of nurses (ADON)	reasing. It ssed in the mine cumented sident 101 ounds, or and enificant 12 and evidence nutritional needs, ommended es in his of nurses the weight acility RD, a licensed N was a skin as residents s. The eachly to yed by the light Change ident 101 ouble ble reason mark. The ly weights. Ons made	F 325	The Director of Nursing or designee will do weekly audits six weeks to determine the level compliance. At the completion the audits, the Director of Nursi or designee will report to the Performance Improvement Committee (Quality Assurance) The Committee will then determine the frequency of any continued audits and reports base on the percent of compliance as indicated by the audits. When the audits indicate the attainment of 100 percent compliance, the audit and reports will then be done, a minimum for two quarters. The Committee will then determine there is a need for any further audits and reports. The Director of Nursing will be responsible for continued compliance. Completion date: May 28, 2003	of of of ng sed in the f dits ta e if		

465055 B. WING	10/2000	
4	4/10/2003	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
FEDERAL HEIGHTS REHABILITATION AND 1 41 SOUTH 900 EAST SALT LAKE CITY, UT 84102		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIEN	(X5) COMPLETE DATE	
to try and prevent a further weight decline. On 1/12/03 and 1/26/03 the weight committee again reviewed Resident 101. There were no documented recommendations made which would increase the calories in resident 101's diet to try and prevent a further weight decline. A review of resident 101's physician telephone orders was completed on 4/9/03. On 1/15/03, 51 days after resident 101 requested double portions at meals, and 6 days after the weight committee documented that he was receiving double portions at meals, a telephone order was written to place resident 101 on weekly weights and to clarify his diet order to mechanical soft with double portions. On 1/20/03, the dietary manager completed a dietary note, which the RD co-signed. It was documented that resident 101 had experienced a gradual weight loss and appeared nutritionally stable. His weight was recorded at 110 pounds. On 1/20/03, the dietitian completed a dietary note, which documented that the talked with resident 101 regarding his weight loss. It was documented that resident 101 stated that he at the talked with resident 101 regarding his weight loss. It was documented that resident 101 stated that he at the top of most meals and felt that he was not always being served double portions at meals. On 1/20/03, the RD documented that she notified resident 101's physician that he had experienced significant weight loss and recommended that the same interventions would be continued. On 2/3/03, the RD documented that resident 101 wanted to be weighed monthly versus weekly and that she had talked with him about his recent weight loss.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLET	(X3) DATE SURVEY COMPLETED	
		465055		B. WING _	B. WING 4/10/		2003	
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F 325	double portions at m was no documented identified that reside weight loss of 11 por of November 2002 a 14-pound, or 11.4% the months of Augus was no documented re-assessed resident including calorie and significant weight loginterventions to increfurther weight decline evidence that the die portions at meals was nutritional needs. On 3/5/03, the RD of documented that res 3.1 g/dl and that his improve due to his gournented that res to 110 pounds. On 3/10/03, the RD experienced a significant re-assessed requirement, including based on his significant weight trend. There the dietitian re-assessed requirement, including the propriate intervention of the dietitian re-assessed resident 101's resident 101's and the dietitian re-assessed requirement, including the propriate intervention of the dietitian re-assessed resident 101's resident 1	resident 101 was received and was eating 100 evidence that the dietition 101 experienced a signal, or 9.2% between nd February 2003 and significant weight loss at 2002 and February 20 evidence that the dietitional required protein needs, based on the same of	o%. There an gnificant the months a between 003. There ian ement, on his propriate to prevent mented double dent 101's e, which in level of d likely ras further increased ent 101 had pounds or ing his vidence that itional needs, ommended es in his ere was no essed quate to	F 325				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/	2003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
		BILITATION AND !	41 SOU	TH 900 EA	AST		
LEDEKA	D IIDIOIII O ALLANA		SALT I	LAKE CITY, UT 84102			
OZA) TD	STIMMARY ST	TATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF		(X5)
(X4) ID PREFIX	(EACH DEFICIENCY MUST	TBE PRECEEDED BY FULL I	REGULATORY	PREFIX	(EACH CORRECTIVE ACT	TION SHOULD BE	COMPLETE DATE
TAG	OR LSC IDE	ENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE API	PROPRIATE DEFICIENCE)	İ
F 325	Continued From pag-	e 36		F 325			j
	resident 101 weighte	d 109 pounds (on 4/4/0	03), had a				
	low albumin level of	3.1 g/dl and that his w	eight was				
	stable. This represer	nted a 1-pound weight	decrease in				ļ
		no documented eviden					
	dietitian completed a	full nutritional assessm	the loss and				
ļ	on resident 101's his	tory of significant weig el of 3.1 g/dl to determi	ne his				
		equirements. There wa					
]	documentation to evidence that the dietitian determined whether double meal portions were					j	
	adequate to meet resident 101's calorie needs to						
<u> </u>	prevent further weight decline and to help improve his						
	protein status.		-				
<u> </u>	-		_				
	A nutrition care plan	n, dated 10/29/02 and re	eviewed				
	1/22/03, documented	d that resident 101's nu	trition was				
	altered related to his	admission weight beir	ng below his				
ļ		he diagnosis of multiple					!
		being lactose intolerant					
	documented goal wa	as that resident 101's to itional needs. Docume	nted				
		problem included the d					
	approaches for this p	garding problems, con	plaints, or	i 			
	requests, meal perce	entages would be monit	ored and				
	replacements offere	d if a meal was refused	and a	ţ]			;
	nighttime snack wor	uld be offered. On 1/2	2/03, it was				
	documented that du	e to recent weight loss	double				ļ
	portions of meals w	ere added.				•	
		4 n. 4 1 1 1 1	*** 1		;		
		101's medical record ev					
	that the facility staff were not documenting meal percentages daily per the nutrition care plan.				! }		
	percentages daily pe	er me numinon care pia	.11.				
	A review of reciden	it 101's meal intakes, do	ocumented				1
	on the "Flow Sheet	Record" for November	2002		:		
Ì		nurse aides were docu					
	meal intake in perce	entages. Out of a possi	ble 30				
	breakfast meals for	the month, 16 were do	cumented at	ļ			
	100%, 2 were docu	mented at 75% and 12	had no meal				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		465055		B. WING		4/10/2	2003	
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND !	41 SOU	ODRESS, CITY, STATE, ZIP CODE OUTH 900 EAST CLAKE CITY, UT 84102				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIE F BE PRECEEDED BY FULL R ENTIFYING INFORMATION)	S EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE	
F 325	for the month, 17 we documented at 75% documented. Out of month, 18 were documented intake documented intake documented at 100% and 11 had not a possible 31 lunch documented at 100% documented. Out of month 18 were documented intake documented at 100% and 10 had not a possible 31 lunch documented at 100% and 10 had not a possible 31 lunch documented at 100% and 10 had not a possible 31 lunch documented at 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. A review of resident 2003 revealed the for 100%, 1 was documented. Out of 100% and 100% and 100% are 2003 revealed the for 100%, 1 was documented. Out of 100% and 100% and 100% are 2003 revealed the for 100% and 100% are 2003 revealed the for 100% and 100% are 2003 revealed the for 100% and 100% are 2003 revealed the for 100% are 2003 revealed the for 100% and 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 revealed the for 100% are 2003 rev	Out of a possible 30 lumber documented at 100% and 12 had no meal into 30 possible dinner measuremented at 100% and 15 med. 101's meal intakes for ollowing: out of a possible month, 20 were documented intake document meals for the month, 18% and 13 had no meal in a possible 31 dinner momented at 100% and 15 med. 101's meal intakes for ollowing: out of a possible 31 dinner momented at 100% and 15 med. 101's meal intakes for ollowing: out of a possible month, 21 were documented intake documented at the month, 20 were documented at the month, 23 were documented at 75% and 7 had not the month, 23 were documented at 75% and 7 had not the month, 23 were documented at 75% and 7 had not the month, 23 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month, 25 were documented at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 7 had not the month at 75% and 75	o, 1 was ake als for the 2 had no December ble 31 umented at ed. Out of were nake neals for the 3 had no January ible 31 umented at ed. Out of 0 were 175% and 6 a possible cumented at d no meal February ible 28 cumented at documented at 190%, 2 at day 2 at documented at 75%, eal intake meals for the	F 325				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM	CLIA BER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SUR COMPLETE	COMPLETED	
		465055		B. WING _		4/10/	2003	
	ROVIDER OR SUPPLIER	ABILITATION AND I	41 SOUT	TH 900 E	TATE, ZIP CODE AST Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCIEST BE PRECEEDED BY FULL INTERPRETATION (INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO THE APP	ION SHOULD BE	(X5) COMPLETE DATE	
F 325	revealed the follow meals for the month was documented at 1 was documented. Out of month, 15 were documented at 90% were documented. Out of month, 20 were documented at documented. Out of month, 20 were documented at 100 documented at 100 documented at 100 documented at 90% was documented at 90% was documented at documented. Out month, 3 were documented at documented. Out month, 4 were documented. Out month, 4 were documented. Out month, 4 were documented. Out month, 4 were documented. On 4/7/03 at 1:10 He stated that he he portions at meals sago". Resident 10 facility nursing states and dislikes. He dislikes. He facilities and dislikes.	ented. It 101's meal intake for Ning: out of a possible 32, a, 20 were documented at 90%, 3 were documented at 60% and 6 had no mean at 60% and 1 lunch means at 60% and 6 had no mean at 75% and 6 had no mean at 100% and 1 lented. In 101's meal intake for 100%, revealed the following the meals for the month, 70% and 1 had no meal in 105 a possible 8 lunch mean at 100%, 1 was 100%, 2 were documented at 100%, 1 was 100%, 2 were documented at 100%, and 1 had no mean at 100% and 1 had no mean at 100% and 1 had no mean at 100% and 1 had no mean at 100%, and 1 had n	I breakfast at 100%, 1 and at 75 %, all intake eals for the ree 180%, 5 all intake neals for the 1 had no 1 had no 1 had no 1 had no 1 had no 1 had no meal terviewed eals for the had no meal terviewed ouble 13-4 months nicated to the an that he do his food with his meals is not offered	F 325				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER 465055		CLIA BER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED - 4/10/2003		
	ROVIDER OR SUPPLIER	BILITATION AND I	41 SOU	ГН 900 ЕА	Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL R ENTIFYING INFORMATION)	S EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO THE APP	TION SHOULD BE	(X5) COMPLETE DATE
F 325	resident 101 was serve water, 2 servings of potatoes and gravy, peas, and 2 slices of Resident 101 was of When interviewed, history of elevated be sugar from his diet a within a normal range facility dietitian was in his diet. Resident his peas and bread. mashed potatoes and were not observed this fruit cocktail, per On 4/08/03 at 8:45 resident 101 was served to slices of toas. Resident 101 was served 6 slices of toas. Resident 101 was served 6 slices of toas water, 1 scoop of copotatoes with grave bread, and 1 glass. Resident 101 was served to the lunch items ser 101 refused the Jeffer 101 refused the Jeffer 101 refused the Jeffer 101 refused the Jeffer 101 was served 101 refused the Jeffer 101 refused	PM, during the lunch merved the following: 2 glas fruit cocktail, 1 scoop of 1 scoop of chicken, 1 so bread. Deserved to refuse the fruit he stated that because he blood sugar he had eliminand that his blood sugar ge. Resident 101 stated a aware of his concerns at 101 was also observed. Resident 101 at 100 % d gravy and chicken. For offer resident 101 an eas or bread. AM, during the breakfarved the following: 2 glacon, 1 scoop of scramb the following: 2 glacon, 1 scoop of scramb the following: 2 glacon, usually I get 2 to PM, during the lunch merved the following: 2 glacken with gravy, 2 scoop, 1 scoop of Jell-O, isses of of mashed coop of it cocktail. It cocktail. It cocktail. It had a inated was now that the about sugar it to refuse of his acility staff alternate for its meal, asses of oled eggs, it was of	F 325				

		(X1) PROVIDER/SUPPLIER DENTIFICATION NUM	,0221		G	COMPLETED	
		465055		B. WING _		4/10/	2003
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND I	41 SOU	гн 900 Е	tate, zip code AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCING THE PRECEEDED BY FULL I ENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROP	SHOULD BE	(X5) COMPLETE DATE
F 325	Continued From pag	ge 40		F 325			
	Portions", a double 1	icy on "Deviation From portion is described as items including desser	double				
	12/19/02 with diagn	s re-admitted to the factors including hip fracture, osteoporosis, demotion.	ture,			,	
	Resident 109's medical record was reviewed 4/08/03 through 4/09/03.		d 4/08/03				
	Care System Weigh	hts were listed on the " t History" form in her i 9's weight history reve	nedical			,	
	December 2002	125 pounds.					
	significant weight le	15 pounds. This represors of 10 pounds, or 89 mber 2002 and January	6 between				.
	February 2003	111 pounds.					
	significant weight le	09 pounds. This represoss of 16 pounds, or 12 s of December 2002 an	8%				
ŀ	April 2003 1	12 pounds.	ļ				}
	days prior to reside	ed at the hospital on 12 ant 109's re-admission to level of 3.1 g/dl. This tein deficit.	o the facility,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		465055		B. WING		4/10/	2003
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND !	41 SOU	ГН 900 ЕА	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ULD BE	(X5) COMPLETE DATE
F 325	re-admission to the frepair a fracture. On 12/19/02, the die assessment, which do fully assess resident weight or diet order resident 109 had a lo hospital. The dietitis make recommendated due to lack of informand weight be obtain On 12/23/02, a 5-dayset) assessment docuwas 64 inches (5 fee On 12/23/02, resider progress note, which no edema. On 1/27/03, resident progress note, which experienced a 7-pour A dietary consult was and lymphocyte labevidence that the late On 12/30/02, 11 days to the facility, the R documented that the available. The RD weight be obtained documented that resconsuming 25-50%	incision to her left hip acility after undergoing stitian completed an init ocumented that she was 109 because there was available. It was docur ow albumin level of 3.1 an noted that she was u ons or fully assess residuation and recommended and. y Medicare MDS (minimented that resident 10	surgery to ial dietary i unable to no height, mented that g/dl in the nable to dent 109 id a height mum data 09's height pleted a lent 109 had leted a le	F 325			
	up after a height and	d weight were obtained ions. There was no do	to assess				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	2003	
	ROVIDER OR SUPPLIER				ATE, ZIP CODE			
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CITY	ST Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL R ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO THE APP	ION SHOULD BE	(X5) COMPLETE DATE	
F 325	increase calories or pupon her fair to poor and to help with the There was no docum aware that a height of 12/23/02 5-day Med On 1/06/03, the RD weight on 1/1/03 way 75% and at that she This was 18 days af the facility and the fobtained. There we the dietitian comple which calculated resincluding calorie and documented that the Nutritional requirem a height. There was RD was aware that from the 12/23/02 5 On 1/15/03, 27 day documented that rest to 115 pounds on 1 this was a 7 pound, RD documented that gram sodium diet, or recommended an a enriched diet and a be obtained. There the dietitian comple which calculated resincluding calorie and documented evider calories and protein receiving from her	re 42 retitian made recommender protein in resident 109's remeals intakes, low alborated evidence that the of 64 inches was availablicare MDS assessment. documented in that resident 109's re-adred evident 109's re-adred again requested that resident 109's nutrition need protein requirements are was no height yet avanents cannot be calculated a full nutrition assessed and documented evider a height of 64 inches was no documented evider a height of 64 inches was after her re-admission sident 109's weight had 12/03, from 122 pound or 6% weight loss in 12 at resident 109 was orded consumed 50% of most diet change to a no add gain requested resident evas no documented evident a full nutrition assessed in that resident 109 was orded to a full nutrition assessed in the resident 109's nutrition read protein needs. There are that the dietitian assent that resident 109 had diet to determine if this er required nutrient needs.	diet based umin level incision. RD was ble from the dent 109's intake was akdown. In the sense that issment, seds as she ailable. The decreased is on 1/1/03; 2 days. The bered a 3 meals. She ed salt, an 109's height idence that issment, sequirements was no essed the been was	F 325				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	CONSTRUCTION (X3) DATE SURVEY COMPLETED
465055 B. WING	4/10/2003
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE	, ZIP CODE
FEDERAL HEIGHTS REHABILITATION AND ! 41 SOUTH 900 EAST SALT LAKE CITY, U	TT 84102
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION) TAG CRO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE DATE OATE (X5) COMPLETE DATE
F 325 Continued From page 43 resident 109 had experienced a significant weight decline. On 1/15/03, a physician telephone order was written to obtain resident 109's height and to record it in the chart. Resident 109's diet was also changed from a 3-gram sodium to a no added salt due to her recent weight loss. A review of resident 109's nurses' notes from 1/3/03 to 1/24/03 was completed on 4/9/03. There was no documented evidence that resident 109 had edema or inflammation of the left hip incision site. On 1/29/03, the RD documented that resident 109's weight was 115 pounds and appeared stabilized. It was documented that resident 109's oral intake was 50% at most meals. There was still no documented evidence that the RD was aware that a height was available from the 12/23/02, 5-day Medicare MDS assessment. There was still no documentation to provide evidence that that the dietitian calculated resident 109's calorie and protein requirements based on her low albumin level prior to admission and her significant weight loss. On 2/07/03, 50 days after resident 109 was re-admitted to the facility and 31 days after the RD documented she had experienced significant weight loss, a physician telephone order was written for Med Pass 2.0, 120 cc (cubic centimeters) to be given 4 times a day with medication passes. On 2/10/03, the dietitian completed a 60-day dietary note, which documented that resident 109's weight on 2/9/03 was 111 pounds, down from 122 pounds on	

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		465055		B. WING		4/10/	/2003
	ROVIDER OR SUPPLIER AL HEIGHTS REHA	BILITATION AND I	41 SOU	J TH 900 E A	TATE, ZIP CODE AST Y, UT 84102		·
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F 325	resident 109 consume her diet was enriched Med Plus 2.0, 120 como documentation to aware that a height was 12.0 would be adequantitional needs as the provide evidence that resident 109's calorie on the significant we consumed two months had 13 pound range). It consumed 50% of he documented evidence height was available Medicare MDS asset to determine if the enreceiving and that the dietitian	ed 50-75% of most med. The RD recommender, 4 times a day begin. provide evidence that the available from the 1 States available from the 1 Sta	ed that There was the RD was 2/23/02 would be ed salt diet Ied Pass 's mentation to plated ints based completed 109 had 11% in one weight hts for the bounds (a 109 was no e that a ay be unable liet she was 2.0 would al needs as evidence D's calorie	F 325			
	quarterly dietary asso the RD co-signed on documented that resi	ity dietary manager coressment for resident 100 3/17/03. This assessment 109's average means are good and that he	9, which ent il intakes				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLET	
		465055		B. WING _		-	
NAME OF D	ROVIDER OR SUPPLIER	403033	STDEET ADD	DESC CITY S	TATE, ZIP CODE	4/10	/2003
		BILITATION AND !		TH 900 E			
					Y, UT 84102		
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F 325	Continued From pag	e 45		F 325			
	to the facility, there we provide evidence that nutritional assessment nutritional requirements. Resident 109 entered level, a surgical inciss weight decline. A nutrition care plant 2/10/03, documented nutrition related to ordecreased appetite. Would meet her total Documented approach ordered, monitor per record, offer a snack supplement.	ays after she had been revere was no documentate the RD completed a first, which calculated resistents had been completed the facility with a low sion and experienced sign, dated 12/30/02, and up that resident 109 had a steoporosis, hypertensic The goal was that resident nutrition needs with methes included provide decentage of meals eaten at night and provide a	tion to ull ident 109's d. albumin gnificant pdated altered on and a ent 109 eal intakes. tiet as and				
	updated 1/15/03 and resident 109 had alte than body requireme and poor fitting dent osteoporosis and con was for resident 109 118-128 pounds. Approblem included prefacility staff to monit and offer a replacem than 76% of her mea Upon record review provide evidence that meal percentages even	are plan, dated 12/31/02 3/17/03, documented the red nutrition related to ints", having a decreased ures, having dementia, astipation. One documents weight to remain between proaches to address the ovide an enriched diet at the percentage of meent if resident 109 consults. there was no documentate the facility staff document day as per the care put 109's meal intakes, do	hat being "less d appetite ented goal ween e nutrition and for eals eaten umed less ation to mented blan.				
		t 109's meal intakes, do Record" for January 200	1		_		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10	/2003
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					Y, UT 84102		
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F 325	Continued From page	e 46		F 325			
		es were documenting m	eal intake	1 323			
		of a possible 31 breakfa					
		documented at 100%,					
		1 was documented at 6			· ·		
	were documented at 50%, 1 was documented at 40%, 5 were documented at 25% and 3 were documented as refused and 7 had no meal intake documented. Out of						
						İ	
	a possible 31 lunch meals for the month, 2 were documented at 100%, 2 were documented at 75%, 2 were documented at 60%, 11 were documented at 50%, 5 were documented at 25%, 2 were documented						
					<u> </u>		
					Í	į	
	as refused and 7 had no meal intake documented. Out of a possible 31 dinner meals for the month, 2 were						
		, 15 were documented a 25%, 1 was documented					
		meal intake documente			<u> </u>		
	i rerused und o nud no	mear make document					
	A review of resident	109's meal intake for F	ebmary				
		lowing: out of a possib					
		ne month, 1 was docum			ļ		
	100%, 3 were docum	ented at 75%, 1 was do	cumented				
		ented at 60%, 13 were					
		4 were documented at 2					
		ocumented. Out of a po					
		nonth, I was documente					
	l e e e e e e e e e e e e e e e e e e e	ented at 75%, 1 was do	cumented				
	¥	ented at 60%, 12 were	50/ 6				
	l e e e e e e e e e e e e e e e e e e e	1 was documented at 4. 25%, and 4 had no mea					
		a possible 28 dinner me					1
	month, I was docume		zais for the				·
		12 were documented at	50%. 4				
		25%, 1 was documented				į	ļ
		meal intake documente					
	A review of resident	109's meal intakes for M	March				
		lowing: out of a possib				!	
		ie month, 4 were docun				İ	
		nted at 95%, 3 were do					ļ

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055	B. WING _		4/10	/2003
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FEDERA	AL HEIGHTS REHA		UTH 900 E LAKE CIT	AST 'Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	DULD BE	(X5) COMPLETE DATE
F 325	at 75%, 1 was documented at 25% adocumented. Out of month, 4 were documented at 80%, were documented at 2 were documented at 2 were documented at 100% were documented at 100% were documented at 10 were documented at 10 were documented documented. A review of resident revealed the followin meals for the month, were documented at documented. Out of month, 7 were documented. for the month, 1 was documented at 50%, had no meal intake documented. Observations: On 4/07/03 at 1:10 P resident 109 was serv potatoes, peas, fruit of chocolate, a glass of juice. Resident 109 w following: 100% of 150% of 2% milk, no roll, no fruit cocktail	mented at 70%, 1 was documented amented at 50%, 1 was and 6 had no meal intake a possible 31 lunch meals for the mented at 100%, 1 was 4 were documented at 75%, 14 50%, 1 was documented at 30%, at 25% 1 was documented as meal intake documented. Out of meals for the month, 7 were 1 was documented at 80%, 2 75%, 5 were documented at 50%, at 25% and 6 had no meal intake 109's meal intake for April 2003 ag: out of a possible 8 breakfast 5 were documented at 75%, 2 50% and 1 had no meal intake a possible 8 lunch meals for the mented at 50% and 1 had no meal Out of a possible 8 dinner meals documented at 75%, 3 were 2 were documented at 25% and 2 ocumented. M, during the lunch meal, wed the following: chicken, sweet cocktail, a dinner roll, a cup of hot milk and a glass of cranberry was observed to consume the lot chocolate, 75% of chicken, sweet potatoes, no peas, no dinner and no cranberry juice. Resident I to be encouraged to eat or				

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CENTER	S FOR MEDICARE &	MEDICAID SERVICE	ES				2567-L
	FOR CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10	/2003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	AST		
					Y, UT 84102		
(X4) ID	SITMMADV ST	TATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX		BE PRECEEDED BY FULL I		PREFEX	(EACH CORRECTIVE ACT		COMPLETE
TAG	OR LSC IDE	ENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APP	PROPRIATE DEFICIENCY)	DATE
	·						
F 325	Continued From page	e 48		F 325			
	On 4/08/03 at 8:30 A	M, during the breakfas	st meal,				
	resident 109 was serv	ved the following: Fren	ch toast				
		f hot cereal, eggs, yogu					
Ì		ple juice, a cup of coffe				!	
	•	ent 109 was observed t					
		of water, 25% of Fren					
i		t cereal, no eggs, no yo					
į		and no milk. Facility:			į		
		resident 109 pour syruj			; :		
		the yogurt, which was					
		was not observed to be				Í	
	staff.	assisted with her meal	by facility				
	Statt.						
	On 4/08/03 at 2:20 P	M, resident 109 was w	eighed and				
ļ		y CNA's with 2 nurse s	_				
		9's height was 54 inche					
		ghed 111 pounds. Resi					
		3 + edema to left foot					
		ot. There was 10-inch				·	
		the 5-day Medicare M	DS,		, , 1		
	completed 12/23/02,	and the height obtained	d on				
	4/8/03.		1				
		rporate Policy on Heigl					
		vices would be respons					
		and documentation of	i				
		height. It was dietary					
		rmine the resident's ide	al body			Ì	
	weight range.						
	2 Resident 64 was -	e-admitted to the facili	tu on				
		es which included statu	•				
		actures, dysphagia, con					
		story of cerebrovascula					
	nout infate and a file	story or coreorovascura	. accident.				
	From her re-admission	on to the facility on 12/2	2/02 until			! [
		eceived all of her nutriti					
	,				1		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10	/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, ST	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND !		TH 900 EA AKE CITY	ST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL R ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE APPI	ON SHOULD BE	(X5) COMPLETE DATE
F 325	gastrostomy tube (G meals by mouth (PO continued to receive to her meals. Resident 64's medical On 12/2/02, facility admission "Nursing documented height or resident 64 had a star Per the facility "Presented of the facility of the facili	-tube). Resident 64 beg on 1/2/03, however, sl tube feedings at night in al record was reviewed of mursing staff completed Assessment". There was or weight. It was docum tige II pressure sore on his ssure Ulcer Record", on e sore was a stage II and	an addition on 4/7/03. an as no mented that er back. 12/4/02, dimeasured sion, the allent 64 thesis it t, and that er back autritional er) on gm/dl is ietetics, ed was as noted to antimeters) grams of tritional weight of allated lying her tein grants. Resident	F 325			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		465055		B. WING	<u> </u>	4/10/	2003
	ROVIDER OR SUPPLIER AL HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 EA	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCE THE PRECEEDED BY FULL INTIFYING INFORMATION)	ES	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROP	SHOULD BE	(X5) COMPLETE DATE
F 325	64's tube feeding be an hour for 20 hours would provide 61 graless than what the RI needs to be. On 12/5/02, the RD (milligrams) of vitan help with wound heat Per the facility "Pressure 2cm x 2cm. (It shout pressure sore had into On 12/11/02, the RI receiving TwoCal H via her G-tube. Reshad not been recalcut assessment and resid grams less protein perequirements. On 12/16/02, the RI a stage II pressure so 2x2 cm (centimeters vitamin C she recombeen started. Per the facility "Pressure in the facility "Pressure in the facility pressure in the facility pressure in the facility in the	RD recommended that changed to Two Cal H. This tube feeding regams of protein a day, 10 estimated resident 64 recommended that 500 nin C be started twice a ling. Sure Ulcer Record", or e sore was a stage II and Id be noted that resident.	N at 37 cc gimen 0 grams l's protein mg 1 day to 112/9/02, 1 d measured 11 to 64 was 20 hours 12 irrements 12 initial RD 10 ted 12/16/02, 15 to a stage 15 ted that 16 size.) 16 ted that 17 cc 18 size.) 18 ted that 18 cm' and 18 to receive	F 325			

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	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 EA	TATE, ZIP CODE AST Y, UT 84102		
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F 325	G-tube as her sole so protein requirements the 12/2/02 initial RI still receiving 10 gra: calculated requireme C recommended on with wound healing large resident 64's pressure measured 3cm x 4 cr resident 64's pressure size.) On 12/30/02, 11 day resident 64 continued G-tube at 37 cc an heat the speech theratic changed so that resident 64's tube fee HN 40 cc an hour foe HN to be bolused ever grams of protein a darecalculated resident that she would require recalculated resident that she would require recalculated resident was deveight in kilograms, factor of 1.1 grams pless than the 1.3 prother initial nutritional was noted that resident that resident facility "Presidocumented that resident facility documented facility documen	had not been recalcular assessment and resident and resident assessment and residents. Per the RD note, the 12/5/02, 14 days prior,	thed since ent 64 was than her the vitamin to help 12/23/03, and that rease in ented that N via her documented eding ing. TwoCal rovide 59.7 etitian l estimated This protein dent 64's airement 0.2 grams used for 3 when it essure sore. was had age III on et" used by tein factor omeone place	F 325			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	II.	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE APPR	ON SHOULD BE	(XS) COMPLETE DATE
F 325	The RD documented Will recommend aga (pressure sore) on sp On 12/30/02, a physito begin vitamin C 5 days after the RD's in 64's pressure sore ha measuring 2 cm x 1c cm during this time puthe "Pressure Ulcer I On 1/1/03, 2 days lat resident 64's pressure Was 3x3 cm [centimedocumented that it were resident 64's pressure was 3x3 cm [centimedocumented that it were resident 64's pressure measured 3cm x 4 cm On 1/6/03, the dietitifeeding again, to try to TwoCal HN at 40 provide 40 grams of less than resident 64's grams calculated by had begun to eat son however her docume percent. This, per that the menus would proportion. The tube fewould provide 61 grams calculation geneeds should have be (54.5kg multiplied be kilogram). This would proximal work of the protein calculation geneeds should have be (54.5kg multiplied be kilogram). This work of the protein calculation of the protein calculation geneeds should have be (54.5kg multiplied be kilogram). This work of the protein calculation of the protein calculation geneeds should have be (54.5kg multiplied be kilogram). This work of the protein calculation of the protein calculation geneeds should have be (54.5kg multiplied be kilogram). This work of the protein calculation geneeds should have be (54.5kg multiplied be kilogram). This work of the protein calculation geneeds should have be (54.5kg multiplied be kilogram). This work of the protein calculation geneeds should have be (54.5kg multiplied be kilogram).	e 60 grams the RD calce, "vit [vitamin] C still [r. in [secondary] to stage ine." ician telephone order we 00 mg twice a day. Thin itial recommendation. In the distribution of increased in size from meto a stage III measringer the facility's document of the distribution of the contract of the distribution of the contract of the distribution of the same was "now 3 cm eters] previously." She was a stage II. sure Ulcer Record", one sore was a stage III ar	as written is was 25 Resident in a stage II ing 3 cm x 4 entation in ented that it at 4 cm. 1/1/03, and it is tube the at meals, is to see 20 grams of 60 esident 64 inc./2/03, 25 allysis" of grams of insumption iter facility protein rams a day over rotein	F 325			

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NAME OF PROVIDER OR SUPPLIER FEDERAL HEIGHTS REHABILITATION AND I STREET ADDRESS, CITY, STATE, ZIP CODE 4/10/2003	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
		465055	B. WING	4/10/2003	
FEDERAL HEIGHTS REHABILITATION AND 1 41 SOUTH 900 EAST			•		
SALT LAKE CITY, UT 84102	FEDERAL HEIGHTS RE				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY TAG OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PREFIX (EACH DEFICIENCY M	CY MUST BE PRECEEDED BY FULL REGULATORY	PREFIX (EACH CORRECTIVE ACTION SE	HOULD BE COMPLETE	
the 60 grams the RD calculated. Per the facility "Pressure Ulcer Evaluation Report", on 1/9/03, resident 64's pressure sore was a stage III-IV secondary to necrotic tissue and measured 3.3 cm x 1.6 cm with a depth of 0.3 cm. (It should be noted that resident 64's pressure sore was increasing in depth.) Per the facility "Pressure Ulcer Evaluation Report", on 1/15/03, resident 64's pressure sore was a stage III-IV with necroit tissue and measured 3 cm x 1.5 cm with a depth of 0.4 cm. (It should be noted that resident 64's pressure sore was a stage III-IV with necroit tissue and measured 3 cm x 1.5 cm with a depth of 0.4 cm. (It should be noted that resident 64's pressure sore was increasing in depth.) On 1/22/03, the RD re-assessed resident 64's protein needs to be 70 grams a day. She calculated this by multiplying 54.5 kg, the residents weight by a protein requirement factor of 1.3 gm per kilogram. The RD changed resident 64's tube feeding to TwoCal HN at 50 cc an hour for 12 hours which provided 50 grams of protein a day. It was documented that resident 64 was eating 25% of her meals which provided approximately 20 additional grams of protein for a total of 70 grams a day. The "Enteral Feeding Worksheet" used by the facility documented that a 1.4 gram protein factor was to be used to figure protein needs for someone with a stage IV pressure sore and a 1.6 gram protein factor was to be used to figure protein needs for someone with a stage IV pressure sore. This would place resident 64's protein needs at 76.3-81.7 grams per day, 6.3-11.7 grams higher than the 70 grams the RD calculated. From her admission on 12/2/02 until 12/30/03, resident 64 was not receiving a therapeutic diet which provided adequate protein to meet her estimated need of 71 grams per day as calculated by the dietitian on 12/4/02. During this time resident 64's pressure sore increased in size from a stage II to a stage III.	the 60 grams the Per the facility "P 1/9/03, resident 6 secondary to necr 1.6cm with a depiresident 64's president 64's president 64's president of 0.4 cm. pressure sore was On 1/22/03, the Fenceds to be 70 gramultiplying 54.5 requirement factor changed resident 50 cc an hour for of protein a day. was eating 25% capproximately 20 total of 70 grams Worksheet" used gram protein factor needs for someon 1.6 gram protein protein needs for sore. This would 76.3-81.7 grams the 70 grams the From her admissing resident 64 was reprovided adequated of 71 grams per 612/4/02. During	the RD calculated. The Pressure Ulcer Evaluation Report", on the 64's pressure sore was a stage III-IV necrotic tissue and measured 3.3cm x depth of 0.3 cm. (It should be noted that pressure sore was increasing in depth.) The Pressure Ulcer Evaluation Report", on dent 64's pressure sore was a stage III-IV tissue and measured 3cm x 1.5 cm with a cm. (It should be noted that resident 64's was increasing in depth.) The RD re-assessed resident 64's protein 0 grams a day. She calculated this by 4.5 kg, the residents weight by a protein factor of 1.3 gm per kilogram. The RD dent 64's tube feeding to TwoCal HN at a for 12 hours which provided 50 grams that are for 12 hours which provided y 20 additional grams of protein for a the "Enteral Feeding used by the facility documented that a 1.4 factor was to be used to figure protein meone with a stage III pressure sore and a tein factor was to be used to figure es for someone with a stage IV pressure would place resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the resident 64's protein needs at the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the period of the	F 325		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10	/2003
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	AL HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES F BE PRECEEDED BY FULL RI ENTIFYING INFORMATION)	S EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE APPROPRI	IOULD BE	(X5) COMPLETE DATE
F 325	Resident 64 was also protein depletion with upon admission. From dietitian calculated received a lower protein "Enteral Feeding Wordietitian made diet received per the facilities protein than what received per the facilities resident 64's pressure stage III measuring 3 measuring 3.3cm x 1 the facility's pressure 4. Resident 106 was with diagnoses, which chronic obstructive phypothyroidism, deput Resident 106's media 4/9/03. A review of resident facility assistant directly assistant directly assistant directly assistant directly assistant directly assistant weight lower the months of November 2002 11 significant weight lower the months of November 2003 11 February 2003 significant weight lower 2003 11 February 2003 significant weight lower 2003 11 February 2003 significant weight lower 2003 11 February 2003 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant weight lower 2004 significant 2004 significant 2004 significant 2004 significant 2004 significant 2004 significant 2004 significant 2004 significant 2004 significant	o noted to have severe viewed noted to have severe viewed to a stage III of the sore documentation. In the sore documentation which part resident 64 should have been increased in depth of 0.3 sore documentation. In admitted to the facility of hincluded diabetes meloulmonary disease, ression and osteoporosis cal record was reviewed to 106's weights, obtained octor of nursing (ADON) following:	1.9 gm/dl 13, the hirements hirement	F 325			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/	2003	
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND !	41 SOU	TH 900 E	TATE, ZIP CODE AST Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	OULD BE	(XS) COMPLETE DATE	
	Continued From page pounds or 9.9% betw 2002 and February 2 March 2003 10 April 2003 10 significant weight let the months of Januar A review of the phyresident 106 was ord sweet pureed diet w. On 4/7/03 at 1:12 Printerviewed. She strof high calorie cerewith meals and fortimashed potatoes were the months of December 2003, March 2003 are sident 106 drank supplement when it On 4/9/03, a review from 6/29/02 through was no documented completed a full nur	ween the months of Nov 2003. 7 pounds. 8 pounds. This represe oss of 10 pounds or 8.4% ry and April 2003. sician orders documented dered an enriched, no contine Mighty Shakes at earth Mighty Shakes at ea	ents a 6 between ed that oncentrated ch meal. was et consisted rgarine when ed Pass 2.0 ay with alories and rds for the February nted that d Pass 2.0 etary notes d. There ian had ich	F 325				
ł	calorie and protein On 12/4/02, the die	106's nutritional needs i requirements. etitian completed a nutrit, " wt [weight] on 12/	tion note					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDIN	FIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10	/2003
	PROVIDER OR SUPPLIER	DIVITE ATTION AND I	ľ		STATE, ZIP CODE		· · · · · · · · · · · · · · · · · · ·
FEDERA	AL HEIGHIS KEHA	BILITATION AND 1		JTH 900 EA LAKE CIT	AST 'Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE I BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPROPRIAT	ULD BE	(X5) COMPLETE DATE
F 325	[pounds] [down] 5 [p [week]] po [by mouth Several interventions shakes, med pass, ice address [with] wt [we appropriate interventions evidence that the diet calorie and protein resignificant weight los and Mighty Shakes an interventions were adneeds. A review of the "Sign dated 12/4/02, was condocumented that resid weight loss from Nov 122 pounds to Decempounds. It was documented that resid weight change recent diarrhea. A review of all nursing was completed on 4/9 evidence that resident during the months of 2002. On 2/5/03, the dietitian which documented the pounds on 2/2/03 and pounds the previous was resident 106 consumer meal refusals noted. It documented included Shakes three times a can day. There was not dietitian calculated resident and calculated resid	pe 56 pounds] and 4% since pends intake poor per nsg. Is in place: enriched [die excream bid [twice a dayeight] committee to detection" There was no detitian calculated resident equirements, based on hiss, to assess whether the land Med Pass 2.0 suppled dequate to meet her nutritional materials. It dent 106 had experience wember 2002 when she ember 2002 when she ember 2002 when she was poor meal intakes as poor meal intakes are more an accompleted a nutrition at resident 106's weight this was a decrease from the ember 2002 when she was poor meal intakes and completed a nutrition at resident 106's weight this was a decrease from the ember 2009 of meals with Nutritional intervention in the completed and plus 2.0 for documented evidence to esident 106's calorie and con resident 106's significant resident 106's significa	[Nursing]. et] Mighty y]. Will termine locumented int 106's her e ice cream lement mitional e Report", was ced a 7% weighted leighted 113 le reason s and to 2/13/03, cumented diarrhea r December on note on was 109 om 114 l that th some ons , Mighty four times that the d protein	F 325			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, ST	TATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
F 325	of January and Februs between the months of 2003, to assess wheth interventions were accomeds. A review of physicia on 4/9/03. On 3/17/0 documented that she and did not like the food. On 3/17/03, a dietary 9-pound weight loss like the food. On 3/18/03, the dieti which documented, obtaining food prefedocument that the teconsult was also for long list of food item disliked. She docum 106 liked was vanillaber family brought in resident 106 was on and Remeron (an anincrease weight and receiving Remerons physician orders). Stresident 106 stated the provided and did drit that she would send lunch and dinner. To that the dietitian calcoprotein requirements loss, which had beer There was no documents.	nds or 7.6% between the lary 2003 and 12 pound of November 2002 and there the ice cream and selequate to meet her nut on progress notes was compared to the progress notes and selequate to the large that the progress notes was compared to the progress notes and the progress notes was compared to the progress notes and the progress notes was compared to the progress notes and the progress notes was compared to the progress notes and the progress notes was compared to the progress notes and the progress notes was compared to the progress notes and the progress notes are progress notes and the progress notes are progress notes and the progress notes are progress notes and the progress notes are progress notes and the progress notes are progress notes and the progress notes are progress notes are progress notes are progress notes and the progress notes are prog	ds or 9.9% I February upplement ritional completed dician ed to eat elated to a nt did not did not dietary ian listed a ed she d resident ng, which ented that ventions uld o had been ew of the that ement cumented pudding for ed evidence alorie and ant weight ary 2003. e dietitian	F 325			

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FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 E. LAKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE APPI	ON SHOULD BE	(X5) COMPLETE DATE
F 325	nutritional adequacy supplement interven nutritional needs. T that the dietitian idea 100% of the Med Pa medications and that supplement if offere A nutrition care plan	was bringing in to deter or whether the ice creations were adequate to rehere was no documented ntified that resident 106 ass 2.0 four times a day of the may consume more d.	m and meet her d evidence consumed with her e of this	F 325			
	A nutrition care plan, originally dated 11/15/02 and updated 4/7/03, documented that resident 106 had a feeding deficit related to diabetes mellitus and dementia and that she refused many foods. The documented goal was that she would eat 25-75 percent of meals with minimal supervision. Approaches documented to achieve this goal included: "Allow time to feed self. Supervise with prompting [and] verbal cueing assist as needed to complete task." Also documented was to provide an enriched diet, Mighty shakes and Med Plus. It was not documented on this care plan that resident 106 was not eating her meal trays but was eating 2 containers of pudding at each meal.						
	11/15/02, documents nutritional status related requirements and the foods. There was no approaches included eaten and offer a repensal, determine foods supervise dining and documented on this to eat many foods, we was only eating 2 co. On 4/9/03 at 1:14 PM	are plan, originally date ed that resident 106 had ated to being less than be inability to eat regular documented goal. Doc: Monitor percentage of lacement if the resident d preferences and providencourage eating. It was not offered her meal ntainers of pudding at ed., resident 106's lunch thall. A review of the lunch thall.	an altered ody textured umented meals refused de and as not 06 refused trays and ach meal.				

ULKU1

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLET	
		465055		B. WING			
		465055				4/10	/2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA LAKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE APPR	ON SHOULD BE	(XS) COMPLETE DATE
F 325	card documented that on the tray. There we 106's lunch tray. It was 106's lunch tray. It was 106 was to receive it ice cream on resident recommendation mandof's lunch tray had she was in her room, eating her lunch. On 4/9/03, at 1:35 Phase was passing the hall had not gotten her transfer it to her. She spudding. The C.N.A resident 106 her lunch. On 4/9/03, at approximate was interviewed. She her tray into her room did not bring a milks that she did not like for each meal. She conightstand and there Kraft Handi-Snack package, each pudding stand and there Kraft Handi-Snack package, each pudding, so she at would provide 660 corotein. She was ask shook her head no. It thought she had lost that it bothered her babout it.	at a Mighty Shake was to as no Mighty Shake on was not documented that he cream at lunch. Then at 106's tray. There was 106's tray per the dietited 3/18/03. At 1:35 Phonot been delivered to he in bed and her roomma. M. C.N.A. (certified nutrays, was asked why reay. She stated that residy and she had not taken tated all she ate for lunch, was not observed to contain the contained of the was not observed to contain the contained of the was not observed to contain the contained of the contained of the was not observed to contain the contained of the contained of the was several packages and the drawer to he were several packages and the contained of the contained	resident at resident tre was no no ian A, resident er although ate was reses aide) esident 106 dent 106 dent 106 it in to ch was offer ent 106 to not bring that they She stated of pudding r of vanilla gg to the alories and en asked, was 2 cups cups grams of m and she if she and stated at to do	F 325			
	On 4/9/03 at 6:45 PM	A, resident 106's supper	tray was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING			(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10	/2003
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EALAKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE TBE PRECEEDED BY FULL R ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE APPRO	N SHOULD BE	(X5) COMPLETE DATE
F 325	delivered to the 200 card documented that on the tray. There we 106's supper tray. It 106 was to receive ic ice cream on resident pudding on resident recommendation man that resident 106 was On 4/10/03 at 8:35 A was delivered to the breakfast card at 9:16 Mighty Shake was to Shake on resident 10 revealed that resident breakfast tray. On 4/10/03, at appromanager was asked for all three mestrawberry Mighty She was asked about stated that she did no sent meal trays. She told her that she wou meal. On 4/10/03 at 12:36 were interviewed. Refacility staff did not contact that she was now when he was visiting	hall. A review of the sat a Mighty Shake was to as no Mighty Shake was to as no Mighty Shake on was not documented the cream at supper. The toto's tray. There was 106's tray per the dietitide 3/18/03. Observation not offered her supper LM, resident 106's breal 200 hall. A review of toto AM did not document be sent. There was no 6's breakfast tray. Obset 106 was not offered her supper LM, a copy of resident 100 much and supper. At 9: If a copy of resident 100 make had been added to LM, a C.N.A. was interresident 106's meal tray to think that resident 100 stated that other staff in lid just eat 2 puddings a LM, resident 106 again stated offer her meal trays. He of offered her meal tray. She stated that she used that she used that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used the stated that she used that she used the stated	o be sent resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat resident lat lat lat resident lat	F 325			
		gravy from the kitchen out "green leaves" in the					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	/2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE	•	
FEDERA	L HEIGHTS REHA	ABILITATION AND I		TH 900 EA AKE CIT	ST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEEDED BY FULL R ENTIFYING INFORMATION)	I	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO! CROSS-REFERENCED TO THE APPRO	N SHOULD BE	(X5) COMPLETE DATE
F 325	the supplement they drank all of it each t she would drink mon got with her medicar	le to eat. She stated that gave her with her medicime. When asked, she stree of the supplement, what tions, if it was offered.	cations and stated that nich she	F 325			
	completed an assess nutritional requirem needs after she expe There was no docum assessed the use of a Shakes on the meal protein to resident 1 both the resident, th members and direct	mented evidence that the ment to calculate reside ents, including calories crienced significant weignented evidence that the an enriched diet and Migtrays to provide extra ca 06 when through intervier resident's family, faciliobservation, resident 10 ys. There is no docume	nt 106's and protein th loss. dietitian thty thories and iews with ity staff				
	dietary consult, that resident 106 was on pudding at each mea protein content of the nutritional adequacy evidence that the die- resident 106 drank 1	/03, after the physician of the dietitian was aware ly consuming 2 containeral and assessed the calor me pudding to determine at There is no document estitian identified the fact 100% of the Med Pass 2 lies a day and would perform the dietitian identified the fact and would perform the med Pass 2 lies a day and would perform the dietitian identified the fact and would perform the med Pass 2 lies a day and would perform the dietitian identified the fact and would perform the median and would perform the dietitian identified the fact and would perform the dietitian identified the dietitian identified the dietitian identified the dietitian identified the dietitian identified the dietitian	that ers of ie and it's eed that				
	11/14/02 with diagn	re-admitted to the facilities, which included discheart failure, chronic regist hip fracture.	abetes				
	An initial nursing as	al record was reviewed ssessment, completed 11 sident 84 had a surgical i	/14/02				!

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		465055		B. WING_			4/10	/2003
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FEDERA	L HEIGHTS REHA	BILITATION AND 1		ITH 900 EA LAKE CIT	AST Y, UT 84102			!
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL R NTIFYING INFORMATION)	,	ID PREFIX TAG		S PLAN OF CORRECT ECTIVE ACTION SHOW TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
F 325	An initial dietary ass 11/18/02, 4 days afte the facility. The diet no height or weight r	essment was completed r resident 84 was re-adi itian documented that ti ecorded in the chart. It	mitted to here was was	F 325				
	facility before and hat previous stay at the forecommended that reform a 1600 ADA (A diet to a no concentration).	dent 84 had been a resident not eaten well during acility. The dietitian sident 84's diet be liber american Diabetes Assorted sweet diet "to allowevent wt (weight) loss.	her alized ociation) v more					
	dietitian noted that re diuretic) and may be documented that she	esident 84 was on Lasix subject to weight chang would monitor resident data became available.	(a ges. It was					
	had experienced a signounds in October 20 2002 and attributed thospitalization. It was consuming 25-7 refusals. There was dietitian completed a calculated resident 8 requirements based of significant weight loss surgical incision.	titian documented that reprinting the property of the pounds in No his to resident 84's receast documented that resident 84's receast documented that resident documented evidence full nutrition assessment's calorie and protein on resident 84's apparents with her recent hip from the protein of the protein	om 105 vember nt dent 84 sional te that the nt, which t acture and					
	11/15/02 until 11/20, her initial dietary not breakfast intake aver averaged 33% and he	84's "Meal Monitor" for (02, when the dietitian of the was completed. Restaged 29 %, her lunch in the supper intake averaged documented that resided pressure ulcer.	completed ident 84's itake ed 42%.					
1			Í					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10/	/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		ГН 900 E <i>A</i>			
			SALT L	AKE CIT	Y, UT 84102		
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F 325	weighed 92 pounds a She attributed the we potassium), which shappetite". It was dod intakes were 50-100' resident 84's po (by dietitian noted that remay improve nutritidocumented evidence full nutrition assessmad's calorie and protosad's significant weight and surgical incision provide evidence that resident 84 had develoed on 11/21/02. A review of resident 11/21/02 until 11/25 breakfast intake averaveraged 50% and here averaged 50% and here averaged 50% and here and measured 4 cm in 12/4/02, the diet 84's weight had increased in 12/5/02, the diet weight was 103 pour resident 84's weight 11/24/02) to 103 pour in 11 days). The diet weight was 103 pour in 11 days). The diet weight was 103 pour in 11 days). The diet weight was 103 pour in 11 days). The diet weight was 103 pour in 11 days).	titian documented that and had lost 3 pounds in eight loss to hypokalem he documented "can [decumented that resident 8% with some at 25% and mouth) intakes were goesident 84's good meal stonal status". There was that the dietitian comment, which calculated rein requirements based ht loss with her recent had the dietitian was award to be a pressure sore of 84's "Meal Monitor" for 102, was completed. Regard 50 %, her lunch in er supper intake average sure Ulcer Record", on the 84's pressure sore was sure Ulcer Record, on th	n a week. ia (low icrease] 34's meal d that od. The intakes s no pleted a esident on resident inp fracture entation to that in her right orm, from esident 84's itake ed 60%. 11/26/02 a stage II esident ir of 2002, ight was esident 84's that bounds (on the increase the weight	F 325			

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		465055		B. WING		4/10	/2003
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	1			AKE CIT	Y, UT 84102	*-	
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F 325	Continued From page	e 64		F 325			
	provide evidence that the dietitian was aware that resident 84 had developed a pressure sore on her right heel on 11/21/02. There was no documented evidence that the dietitian completed a full nutrition assessment which calculated resident 84's calorie and protein requirements to assess whether the diet provided was adequate to meet her nutritional needs. A review of resident 84's "Meal Monitor" form, from11/26/02 until 12/5/02, was completed. Resident 84's breakfast intake averaged 49 %, her lunch intake averaged 38% and her supper intake averaged 36%.					ļ	
						ĺ	
						j	:
					ī		
	averaged 50% and ne	a supper make average	Ju 3070.				
	On 12/9/02, 18 days a	after it developed, the o	lietitian				
		dent 84 had a stage II p					Ĭ
	sore on her heel. She	documented that resid	ent 84's				
		od. There was no weig					
		was no documented evi					
		ed a full nutrition assess					
		dent 84's calorie and pr				ĺ	
		s whether the diet prov	ided was				
	adequate to meet her	nutritional needs.					
	On 12/11/02, the diet	itian documented that r	esident				
		uating up and down wit	1			ı I	
		nented at 106 pounds, a					
		t was documented that	resident 84				
	was eating 50-75% of	f meals.					
	A rovious afairthe at	DAIn IIN An - 1 NA - 14 P.O.				! } :	Ì
		84's "Meal Monitor" fo 11/02, was completed.	,	;		ĺ	
		averaged 66%, her lunc					
		r supper intake average					
		mimic average	/0.				
	On 12/19/02, the diet	itian noted that residen	t 84's				
		ds, which was a 4 pour					
		vas noted that resident					
		eight meeting and that					
	not eating well and wa	as lethargic. The dietit	ian				ì

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		465055	B. WING_	<u> </u>	4/10	/2003	
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, S	TATE, ZIP CODE			
FEDERA	L HEIGHTS REHA	BILITATION AND 1 41	SOUTH 900 E	AST			
		S	ALT LAKE CIT	Y, UT 84102			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG		T BE PRECEEDED BY FULL REGULA ENTIFYING INFORMATION)		(EACH CORRECTIVE AC		COMPLETE DATE	
1710	OK ISC ISI	ENTERING ENTOIGNATION)	TAG	CROSS-REFERENCED TO THE AI	PROPRIATE DEFICIENCY)	DALL	
F 325	Continued From pag		F 225			1	
1 525		je 05 ident 84 may drink a suppleme	F 325				
		nended that 120 cc of house	5116.				
		three times a day, this was 2	R				
		4 developed a pressure sore.	5 :			! r	
			an				
There was no documented evidence that the dietitian completed a full nutrition assessment, which calculated resident 84's calorie and protein requirements to assess				İ			
	whether the diet prov	vided and the addition of 120	cc of	!			
	house supplement wa	as adequate to meet her nutriti	onal				
	needs.						
,		sure Ulcer Record", on 12/23					
		e sore was a stage II and meas	ured				
		ce. (It should be noted that					
	resident 84's pressure	e sore was increasing in size.)					
	Per the facility "Pres	sure Ulcer Record", on 1/1/03	!				
		e sore was a stage II and meas					
i [aference. (It should be noted t					
		e sore was continuing to increa					
	in size.)	8		I			
			1				
		an completed a dietary note.					
		resident 84's weight on 12/29					
		ch was 8 pounds greater than t					
	_	02 pounds on 12/15/02. There					
		n regarding resident 84's pres					
		eased in size. It was document					
		ent had been started. There w provide evidence that the diet			ļ		
		ing provided were adequate to			}		
		tritional needs. A full nutrition					
		ould calculate resident 84's	-	!			
		equirements, had not been	ļ				
	completed by the dies		Ė				
į	• •						
		an documented that resident 8	4's				
		inuing. There was no weight	į				
		was no documented evidence t	hat				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10	/2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND N		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL F NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETE DATE
F 325	which calculated resi requirements to assess the addition of a suppr nutritional needs. Per the facility "Press 1/8/03, resident 84's pand measured 5cm x resident 84's pressure II to a stage III-IV.) On 1/9/03, the dietitist weight was 115 poun one week, which was documented that resident was now a stage III-I to provide evidence the being provided were nutritional needs. A factional needs and requirements, had not A review of resident from 1/1/03 until 1/9/breakfast intake averaged 52% and her on 1/15/03 resident with pneumonia. From 11/14/02, when the facility, until 1/15 the hospital, there was the dietitian complete calculate resident 84's averaged 84's present the sident shadows as the sident shadows and the sident shadows are sident shadows as the sident shadows are sident shadows as the sident shadows are shadows as the sident shadows are shadows as the sident shadows as the sident shadows are shadows as the sident shadows are shadows as the sident shadows are shadows as the sident shadows are shadows as the sident shadows as the sident shadows are shadows as the sident sha	ed a full nutrition assessed at 84's calorie and prospective for the sore blement was adequate to some Ulcer Evaluation It pressure sore was a stay 4cm. (It should be not a sore had progressed for attributed to edema. It dent 84's meal intakes wentation regarding resident attributed to increase it. V. There was no document and house adequate to meet resident limitation assessment at 84's calorie and prospect been completed by the 84's "Meal Monitor" for 3, was completed. Reaged 46%, her lunch in the supper intake averaged to the same admitted to the aresident 84 was re-admitted to the same and prospect to the same admitted to the same and so was admitted to the	rotein rided and o meet her Report", on ge III-IV ed that rom a stage rident 84's increase in the was were good, dent 84's in size and mentation supplement ent 84's ed at the stake ed 36%. The property of the stake ed 36%. The property of the stake ed 36%. The property of the stake ed 36%. The property of the stake ed 36%. The property of the stake ed 36%. The property of the stake ed 36%.	F 325			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	_	465055		B. WING_		4/10	/2003	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
FEDERA	L HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	AST			
					Y, UT 84102			
(X4) ID PREFIX	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL F		ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AG	CTION SHOULD BE	(X5) COMPLETE DATE	
TAG	OR ESC IDE	NTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE A	PPROPRIATE DEFICIENCY)	DATE	
F 325	Continued From page	e 67		F 325				
		that the diet and hous						
		ovided to resident 84 w						
		nutritional requiremen						
		to evidence what her n						
		There was no document				ļ		
		itian assessed resident						
		ents after she develope	da					
	pressure sore on 11/2		1 /00 /02					
		dmitted to the facility						
		h included cerebrovasc						
•	depression.	ess, anemia, anxiety, p	ain and					
	depression.							
	Resident 54's medica	l record was reviewed	on 4/8/03.					
	On 2/3/03, the dietitis	an completed an initial	nutrition					
		54's height was record						
		her weight was 144 por				ĺ		
		that resident 54's skin						
		nal needs were calculat	4					
	was doc							
	umented that resident	54 required 1690 calo	ries and 72			,		
		y. Resident 54 was ord					İ	
		e dietitian noted provid						
		calories and 80 grams o						
	day.	_	-					
1		nurse documented that						
		II pressure sore on her	right outer			ļ		
	ankle, which measure	d 0.5 cm.						
	On 2/12/02 ALL 3:-2:-	ian aanu-124-3 3:						
		ian completed a dietary					l	
		she had been informed					Į	
		e II pressure sore. She				İ	}	
		lent 54 was consuming					İ	
		current diet provided o ent needs. The dietitian						
		ent needs. The dietitian nulti-vitamin with mine		ļ			ļ	
		ice a day begin. There		<u> </u>				

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F 325 Continued From page 68 documented evidence that the dietitian re-calculated resident 54's nutritional requirement, including calorie and protein needs, after she developed a stage II pressure sore. A review of resident 54 "Meal Monitoring" form for February 2003 was completed on 4/8/03. Resident 54's breakfast intake averaged 75%, her lunch intake averaged 76% and her supper intake averaged 60%. Resident 54's daily meal intake average for the month of February was 70%. Based on resident 54's average meal intake of 70% and the dietitian's documentation that resident 54's diet provided approximately 2000 calories and 80 grams of protein, resident 54 was consuming an average of 1400 calories and 56 grams of protein during the month of February. This was 290 calories and 16	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
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SALT LAKE CITY, UT 84102 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) FREFIX TAG (X5) PREFIX TAG (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 325 Continued From page 68 documented evidence that the dietitian re-calculated resident 54's nutritional requirement, including calorie and protein needs, after she developed a stage II pressure sore. A review of resident 54 "Meal Monitoring" form for February 2003 was completed on 4/8/03. Resident 54's breakfast intake averaged 75%, her lunch intake averaged 76% and her supper intake averaged 60%. Resident 54's daily meal intake average for the month of February was 70%. Based on resident 54's average meal intake of 70% and the dietitian's documentation that resident 54's diet provided approximately 2000 calories and 80 grams of protein, resident 54 was consuming an average of 1400 calories and 56 grams of protein during the month of February. This was 290 calories and 16						•		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 325 Continued From page 68 documented evidence that the dietitian re-calculated resident 54's nutritional requirement, including calorie and protein needs, after she developed a stage II pressure sore. A review of resident 54 "Meal Monitoring" form for February 2003 was completed on 4/8/03. Resident 54's breakfast intake averaged 75%, her lunch intake averaged 76% and her supper intake averaged 60%. Resident 54's daily meal intake average 60%. Based on resident 54's average meal intake of 70% and the dietitian's documentation that resident 54's diet provided approximately 2000 calories and 80 grams of protein, resident 54 was consuming an average of 1400 calories and 56 grams of protein during the month of February. This was 290 calories and 16	FEDERA	AL HEIGHTS REHA -	BILITATION AND I					
documented evidence that the dietitian re-calculated resident 54's nutritional requirement, including calorie and protein needs, after she developed a stage II pressure sore. A review of resident 54 "Meal Monitoring" form for February 2003 was completed on 4/8/03. Resident 54's breakfast intake averaged 75%, her lunch intake averaged 76% and her supper intake averaged 60%. Resident 54's daily meal intake average for the month of February was 70%. Based on resident 54's average meal intake of 70% and the dietitian's documentation that resident 54's diet provided approximately 2000 calories and 80 grams of protein, resident 54 was consuming an average of 1400 calories and 56 grams of protein during the month of February. This was 290 calories and 16	PREFIX	(EACH DEFICIENCY MUST	BE PRECEEDED BY FULL I		PREFIX	(EACH CORRECTIVE AC	TION SHOULD BE	COMPLETE
grams less protein a day than the dietitian calculated resident 54 required on 2/3/03. There was no documented evidence that the dietitian recommended nutritional interventions to help increase the calories and protein in resident 54's diet to better meet her estimated needs. On 2/22/03, a facility nurse documented that resident 54's pressure sore had increased redness and in size to 1cm x 1cm. On 2/26/03, a facility nurse documented that resident 54's pressure sore had a black center and had increased in size to 2cm x 2cm. On 2/26/03, a "wound team" note documented that resident 54 had a stage II pressure sore which measured 1cm x 1cm and had a depth of 0.3 cm. On 3/6/03, a "wound team" note documented that resident 54's wound measured 1cm x 1.2 cm and had a	F 325	documented evidence resident 54's nutrition and protein needs, after pressure sore. A review of resident February 2003 was considered 76% and her Resident 54's daily most February was 70% Based on resident 54's the dietitian's docume provided approximate protein, resident 54 with 1400 calories and 56 month of February. The grams less protein a direction of the company of the dietitional interventional interventional interventional interventional protein in resident 54's pressure sore had been a february. The considered evidence of the company of the com	e that the dietitian re-canal requirement, include the she developed a stay of the she developed a stay of the she developed a stay of the she developed a stay of the she developed a stay of the she she she she she she she she she s	form for esident ch intake ed 60%. the month of 70% and 4's diet 10 grams of age of g the nd 16 alculated to mmended calories et her tresident in size to tresident d increased ed that h cm.	F 325			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		465055				4/10/	/2003
FEDERA		ABILITATION AND 1	41 SOU SALT I	TH 900 E.	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCIE ST BE PRECEEDED BY FULL F DENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE APPI	ION SHOULD BE	(X5) COMPLETE DATE
F 325	was consuming 50-On 3/31/03, the die wound was 1.3 cm; and was "slightly la resident 54 was consome meals eaten at dietitian recommence continued. There we the dietitian re-calcurequirement, includes she developed a stajincreasing in size. A review of resident March 2003 was conseakfast intake aveaveraged 51% and 18 Resident 54's daily of March 2003 was Based on resident 54 the dietitian's documented approximate protein, resident 54 month of March. The grams less protein a resident 54 required documented evidence nutritional interventional protein in reside estimated needs.	titian documented that re 100% of meals. titian documented that re x 1.5 cm with a depth of arger". She documented issuming 50% of most me t 25% and some meal refided that the current diet leas no documented evide ulated resident 54's nutriting calorie and protein rege II pressure sore, which t 54 "Meal Monitoring" mpleted on 4/8/03. Resignaged 66%, her lunch inter supper intake average meal intake average for t	esident 54's 0.2 cm that als with fusals. The be nce that tional eeds, after h was form for dent 54's take ed 47%. he month of 54% and e's diet 0 grams of ge of ng the 28.8 lculated o mmended calories et her	F 325			
		54's nutritional requirem					

4/10	0/2003
	3, 2 000
CCTION HOULD BE ATE DEFICIENCY	COMPLETE DATE
vill ment tered ights and acy of s alorie each is/her of diets needs s will ons Each vill be	5/28/03
	culd be attended by the second

		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10/	/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRE	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I	41 SOUT SALT LA		AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIES FOR PRECEEDED BY FULL REINTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE APPROPRI	HOULD BE	(X5) COMPLETE DATE
F 326	Resident 64's medical Resident 64 was admost failure and a himportant of her nutrition via gresident 64 was admit pressure ulcer and a with an albumin leve re-admission to the faresident 64 was not reprovided adequate prof 71 grams per day, 12/4/02. During that increased in size from 12/30/02 until 1/22/064's protein requirement than the Worksheet" guidelined dietary recommendate than what resident 64 facility's guidelines, pressure sore increass measuring 3 cm x 4 cm x 1.6 cm with a depth pressure sore document documented evidence resident 64 with a the healing and provide a 64's estimated needs. 2. Resident 54 was a with diagnoses, which accident, gastric distributed for the sident statement of the sident statemen	actures, dysphagia, congestory of cerebrovascular and record was reviewed or different to the facility receivastrostomy tube. In additional tendent tube. In additional tendent tube. In additional tube, it is a severe visceral protein deletion of 1.9 g/dl. From her acility on 12/2/02 until 12 ecciving a therapeutic die totein to meet her estimate as calculated by the dietic time resident 64's pressum a stage II to a stage III. 33, the dietitian calculated tents using a lower protein facility "Enteral Feeding es. Thus, the dietitian mations which provided less a should have received per During this time resident ed in depth from a stage III measuring to 10.3 cm per the facility entation. There was no es that the facility provide erapeutic diet to promote adequate protein to meet	accident. n 4/7/03. ving all tion, stage II epletion 2/30/02, et which ted need itian on are ulcer From d resident in adde a protein er the et 64's III ng 3.3 cm y's d wound resident 1/29/03 ar in and	F 326	Resident # 80 is receiving a shakes with each meal as on Resident # 80 will have an updated nutritional assessment completed by the new constructions. RD by May 12, 2003. She have likes and dislikes review with her by the Dietary Ser Manager by May 8, 2003. Resident # 74 is receiving a free mighty shakes with her her diet is pureed and her with the trace of the have an updated nutritional assessment completed by M 2003 by the new consulting assessment completed by M 2003 by the new consulting assessment to be affected. Residents placed on the raped diets have the potential to be affected. Measures to prevent recumpleted Dietitian (RD) by years of experience. This is reviewing each current reside tary assessment for accumulational need and is make changes and recommendate interventions as each case in indicate. This review will be completed by May 12, 200 RD is the facility's current consulting RD and will be member of the weight and	rdered. nent culting will ewed vice sugar or meals, vater is will l May 12, g RD. secutic e e every continuous suracy of cing cions for may be 3. This	
					committee	ound	

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULI A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING_		4/10/2003	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		BILITATION AND I		J TH 900 E			
			1		Y, UT 84102		
(X4) ID		TATEMENT OF DEFICIENCIE	ES	ID	PROVIDER'S PLAN OF CORRECTI	ION (XS	5)
PREFIX TAG		I BE PRECEEDED BY FULL R ENTIFYING INFORMATION)	REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE COMPL	LETE
1110		Will this known hours	!	TAG	CROSS-REFERENCED TO THE APPROPRIATE	DEFICIENCY	L
F 326	Continued From page	e 72	<u> </u>	F 326			
ı		ed a pressure sore on 2/	/12/03,	-	The Director of Nursing has		
i	which continued to ir	ncrease in size. A revi	iew of	İ	replaced the Assistant Director	of	
1		record dietary notes re		ı	Nursing as the chairperson of the	ne	
1		t addressing the pressur			weight and wound committee.		
1	had been completed f	for resident 54. There v	was no		Other members of the committee	e	
!	documented evidence	e that the dietitian ident	tified that		include the Dietary Service		
1		meal intake was not me			Manager and the wound nurse.		
ļ		eeds that were assessed			Committee members will seek		
ļ	prior to resident 54's	development of the pre	essure sore		input from the direct care staff a	ıs	
!		as no documented evide			may be indicated.		
*	the dietitian implemented appropriate nutritional				A project team calcuted by the		
1		ase calorie and protein			A project team selected by the Administrator has reviewed the		
		developed a pressure ul			facility's process and system for		
		ented evidence that the			addressing weight and nutrition		
		with a therapeutic diet	to promote		management. The team has	ļ	
!	wound healing.		Ì		developed a policy and procedu	re.	
	2 2 11 1101	A to a green			for obtaining accurate and timel	lv	
		admitted to the facility			weights and heights and for their	ir	
		es which inleuded mult			accurate documentation. The team		
	insomnia.	osteoporosis, anemia an	ıd		has also developed a tool for the		
ì	шѕонша.				meeting to facilitate assessment		
	Desident 101's medic	al record was reviewed	6.4/0/02		documentation and follow-up or	a	
	through 4/9/03.	al feculu was feviewed	.4/8/03		recommended interventions.		
	_				The Director of Nursing or		
i		nced a 13.6% unplanne			designee will inservice by May		
		February, 2003 and a 99			17, 2003 the licensed nurses and	i İ	
		s from November, 2002			the weight and wound committee		:
		0/16/02 the dietitian do			on the policy and procedure for		
į į	that resident 101 was	nutritionally stable ever	n though	-	obtaining and documenting	(
		eal body weight (which			weights and heights and on the		
		e state of malnutrition),	·		tool for the weight and wound		
		ment any dietary interve			committee meetings.		
		/25/02, the dietitian doc			TTE - C-11's 1 1-1-1-1		
		ested double portions d			The facility has designated certa		
	=	ot until 1/20/03 (51 days	/		Certified Nursing Assistants as t	he	
		t was changed. On 1/2	0/03, the	ļ	team to obtain weights and	!	
	dietitian documented t						
	nutritionally stable at	110 pounds, 73.8% of 1	his ideal		i		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		465055		B. WING _		4/10/2003
	ROVIDER OR SUPPLIER	DILITATION AND R			TATE, ZIP CODE	<u> </u>
FEDERA	AL HEIGHTS REHA	BILITATION AND I	l.	ITH 900 EA LAKE CIT	Y, UT 84102	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F INTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPLETE
F 326	malnutrition), the diedietary interventions taken at the facility a albumin of 3.1, which depletion and an indidictitian did not addrat which time she didintervention to increarequirements, even the visceral protein depleters and the facility of the faci	is considered a severe setitian did not documen be implemented. A lab and dated 2/21/03, show he is a mild visceral procation of malnutrition. The implement of malnutrition are steel low albumin und not make any dietary is eresident 101's proteinough his albumin reflection. Upon interview 103, he stated that he hartion diet since his required his prior. Observation evidence that resident procure that resident procure diet with double e-admitted to the facility gnoses of poor circulation, hypothyroidism, reference at the facility is medical record was lue taken at the facility ibumin (protein) level of 3.0-3.5 g/dl is considered. (Reference guidance American Dietetic Associated 22). It ian order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc PO (by) DX (diagnoses) [decorated a physician order documented to pplement 120 cc	t any b value ved an tein The til 4/8/03, in ected a mild with ad not teest to on 4/7/03 101 was portions. ty on ion, radial tition. reviewed. and dated of 3.1 g/dl. ed a mild e: Manual ociation, the by mouth) creased] umented plement) ratient)	F 326	heights. This team will be inserviced by the Staff Development Coordinator by M 9, 2003 on proper techniques for obtaining weights and heights a how to properly document. Dietary orders on the physician recerts for May 2003 will be checked for accuracy by checking the recert order against the most recent physician hand written of telephone order. The Director of Nursing or designee will compliant this audit by May 14, 2003 and any indicated changes or clarifications will be completed May 15, 2003. By May 16, 2003 the Dietary Service Manager or designee with audit tray cards for accuracy by comparing the tray cards with the most current physician orders. The dietary staff will be inserviced by May 15, 2003 by the Registered Dietitian or designee on the importance of following the tray cards as written to ensure the therapeutic diets are being served as ordered. This inservice will also include information on portion sizes and the use of appropriate utensils for measurements.	ng t r of ete by

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		465055		B. WING_		4/10/2003
	ROVIDER OR SUPPLIER LL HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	STATE, ZIP CODE AST Y, UT 84102	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE COMPLETE
F 326	receive a glass of the observed to receive a The dietary card nex was to receive an end did not indicate that Shakes with her mea On 4/9/03 at 1:00 Ph know why they send she could not tolerate. At breakfast on 4/10 receive a glass of the observed to receive a During an interview approximately 7:15 house supplement with to drink them becaus stated that she had no but would be willing 5. Resident 74 was at to the facility on 2/8/diabetes, decubitus, disease. On 4/7/03, resident 74 was at the facility on 2/8/diabetes, decubitus, disease. On 4/7/03, resident 74 was at the facility on 2/8/diabetes, decubitus, disease. On 4/7/03, resident 74 was at the facility on 2/8/diabetes, decubitus, disease. On 4/7/03, resident 74 was at the facility on 2/8/diabetes, decubitus, disease. On 4/7/03, resident 74 was at the facility on 2/8/diabetes, decubitus, disease. On 4/7/03, resident 74 was at the facility on 2/8/diabetes, decubitus, disease.	resident 80 was observed house supplement. She a mighty shake with her at to resident 80's meal stricked regular diet. The resident 80 was to recells. M, resident 80 stated she that pink milk, it was to e it. //03, resident 80 was observed as house supplement. She a Mighty Shake with he with resident 80 on 4/1 AM, she stated that she ith all of her meals and see they made her ill. She ever been served a Mighty Shake with dieth all of her meals and see they made her ill. She ever been served a Mighty Shake with dieth all of her meals and see they made her ill. She ever been served a Mighty Shake with dieth all of her meals and see they made her ill. She ever been served a Mighty Shake with diagnoses that hypertension and Alzhe weights per Resident Called She weights per Resident Called	te was not meal. Stated she diet card ive Mighty e did not o sweet and served to be was not meal. 0/03, at got the she refused the further hty Shake, to admitted included imer's reviewed.	F 326	The Department Heads and the nursing staff will be inservice the Staff Development Coordinator or designee by M 17, 2003 on the importance of comparing the tray as presente against what is documented or tray cards. Any discrepancies be corrected prior to serving the tray to the resident. Monitoring/Quality Assurant The Director of Nursing or designee will develop an audit tool by May 12, 2003. This to will monitor compliance with: 1. Serving therapeutic diets a ordered cordered 2. Tray cards accurately reflecting the physicians' orders 3. Registered Dietitian assessments reflecting consideration of resident's increased risk factors such significant weight loss, low albumen levels and/or development of skin ulcers.	ay ed n the will ne oce

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED			
		465055		B. WING_		4/10/	2003	
	ROVIDER OR SUPPLIER LL HEIGHTS REHA	BILITATION AND I	41 SOU	ADDRESS, CITY, STATE, ZIP CODE OUTH 900 EAST T LAKE CITY, UT 84102				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIF T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(XS) COMPLETE DATE	
F 326	The Nutritional Prog 3/24/03 by the regist resident weighed 113 represented a 9 poun Resident 74's weight weight of 124 pound the resident weighed The previous weight medical record was or record; 113 pounds of dietician, noted that for the weight loss." documented that resiconcentrated sweets] mighty shakes tid [the Resident 74's nutrition documented the resident mighty shake tid working care plan, for the resident was to remeals. The medication admid documented the resident resident resident in supplement), that she	ght as: 2/02, 3, 03, 3, 03, 3, 03, 3. weights documented or ress Notes for resident ered dietician, documented or pounds and that the wide and 7.3 percent weight of 115 pounds was consistent to the time frame or 124 pounds was not dedocumented in resident on the vital signs and will have been as "ø [no] appar The registered dieticial dent 74's "Diet order is pure enriched, also or ree times daily]." In the Kardex, the nurse or resident 74 did not deceive a diet mighty shall have been a diet mighty shall have been a diet mighty shall have sugar free er liquids were to be the state of	74, dated nted the reight ht loss. mpared to a the date ocumented. t 74's eight tered ent reason n also NCS [no n diet 17/03, mees of e's aide's ocument ake at 18 sident 74 to be nal e mighty	F 326	The Director of Nursing or designee will do weekly audits six weeks to determine the leve compliance. At the completion the audits, the Director of Nursior designee will report to the Performance Improvement Committee (Quality Assurance The Committee will then determine the frequency of any continued audits and reports base on the percent of compliance as indicate by the audits. When the audits indicate the attainment of 100 percent compliance, the audit and reports will then be done, a minimum, for two quarters. The Committee will then determine there is a need for any further audits and reports. The Director of Nursing will be responsible for continued compliance. Completion date: May 28, 2003	el of n of sing). sed s ne f dits at a ne if		

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION N 46505			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10	0/2003
	ROVIDER OR SUPPLIER AL HEIGHTS REHA	ABILITATION AND P	41 SOU	TH 900 E	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROX	SHOULD BE	(X5) COMPLETE DATE
F 326	Continued From pag	ge 76		F 326			
	on 4/7/03, breakfast supper on 4/9/03, and	nade of resident 74 durit and lunch on 4/8/03, lund d breakfast on 4/10/03. diet mighty shake or any f the meals.	nch and Resident				
İ	On 4/10/03 after breakfast, resident 74's a nurse's aide who had worked with the resident since the resident was admitted to the facility, was asked if the resident ever received a nutritional shake with her meals. The nurse's aide stated that resident 74 did not get the nutritional shakes.						
	4/10/03, a nurse's aid room with a pitcher of the residents. The nu	as waiting for breakfast de entered the assisted d of water and poured it fourse's aide assisted resid had not been thickened.	lining or each of				
	resident 74 received smooth and had not b not eat the lumpy cot 4/9/03, resident 74's	and for breakfast on 4/8 cottage cheese that was been pureed. Resident ttage cheese. On 4/8/03 nurses stated that the reng with even the tiniest	not 74 would 3 and esident				
F 371 SS=E	The facility must stor	re, prepare, distribute, a	and serve	F 371			5/28/03
	Based on observation facility did not store conditions. Specifica items which were exp	s not met as evidenced be n, it was determined that and serve food under sa ally, there were multiple pired and/or not properles 2nd floor resident refri	at the anitary e food ly labeled				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	COMPLET	(X3) DATE SURVEY COMPLETED	
		465055	B. WING		/2003	
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	ESS, CITY, STATE, ZIP CODE			
FEDERA	L HEIGHTS REHA		TH 900 EAST AKE CITY, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	PREFIX (EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
F 371	Based on observation facility did not store conditions. Specifications which were exported at the North hall resident hall resident refrigerations. The following observapproximately 12:35 2nd Floor resident refrigerations. There was an exported pass supplement old). There was 1 carted date of 4/5/03 (3 day). The following observations of the following observations. The following observations of the following observations. The following observations of the following observations. The following observations of t	not met as evidenced by: n, it was determined that the and serve food under sanitary ally, there were multiple food bired and/or not properly labeled 2nd floor resident refrigerator, nt refrigerator and the Medicare ator. vations were made on 4/8/03 at PM. frigerator: ired carton of butter pecan 2.0 t dated as opened 4/3/03 (5 days on of yogurt with an expiration as old). vations were made on 4/9/03 at	The multip were expired labeled or of floor resident North hall in the Medical refrigerator during the self-extends. Identificate potentially All resident be affected. Measures to the The resident 2nd floor, Nowill be put of checked dair	ts have the potential to to prevent recurrence tts' refrigerators on the orth hall and Medicare on a schedule to be ily for properly stored improperly stored food		
	2. There was a glass 3. There was a loaf 3/23/03 (17 days old	vations were made on 4/10/03 at PM.	inserviced Nursing or 2003 on, c refrigerato discarding	bed nurses will be by the Director of r designee by May 17, shecking the resident ors daily for and any expired and/or not ated food found.		
	dated as to when it h	of pasta salad which was not ad been opened. ired carton of 2% (percent) milk,				

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			A. BUILDING	<u></u>	(X3) DATE SURVEY COMPLETED	
		465055	B. WING		4/10/2	2003
NAME OF BROW	VIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
FEDERAL	HEIGHTS REHA	BILITATION AND I 41 SOU SALT	JTH 900 EA LAKE CITY	ST 7, UT 84102		
(X4) ID PREFIX TAG	ACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES I BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROI	SHOULD BE	(X5) COMPLETE DATE
C C C C C C C C C C	F 371 Continued From page 78 dated 3/28/03 (13 days old), which had a resident's name on it. 3. There were two expired 1/2 gallons of skim milk, one dated 4/4/03 (6 days old) and one dated 4/9/03 (a day old), which had a resident's name on them. 4. There was a container of apple-cherry sauce which was not dated as to when it had been opened. It had a resident's name on it. Ready to eat, potentially hazardous food prepared and held refrigerated for more than 24 hours in a food establishment shall be clearly marked at the time of preparation to indicate the date by which the food shall be consumed which is, including the day of preparation: 4 calender days or less from the day the food is prepared, if the food is maintained at 45 degree Farenheit or less. Reference Guidance: US Public Health Service FDA 2001 Food Code, page 69.			Monitoring/Quality Ass The Director of Nursing develop an audit tool by 2003. This tool will mon compliance with maintai resident refrigerators free expired and/or not prope food.	will May 9, itor ning the	
				The Director of Nursing designee will complete of for 3 weeks and then rep compliance to the Perfor Improvement Committee Assurance). The Committee Head of the Director of Nursing responsible for continue compliance.	daily audits ort mance e (Quality ittee will audits and	
F 372 SS=D	properly. This Requirement Based on observati not dispose of gard dumpster in the fac exposing the garba Findings include: 1. On 4/8/03, at 1 were observed. The	ispose of garbage and refuse is not met as evidenced by: on during the survey the facility diage and refuse properly. The cility parking lot had the lids open ge to possible pest infestation.		Completion date: May 2 F 372 D Corrective action for ic concern The dumpster with the b was repaired on April 14 The doors and lids of th were closed. Identification of reside potentially affected All residents have the p	dentified proken lid 0, 2003. e dumpsters ents	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	/2003
	OVIDER OR SUPPLIER L HEIGHTS REHA	ABILITATION AND 1	41 SOUT	r <mark>h 900 E</mark> A			
			SALIL		Y, UT 84102 PROVIDER'S PLAN OF CORE	RECTION	(X5)
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E 270	Continued From pag	ne 70		F 372			
F 3/2		ave the side door opened. The dumpster contained			Measures to prevent recurr	rence	
	plastic bags of garb						
	plastic dags of gard	-5-			The nursing, housekeeping a		
	2. On 4/9/03, at 9:0	00 AM, the two facility dun	npster		dietary staff will be inservice		
were observed. The first dumpster had plastic bags of					the Staff Development Coord		
	garbage and boxes	of garbage and it was not c	overed		or designee by May 19, 2003 proper disposal of garbage at		
	with the lids. One of	of the lids was broken off.	The 2nd		refuse into the dumpsters. T		
ı		plastic bags of garbage an	d it was		inservice will include closure of the		
not covered with the lids.					top lids and side doors.	, 52 1210	
	dumpster were obse	pproximately 11:00 AM, be erved to have plastic bags of the doors on each were open ne of the upper lids was bro	of ed. On		Monitoring/Quality Assu	rance	
F 426	 483.60(a) PHARM	ACV SEDVICES		F 426	The Staff development Co		5/28/03
		MCI SERVICES			or designee will develop a tool by May 19, 2003. Th		Į.
SS=E	A facility must pro	vide pharmaceutical service	es		will monitor compliance w		
	(including procedu	res that assure the accurate	!		keeping the lids and side d		ł
ļ	acquiring, receiving	ng, dispensing, and adminis gicals) to meet the needs of	tering of		the dumpsters closed.		
ł	resident.				The Housekeeping Superv		
			į		designee will do daily aud		
		is not met as evidenced by			three weeks and then repo	rt :	
	Based on record re	eview, observations, and int	erviews		compliance to the Safety	ommittee	
	it was determined	that the facility licensed sta	ff did not		Committee. The Safety C Chairperson will report co		
	provide accurate p	harmaceutical services to n	neet each		to the Performance Improv		
	of the residents ne	eds as evidenced by 1 of 23	sampled		Committee (Quality Assur		
	residents (42) did i	not have blood glucose resum amounts documented, 5 of	льон [hf 23		The Performance Improve		
	sliding scale insuli	(80, 82, 83,105 &106) did	not have		Committee will then deter		
[their antidepresser	at documented as given, 19			further audits are needed.		
	cumlemental recid	lents did not have their med	lication's				
	documented as give	en; and 1 supplemental res	ident		The Housekeeping Superv		
(108) was observed not to receive or have her		r		be responsible for continu	ed	1	
	medication docum	nented as given. Sampled re	esident		compliance.		
	identifiers: 42, 80), 82, 83, 105 & 106. Supp	lemental		Completion date: May 28,	, 2003	

	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		465055	B. WING		4/10/2003
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	
		BILITATION AND I 41 SOU	TH 900 EA	AST	
1 Doctor				Y, UT 84102	
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	
PREFIX	(EACH DEFICIENCY MUST	BE PRECEEDED BY FULL REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOU	
TAG	OR LSC IDE	:NTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE	DEFICIENCY
		00	E 426	: 	
F 426	Continued From page		F 426	F 426 E	
	99, 100, 103, 104, 10	07, 108, 110, 111 & 112.	01/103		
	Findings include:		5/H1/1	Corrective action for identified	
	rindings metude.		SNO	residents	
	1. Resident 106 was	admitted to the facility on 8/9/01		Resident # 106 has had her May	
		ding depression related to medical		MAR (medication administration	L
		sypothyroidism, osteoporosis and		record) cross checked with her	
	chronic obstructive p	oulmonary disease.		physician recertification orders for	or
				May for accuracy	
	!	06's medical record was			1 -
	completed on 4/9/03	and 4/10/03.		Resident # 42's blood sugar chec	CKS
		· · · · · · · · · · · · · · · · · · ·		and administration of insulin are being documented in the MAR	
		ician re-certification orders		even when resident is self testing	r
	documented the follo	Jwing.		his blood sugar levels and self	
	i 'a On 11/17/01 resi	dent 106 was placed on Remeron,		administering his ordered insulir	1 .
		nentia with depressive features.		-	
	30 mg # amj, 101 201			The following residents are havi	ng
	On 4/10/03, a review	of her April 2003 MAR,		their antidepressant medications	
	provided no docume	nted evidence that resident 106		given as ordered and documente	d
		meron, as ordered, from 4/1/03		in the MAR: resident # 106,	5.0
	through 4/9/03.			105,83,82,80,8,72,75,77,81,84,8 6,97,99,100,103,104,107,108,11	0
		1 15 (120		111 and 112. Resident # 84, a	,
		ent 106 was ordered Prevacid 30		hospice patient, expired on Apri	1 .
	mg by mouth once a	day for 60 days.		11, 2003.	
	Resident 106 should	have received the Prevacid until			
	3/23/03.	have received the 1xe vasia units		Identification of residents	
	3.23.33.			potentially affected	,
	On 4/10/03, a review	v of resident 106's March 2003		All and born the notantial	to
	and April 2003 MAI	R's was completed. It was		All residents have the potential be affected.	
		ident 106 received 30 mg of		de arrecteu.	
		03 to 3/31/03 and from 4/1/03 to		1	
	4/4/03, 12 days long	er than ordered.			
	o On 1/22/02	lent 106 was ordered FE-SO4 (an			
	,	5 mg by mouth three times a day.			
		t be held for two weeks until			
	2/6/03	too Hold for two works with			!

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STATEMENT OF DEI AND PLAN OF CORR		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		465055		B. WING		4/10/2	2003
NAME OF PROVIDER					TATE, ZIP CODE	•	
FEDERAL HEI	IGHTS REHA	BILITATION AND P		TH 900 EA LAKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG (EACH)	DEFICIENCY MUST	ATEMENT OF DEFICIENCIF BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETE DATE
On 4/Febru docur FE-So 2. Rewith of periph A revice on a longer in	ary 2003 MAR mented that resion of three times a diagnoses which heral vascular driew of resident eleted on 4/9/03 riew of the physical 2003 documents [and]administered box, maked din MAR [m] when pt [patient lent 42's blood so a day before median order, date administered whelevated. The of resident elevated. The of resident elevated. The of resident elevated whelevate	of resident resident 10 was completed. It was dent 106 received 325 a day from 2/1/03 to 2/2 dmitted to the facility included diabetes medisease and hypertensio 42's medical record was and 4/10/03. ician re-certification or red, "Pt [patient] may teer insulin, supplies muse sure all sugars [and] edication administration is testing". ugar level was to be cheals and before bed. To d 2/3/03 for sliding scale hen resident 42's blood 42's "Patient Diabetic as completed on 4/9/03 inented: tre 8 of 25 days where orded. There were 22 liding scale insulin adri	s mg of 5/03. on 2/3/03 llitus, n. as rders for est own st be kept insulin are on record] hecked 4 here was a ale insulin t sugars Record" 3. The no blood of 25 days ministered	F 426	Measures to prevent recurrence The Director of Nursing or designee will inservice the license nurses by May 17, 2003 on 1. Documentation of blood suga checks and administration of insulin in the MAR even whe checked and administered by the resident. 2. Procedure for documenting of the MAR to indicate when medications are to be held. 3. Procedure for documenting of the MAR the date when medications, that are ordered with a specific discontinuation date, are to be discontinued. 4. Procedure for accurately documenting antidepressants. 5. The importance of questioning, checking physician's orders and following-up when there is a pattern of a certain category of medication not on the MAR for many residents when it was there the day before.	d r n	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT	IPLE CONSTRUCTION NG	(X3) DATE SUR COMPLETE	
		465055		B. WING		4/10/2	2003
NAME OF PR	OVIDER OR SUPPLIER	1	STREET ADDI	ESS, CITY, S	TATE, ZIP CODE		
		BILITATION AND I	41 SOU	TH 900 E	AST		
LEDERA					Y, UT 84102		
(MA) TO	CIMMADVC	TATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	T BE PRECEEDED BY FULL RENTIFYING INFORMATION)	EGULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	ILD BE	COMPLETE DATE
F 426	Continued From page 82			F 426			
1 420	Communication page 32				Monitoring/Quality assurance		
	At dinner there were	22 of 25 days where no	o blood		Transcring Chairy assertance		
	sugar levels were recorded. There were 23 of 25 days were the amount of sliding scale insulin administered				The Director of Nursing or		
					designee will develop an audit to	ool	
	was not documented	l .	· 		by May 16, 2003. This tool will		
ı					monitor compliance with:		
	Before bed there we	re 25 of 25 days where	no blood		 Documentation of blood sug 		
	sugar levels were rec	corded. There were 25	of 25 days		checks and administration of		
		sliding scale insulin adr	ninistered		insulin in the MAR when so		
	was not documented		: 		checked and administered b	by	
		401 PD 41 4 TO 1 41 1	Doggadii		the resident.	,	
		42's "Patient Diabetic			2. Proper documentation on MAR to indicate when	:	
		completed on 4/9/03.	1 HC		medications are to be held.		
	following was docur	nemeu.			3 Proper documentation on the	ne	
	At brookfoot there w	ere 31 of 31 days where	e no blood		MAR of discontinuation da		
	At Dreaklast there w	corded. There were 31	of 31 days		for medications ordered wi		
	were the amount of	sliding scale insulin add	ministered		specific discontinuation dat		
	was not documented	1			4. Proper documentation of		
	was not documented	^			antidepressants.		
1	At lunch there were	31 of 31 days where no	blood				
	sugar levels were re	corded. There were 31	of 31 days		The Director of Nursing or	.	
	were the amount of	sliding scale insulin adi	ministered		designee will do weekly audits		
ĺ	was not documented				four weeks and then report to the	:	
					Performance Improvement Committee (Quality Assurance)	, ! !	
	At dinner there were	e 31 of 31 days where r	o blood		The Committee will then determ		
	sugar levels were re	ecorded. There were 31	of 31 days		if there is a need for further and		
	were the amount of was not documented	sliding scale insulin add.	ministered		and reports.		
					The Director of Nursing will be	:	
	Before bed there we	ere 31 of 31 days where	no blood		responsible for continued		
	sugar levels were re	ecorded. There were 31	of 31 days		compliance.	i	:
		sliding scale insulin ad	ministered		·		
	was not documented	d.			Completion date: May 28, 2003	3.	
	for April 2003, from	nt 42's "Patient Diabetic m 4/1/03 to 4/7/03, was lowing was documented	completed				

	TATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	2003
NAME OF PE	ROVIDER OR SUPPLIER				TATE, ZIP CODE	,	
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	ILD BE	(X5) COMPLETE DATE
F 426	At lunch there were a sliding scale insulin a At lunch there were sliding scale insulin a At dinner there were sliding scale insulin a Before bed there were sliding scale insulin a A review of the physicompleted on 4/10/0. On 2/5/03, resident 4 order, "Please make Humalog [insulin] gi (medication administration family administration record testing-this was already on 4/7/03, resident 4 progress note. Regamellitus she docume own sugars. Nurses Will re-write order." On 4/15/03 at 8:35 A interviewed. She sta	are 7 of 7 days were the are doministered was not down of 7 days were the are doministered was not down of 7 of 7 days were the are doministered was not down of 7 of 7 days were the are doministered was not down of 8 days were the administered was not down of 8 days were the administered was not down or down	nount of ocumented. mount of ocumented. mount of ocumented. amount of ocumented. amount of ocumented. was following and] AR patient is following cation his ". ed a octes ecks his sugars. ician was rese had not	F 426			
a de la companya de l	been documenting remuch sliding scale in She stated that the modocumenting this infi	esident 42's blood sugan sulin was being admir curses should have been cormation. She further written the order for res	rs or how histered.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SUR COMPLETE	1
	!	465055		B. WING _		4/10/	2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE	<u></u>	
_	AL HEIGHTS REHA	BILITATION AND I		TH 900 E			
			SALT I	AKE CIT	Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
F 426	because it was not be 3. Resident 80 was con 9/12/02, with the hypertension, hypoth fracture, asthma, con Review of resident 8 following: On 12/18/02, resider once a day for depression administ documented evidence Paxil, as ordered, from 4. Resident 82 was a with the diagnoses of osteoarthritis, right and debilitation and model Review of resident 8 following: On 3/12/03, resident once a day for demented her physician. On 4/10/03, a review provided no docume received her Celexa 4/6/03. 5. Resident 83 was on 5/9/00 with the didementia with depression on the provided model was not some some series of the serie	allin administration to being done. briginally admitted to the diagnoses of poor circultyroidism, radial fracturation and depression. O's medical record reveals to 80 was placed on Parassion, by her physician of her April 2003 MA tration record), provide that resident 80 had rom 4/1/03 through 4/6/6 admitted to the facility of stroke, constipation, thee deformity, inconting the stroke of the stroke of the stroke of the stroke, constipation, thee deformity, inconting the stroke of the s	the facility ulation, re, tibial on. called the sail 20 mg, and the sail 20 mg, and the sail 20 mg, and the sail 20 mg, and the sail 20 mg, and the sail 20 mg, and the sail 30 mg, and the sail 30 mg, and the sail 40 mg, and the sa	F 426			

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SUF COMPLETI	
		465055		B. WING _		4/10/	2003
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDI	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	ABILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	STATEMENT OF DEFICIENCE ST BE PRECEEDED BY FULL I DENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APPROPRI	IOULD BE	(X5) COMPLETE DATE
F 426	congestive heart fairecurrent urinary traurosepsis. Review of resident following: On 2/13/03, resident mg, at hour of sleep features, by her phy On 4/10/03, a revie provided no docum received her Remer through 4/6/03. 6. Resident 105 wa admitted to the faci of Dementia, Congegastroesophageal recompleted on 4/9/0 A review of resident completed on 4/9/0 A review of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the following a day, for definition of the phy documented the phy docum	deficiency, atrial fibrillate lure, neuromuscular dystect infections and a histor at 83 was placed on Remotor for dementia with depression. We of her April 2003 MA ented evidence that resion, as ordered, from 4/10 as an 84 year old female lity on 9/04/02 with the estive heart failure, hypergurgitation disease and 105's medical record was 3. We of her April 2003 MA ented the estive heart failure has a medical record was 3. We sician re-certification of lowing: Sident 105 was placed of expression.	phagia, ory of ealed the heron, 30 ressive AR, dent 83 had 1/03, who was diagnoses ertension, depression. as orders as AR, ident 105 4/1/03	F 426			
	was observed that i	residents on a psychotro have documentation as	pic				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT. A. BUILDIN B. WING	IPLE CONSTRUCTION IG	(X3) DATE SUR COMPLETE	ED
		465055	4/10/2003			2003	
	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE I BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROF	SHOULD BE	(X5) COMPLETE DATE
F 426	facility licensed practime of 7:45 AM. The previous nurses must medication sheets in Administration Recomplete whether or not the mareplied, "I just know it". The following supplemented and revealed and revealed and revealed and revealed and revealed are served and revealed and prevention. On 4/09/03, a review provided no docume received her Seroque 4/9/03. b. On 10/15/02, resume a day, for demendance behaviors. On 3/12/03, resident day. On 4/09/03, a review provided no docume received her Celexa through 4/08/03. c. On 2/26/03, resident day. c. On 2/26/03, resident day.	il, 2003. An interview tical nurse was conducte facility LPN stated to have forgotten to place the MAR (Medication and). When asked how redication was administ, they would not just N emental resident MAR' ed the following: Lent 8 was placed on Second dementia with anxiet work for April 2003 MA anted evidence that resident, as ordered, from 4/1 dident 72 was placed on this with compulsive and to 72 was placed on Pax work for April 2003 MA anted evidence that resident and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil, as ordered, dent 75 was placed on Have the second and Paxil and Paxil as ordered.	ted at this hat the e new she knew ered, she OT give s were roquel 100 y and AR, dent 8 had /03 through Celexa 60 d repetitive il 30 mg a AR, dent 72 had from 4/1/03	F 426			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDI	TPLE CONSTRUCTION NG	(X3) DATE SU COMPLET	
		465055		B. WING_		4/10	/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, S	TATE, ZIP CODE	•	
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE APPRO	N SHOULD BE	(X5) COMPLETE DATE
F 426	received her Effexor, 4/07/03. d. On 5/21/01, reside mg every day, for deport of the provided no document received her Prozac, 4/07/03. e. On 4/02/03, reside every day, for dement on 4/09/03, a review provided no document received her Paxil, as 4/08/03. f. On 1/17/03, reside mg every day, for deport of dement on 4/09/03, a review provided no document received her Paxil, as 4/08/03. g. On 9/11/02, reside mg every day, for Alton 3/15/02, resident	ent 77 was placed on Procession. To fher April 2003 MA ated evidence that residuals ordered, from 4/1/02 ent 81 was placed on Ptia with depressive feat of her April 2003 MA ated evidence that residuals of her April 2003 MA ated evidence that residuals ordered from 4/03/03 ent 84 was placed on Leat 84 was p	R, lent 77 had 3 through axil 40 mg tures. R, lent 81 had through exapro 10 R, lent 84 had 703 through lelexa 40 we features. odone 100	F 426			
	provided no documer received her Celexa, 4/06/03.	of her April 2003 MA nted evidence that residuals ordered from 4/01/0 of her April 2003 MA	lent 85 had 3 through				

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	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG	(X3) DATE SU. COMPLET	
		465055		B. WING _		4/10	/2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE	<u> </u>	
FEDERA	L HEIGHTS REH	ABILITATION AND I		TH 900 E. AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	STATEMENT OF DEFICIENCH IST BE PRECEEDED BY FULL! DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO THE API	TION SHOULD BE	(X5) COMPLETE DATE
F 426	received her Trazo through 4/09/03. h. On 2/12/03, rest and Remeron 15 m depressive features On 4/09/03, a revie provided no docum received his Paxil of 4/01/03 through 4/01/03 through 4/01/03 through 4/01/03 through 4/09/03, a revie provided no docum received his Celexa 4/08/03. j. On 1/20/03, rest 100 mg every even On 4/09/03, a revie provided no docum received his Trazo through 4/09/03. k. On 1/25/01, rest mg every day, for of depressive features On 4/09/03, a revie provided no docum received his Celexa 4/09/03.	nented evidence that residence, as ordered from 4/dident 96 was placed on Page every evening, for dents. Ewo of his April 2003 MA mented evidence that residence remeron, as ordered for Remeron, as ordered for 109/03. Ident 97 was placed on Colementia with depressive ewo of his April 2003 MA mented evidence that residence as ordered from 4/01/01 dent 99 was placed on Taing as needed, for dysthyles of his April 2003 MA mented evidence that residence that residence as ordered from 4/dident 100 was placed on the colement of the place	axil 20 mg hentia with R, dent 96 had from elexa 20 features. R, dent 97 had 13 through razodone mia. R, dent 99 had 101/03 Celexa 30 t with R, dent 100 01/03	F 426			
	01. 1. 10.00, 1001	Places on					

	F OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDIN	IPLE CONSTRUCTION NG	COMPLETE	
		465055		B. WING _		4/10/	2003
NAME OF PI	ROVIDER OR SUPPLIER	<u> </u>	STREET ADDR	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES BE PRECEEDED BY FULL INTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETE DATE
F 426	stimulant. On 4/09/03, a review provided no docume had received her Rer through 4/09/03. m. On 9/26/02, residing every morning, for Renal Disease. On 4/09/03, a review provided no docume had received her Cell through 4/08/03. n. On 2/26/03, residing every morning every morning had received her Cell through 4/08/03. o. On 4/09/03, a review provided no docume had received her Effethrough 4/09/03. o. On 1/29/03, residing every day, for deanxious features. On 4/09/03, a review provided no docume had received her Paxthrough 4/09/03. p. On 8/20/01, residing provided no docume had received her Paxthrough 4/09/03.	e 89 , for depression and ap of her April 2003 MA nted evidence that resioneron, as ordered from dent 104 was placed on or depression related to of her April 2003 MA nted evidence that resionera, as ordered from 4. ent 107 was placed on ming and evening, for of her April 2003 MA nted evidence that resionera, as ordered from 4. ent 108 was placed on mentia with depressive of her April 2003 MA nted evidence that resioneration as ordered from 4. ent 108 was placed on mentia with depressive of her April 2003 MA nted evidence that resioneration as ordered from 4.0 ent 108 was placed on mentia with depressive of her April 2003 MA nted evidence that resioneration as ordered from 4.0 ent 108 was placed on mentia with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive of her April 2003 MA nted evidence that resioneration with depressive with the depressive with the pressive with the depressive with the depressive with the depressive with the depressive with the depressive with the depressive with the depressive with the depr	R, dent 103 4/01/03 Celexa 20 End Stage R, dent 104 /01/03 Effexor Bipolar R, dent 107 4/01/03 Paxil 20 and R, dent 108 1/03 Remeron	F 426			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG	(X3) DATE SUI COMPLETI	
		465055		B. WING _		4/10/	2003
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND ?		TH 900 E. AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIE F BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO THE API	FION SHOULD BE	(X5) COMPLETE DATE
F 426	provided no docume had received his Ren through 4/06/03. q. On 8/24/02, resid 45 mg every evening with depressive featured on 4/09/03, a review provided no docume had received his Ren through 4/09/03. r. Resident 112 was day on 10/25/02 and on 3/17/03 for depreson on 10/25/02 and on 3/17/03 for depreson on 4/09/03, a review provided no docume had received his Cele 4/01/03 through 4/09/03. s. On 4/10/03 at 8:0 facility LPN 1 was on surveyor. Resident 1 every day" and was on medication. The fact where to document the facility LPN stated the the nurse surveyor of 108 had received her The nurse surveyor of 108 at 2:00 PM and	of his April 2003 MA nted evidence that residence, as ordered from ent 111 was placed on a for cerebral vascular ares. To of his April 2003 MA nted evidence that residence, as ordered from placed on Celexa 40 m Trazodone 100 mg evession. To of his April 2003 MA nted evidence that residence are Trazodone, as ordered are sidence as or Trazodone, as ordered evidence that residence are Trazodone, as ordered evidence are or Trazodone, as ordered are or Trazodone, as ordered evidence are or Trazodone, as ordered evidence, as ordered	Remeron accident R, dent 111 4/01/03 Remeron accident R, dent 111 4/01/03 Remeron accident R, dent 111 4/01/03 Remeron accident I 1, 2003. resident of	F 426			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTU A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SU COMPLET	
		465055		B. WING		4/10	/2003
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, ST	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	ABILITATION AND I		TH 900 EA AKE CITY	AST Y, UT 84102		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIEST BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETE DATE
F 432	Continued From pag	ge 91		F 432	F 432 E		
	483.60(e) PHARMA	ACY SERVICES State and Federal laws,		F 432	Corrective actions for identifie residents	e d	5/28/03
	compartments under	nust store all drugs and biologicals in locked ompartments under proper temperature controls and ermit only authorized personnel to have access to the eys.			No residents were identified. Identification of residents potentially affected		
	permanently affixed controlled drugs list Comprehensive Dru Act of 1976 and oth when the facility used distribution systems minimal and a mission This Requirement is Based on observation that the facility did and biologicals in leading to be servations were resident medication medication carts with 4/8/03 a nurse was keys on top of an universident medication of an	ovide separately locked compartments for stora sted in Schedule II of the graph of	age of e d Control se, except rug tored is detected. by: determined edications pecifically, 03 of urse ent and on edication , and leave		All residents are potentially affected. Measures to prevent recurrence. The Director of Nursing or designee will inservice the licens nurses by May 16, 2003 on the regulation that all drugs and biologicals must be stored in locked compartments. Monitoring/ Quality Assurance. The Director of Nursing or designee will develop and audit tool by May 18, 2003. The Director of Nursing or	sed	
	the cart unattended Findings include: 1. On 4/7/03 at 8:3 iron capsules was o medication (med) c 100 hall med cart, t inhaler. The nurse administering medithe nurse was paged and was observed in the nurse was observed in the nurse was observed i	7 AM, a bubble pack of bserved lying on top of arts for the 100 halls. Othere was an unsecured was in the dining room cations to a resident. Ad to the phone at the nurset watching the med can swere parked at the nurse.	ontaining 24 one of the On the other Albuterol at 8:38 AM, rse's desk rts. At 9:13		designee will do weekly audits for four weeks and then report compliance to the Performance Improvement committee (Quality Assurance). The Committee will then determine if further audits ar reports are needed. The Director of Nursing will be responsible for continued compliance. Completion date: May 28, 2003		

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTII A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SUI COMPLET	
		465055		B. WING		4/10.	/2003
NAME OF PE	ROVIDER OR SUPPLIER	<u> </u>			ATE, ZIP CODE		-
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CITY	ST 7, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
F 432	on the 100 hall. The inhaler were still lyin was not present at the was observed walkin 2. On 4/8/03 at 6:25 packs of medications capsules, 31 Clonidin 45 Dilantin capsules. Prevacid capsules we top of a med cart on observed at the med the hallway. The certified nurse a the 100 hall was asked the aide stated that the hall, which was on the There was a resident schizophrenia walkin 3. On 4/8/03 at 1:32 observed lying at the the entry way and it the side stated that the entry way and it to the side stated that the entry way and it to the side stated that the entry way and it to the side stated that the entry way and it to the side stated that the entry way and it to the side stated that the entry way and it to the side stated that the side stated that the entry way and it to the side stated that	iron capsules and the ang on top of the cart. The nurse's station and a right in the hallway. AM and 6:53 AM, 6 by which contained 8 Tense capsules, 14 Lisonop, 30 folic acid tablets are observed lying unsetted the 100 hall. No nurse cart nor was a nurse obtained standing at the nurse diff he knew where the other side of the built with the psychiatric different cart.	the nurse resident bubble erazosin pril tablets, and 14 ecured on was esserved in enurse was. edicare ding. agnosis of a was cright by e was no	F 432	F 460 E Corrective action for identifie concerns	ed	
F 460 SS=E		PHYSICAL ENVIRON esigned or equipped to ch resident.		F 460 04 103 511 103	Room 218 has a privacy curtain that was re-installed on April 9, 2003. The window blinds will repaire	,	5/28/03
	except in private roo suspended curtains,	certified after March 3 oms, each bed must hav which extend around the privacy in combination urtains.	e ceiling ne bed to		May 28, 2003 in the following rooms; 102, 103, 104, 105, 106, 109, 112, 117, 119, 120, 122, 12, 130, 137, 139, 140, 141,146, 14, 150, 201, 202, 203,106, 207, 20, 211, 212 and 222.	29, ·8,	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y	
• • • • • • • • • • • • • • • • • • • •				B. WING				
		465055		B. 171110		4/10/200)3	
NAME OF PE	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, S	TATE, ZIP CODE			
FEDERA	L HEIGHTS REHA	ABILITATION AND I		OUTH 900 EAST F LAKE CITY, UT 84102				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIF T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATI	LD BE CO	(X5) OMPLETE DATE	
F 460	Continued From pag	ge 93		F 460	Residents potentially affected		-	
	Based on observation resident room equipped reach resident with ceiling which extend visual privacy in concurtain. In addition, rooms equipped with visual privacy for ear Findings include: Room 218. There will dividing the two bedividing th	s not met as evidenced by the facility did not had ped to assure full visual the curtains suspended frided around the bed to problem to the facility did not have the facility did not have haven been considered as the facility did not have haven been considered as the facility did not have haven been considered as the facility did not have haven been been been did not be first and second by the first and second	ve a privacy om the covide total walls and e resident sured full in the center, ed. ng 3 slats.		All residents have the potential to be affected. Measures to prevent recurrence. The Housekeeping Supervisor was be inserviced by the Administrate or designee by May 12, 2003 on 1. ensuring that every resident that is not in a private room has a privacy curtain 2. ensuring that the curtains are clean and in good repair. The Maintenance Supervisor will be inserviced by the Administration or designee on putting the check of the blinds for missing slats or weekly rounds and on timely regord blinds found to have missing slats or to not be in working ord	ee ill tor ing pair		
	missing.				Monitoring/Quality Assurance	2		
	Room 104. The win	ndow blinds were missi	ng 5 slats.					
		ndow blinds were missi			The Maintenance Supervisor or designee will develop and audit tool by May 14, 2003. This too	1	į	
	Room 106. The win	ndow blinds were missi	ng 1 slat.		will monitor compliance with having the facility blinds with			
	Room 109. The win	ndow blinds were missi	ng 1 slat.		complete slats and with having			
	Room 112. The win	ndow blinds were missi	ng 1 slat.		blinds in working order. The Maintenance Supervisor or designee will do weekly audits	for		
	Room 117. The win	ndow blinds were tied b	ack.		three weeks and then report compliance to the Performance			
	Room 119. The win close.	ndow blinds would not	open or		Improvement Committee (Qual Assurance. Audits and reports then continue as determined by	will		
1	Room 120. The win	ndow blinds would not	close.	~	Committee.	-		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
		465055		B. WING _		4/10/2	2003
	ROVIDER OR SUPPLIER LL HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROP	SHOULD BE	(X5) COMPLETE DATE
F 460	Room 122. The wind Room 129. The wind Room 130. The wind Room 137. The wind Room 139. The wind Room 140. The wind Room 141. The wind Room 146. The wind Room 150. The wind Room 201. The wind Room 202. The wind Room 203. The wind Room 206. The wind Room 206. The wind Room 207. The wind Room 207. The wind Room 207. The wind Room 209.	dow blinds were missing dow bl	ng 2 slats. ng 2 slats. ng 1 slat. ng 1 slat. ng 3 slats. ng 1 slat. ng 1 slat. ng 1 slat. ng 1 slat. ng 4 slats. ng 4 slats. ack. ng 3 slats. ng 4 slats. ack. ng 3 slats.	F 460	The Housekeeping Supervisor designee will develop an aud by May 14, 2003. This tool monitor compliance with hav privacy curtain for every resi who is not in a private room. Housekeeping Supervisor or designee will do weekly aud three weeks and then report Performance Improvement Committee (Quality Assuran Audits and reports will then continue was may be determ by the Committee. The Maintenance Supervisor be responsible for continued compliance with working bli without missing slats. The housekeeping Supervisor be responsible for continued compliance with the provision privacy curtains. Compliance date; May 28, 2	it tool will ving a ident The its for to the ace). ined r will inds or will loons of	
	One side of the wind Room 212. The wind	dow blinds were missing ow blinds were tied bat dow blinds were missing dow blinds were missing dow blinds were missing dow blinds were missing dow blinds were missing dow blinds were missing dow blinds were missing dow blinds were missing down b	ck.				

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	OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SUI COMPLET	•
		465055		B. WING		4/10.	/2003
	ROVIDER OR SUPPLIER L HEIGHTS REHA	ABILITATION AND I	41 SOU	TH 900 EA	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIEST BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
F 460	at night the lights fro	ge 95 a resident on 4/8/03, he om the vehicles can be telle to close his window to	oothersome	F 460			
F 490 SS=H	A facility must be a enables it to use its efficiently to attain physical, mental, an resident. This Requirement is Based on observation review and facility pannual survey from determined that the manner that enabled and efficiently to enthe opportunity to a practicable physical well-being. Specification that each resident well-being and or low all addressed with appropriate appropriate interventions. Findings include: On April 10, 2003, completed which resub-Standard Quality Sub-Standard Quality assessment.	dministered in a manner resources effectively an or maintain the highest plate of psychosocial well-being is not met as evidenced from interviews, medical repolicy and procedures of 4/7/03 through 4/10/03, facility was not administed it to use its resources ensure that residents were train or maintain their hall, mental and psychosocially, the facility did nowith unplanned weight look burnin (protein) levels were repriate nutritional assessment of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the determination of the control of the control of the determination of the control of the con	d practicable ng of each by: record uring the , it was stered in a effectively provided ighest ial t ensure ess, pressure were ssments and rvey was ion of ination of in the lack of esidents	F 490	F 490 H For Corrective actions for identified residents and a Identification of resident potentially affected and a Measures to prevent recurrence: Refer to F 325 H; F326 H; F157 G; F241 E; F253 C; F257 B; F279 D; F309 G; F310 G; F371 E; F372 D; F426 E; F432 E; F460 E; F496 E; F502 E; and F514	for ts for	5/28/03
		alues reflecting malnutri did not receive therapeu					

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CLIVILIX	STOK MILDICARE O	E MEDICAID SERVIC	الانتار				256/-L
	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLET	
		465055		B. WING_		4/10	/2003
NAME OF PI	ROVIDER OR SUPPLIER	T	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
		BILITATION AND I		TH 900 E.			
LEDEKA	E HEIGHTS REITA				Y, UT 84102		
(VA) ID	CLD G (ADV C	TATELON OF DEPOSIT OF					
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F 490	Continued From pag	ė 96		F 490		1	
		needs. [42 Code of Fed	deral	, _			
		33.25 (i) Tag F - 325 an					
	` ,	() 2	•				
	1. Facility administr	ation failed to ensure th	at				
	residents maintained	parameters of nutrition	al status.		Monitoring/Quality	'	
	(Refer to F - 325, Sc	ope and Severity "H").			0 -		
					Assurance		
		ation failed to ensure th			The Administrator will responsible for continue		
		therapeutic diet when th					
		(Refer to F - 326, Scop	e and		compliance along with t	he	
	Severity "H").		}		designated position		
	a Nutritional Assess	sment and Intervention:			identified in each F tag	plan	
	Please refer to F- 32:				of correction for the abo	ve	
	11000010101 52	una 1 520.			tags cited.		
	A pattern of actual h	arm was identified for 6	residents				
		and 109) who experies			As chairperson of the		
		l weight loss, pressure u			facility's Performance		
	or laboratory values	which reflected nutrition	nal deficits		Improvement Committee		
		dequate nutritional asse					
		tion, a pattern of actual			(Quality Assurance), the		
		ents (54, 64 and 101) w			Administrator will cont	I	
	needs.	iets to meet their nutriti	onai		to facilitate the facility	I	
	necus.				in making the indicated		
	Resident 54 develope	ed a pressure sore on 2/	12/03		changes and in monitori	- j	
İ	_	ncrease in size. A revi			for continued compliance	ce,	
		record dietary notes re-					
		t addressing the pressur			Completion date: May 2	28,	
	had been completed:	for resident 54. There v	vas no		2003		
	documented evidence	e that the dietitian ident	ified that			-	
		meal intake was not me			:		
		eeds that were assessed					
	prior to resident 54's development of the pressure sore						
	on 2/12/03. There was no documented evidence that						
	the dietitian implemented appropriate nutritional						
ļ		ase calorie and protein				4	
į	resident 54 after she developed a pressure ulcer.					İ	

There was no documented evidence that the facility

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	` '	(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10	/2003	
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
		BILITATION AND I	41 SOU	TH 900 E	AST		!	
1 LDDIC.					Y, UT 84102			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX		BE PRECEEDED BY FULL I		PREFIX	(EACH CORRECTIVE A	CTION SHOULD BE	COMPLETE DATE	
TAG	OR LSC IDE	NTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE A	PPROPRIATE DEFICIENCY)	DAIL	
					<u> </u>			
F 490	Continued From page			F 490				
	^	with a therapeutic diet	to promote					
	wound healing.							
	D :1 . (4 1		. : . :				,	
		nitted to the facility records via gastrostomy tub						
		was admitted to the fac						
		er and a severe visceral						
		umin level of 1.9 g/dl.						
İ		2 until 12/30/02, reside						
		peutic diet which provi						
		neet her estimated need						
		culated by the dietitian						
<u> </u> 		time resident 64's pres						
		n a stage II to a stage I						
		 the dietitian calculatents using a lower pro- 						
		facility "Enteral Feedi						
		es. Thus, the dietitian						
1		tions which provided le					7	
		4 should have received						
		During this time reside						
		n size and depth from a						
		cm to a stage III measu						
		h of 0.3 cm per the faci						
1		entation. There was no						
		e that the facility provi						
		erapeutic diet to promo adequate protein to me						
	64's estimated needs		et residein					
	or a confined needs	•						
	Resident 84 was read	imitted to the facility o	n 11/14/02					
		ion. A review of resid						
	medical record dieta	ry notes revealed that i	no full					
	_	ddressing the right hip						
		eds had been complete						
	•	~						
	dietary assessment a caloric or protein ne- resident 84. On 11/2 pressure ulcer on her address the pressure	ddressing the right hip	incision, d for loped a an did not until 18					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	TPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING			/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	•	BILITATION AND 1		JTH 900 EA			
122					Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	JLD BE	(X5) COMPLETE DATE
E 400	Continued From mag	- 00		E 400		į	
F 490	Continued From page		t14	F 490			
		tional assessment, which					ļ
		lent 84's caloric and pross ss whether the diet pros				1	I -
		ss whether the diet prov nutritional needs and p					I
		incision and pressure					
		e any dietary changes f					
		days after the pressure					
		time the dietitian added					
		es a day. However, the					
		ıll nutritional assessmer			Transfer		
	whether the diet prov	vided and the house sup	plement		1		
		t resident 84's nutrition					
		healing of the incision a					ı
		/8/03, resident 84's pres				•	
		stage II to a stage III-I					
		not completed a full nu					
		whether the diet and ho					
		quate to meet resident					
		promote wound healin	g of the				
	incision and stage III	-1V pressure uicer.					
	Resident 101 experie	enced a 13.6% unplanne	ed weight				
		February, 2003 and a 9					
		ss from November, 200					
	February 2003. On 1	10/16/02 the dietitian de	ocumented				
		nutritionally stable eve					
		eal body weight (which					
		te state of malnutritio),					
		ment any dietary interv					
	_	/25/02, the dietitian do					
		uested double portions					
		ot until 1/20/03 (51 day					
	i e	et was changed. On 1/2	20/03, the				
	•	that resident 101 was	Phinides!				
		t 110 pounds, 73.8% of					
	, - - -	is considered a severe s					
		titian did not document be implemented. A lab			The second secon		
		nd dated 2/21/03, show					
	taken at the facility at	nd dated 2/21/05, snow	cu an				

AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SU COMPLET			
	465055			B. WING			/10/2003	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
	L HEIGHTS REHA	BILITATION AND 1		TH 900 EALAKE CIT	AST Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I NTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO THE APP	ION SHOULD BE	(X5) COMPLETE DATE	
F 490	depletion and an indi- dietitian did not addre 4/8/03, at which time intervention to increa requirements, even th visceral protein deple resident 101, on 4/7/0 received a double por receive one 3-4 mont and 4/8/03 provided on not receiving a therap Resident 106 experie loss from November unplanned weight los 2003, a 9.9% unplant 2002 to February 200 loss from January 200 resident 106's medica dietary assessment wh requirements, includi she had experienced a was no documentation dietitian had assessed Mighty shakes provid resident 84's nutrition gain. Interview with member and staff, as that resident 106 was only consumed 2 con There was no docume was aware that reside containers of pudding which time the dietiti protein content of the nutritional adequacy, evidence that the diet	is a mild visceral pro- cation of malnutrition. essed the low albumin she did not make any se resident 101's prote lough his albumin reflection. Upon interview 03, he stated that he have tion diet since his requision evidence that resident beutic diet with double med a 6.6% unplanned 2002 to December 200 s from January 2003 to ned weight loss from No 03 and an 8.4% unplant 03 and April 2003. A self record dietary notes in hich calculated nutrition in to provide evidence in the weight loss in to provide evidence in whether the enriched ded were adequate to make a significant weight loss in to provide evidence in whether the enriched ded were adequate to make a significant from the resident, resident from the resident from the resident from the resident from the resident of the resident from the resident of the resident from the r	The until dietary in sected a mild with ad not uest to on 4/7/03 101 was portions. If weight 102, a 7.6% of February Iovember ned weight review of revealed no onal needs after its. There that the diet and neet weight amily etermined rays and ach meal. In dietitian 2 8/03, at caloric and it's ented it that	F 490				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION IG	1, ,	(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10	/2003
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
		BILITATION AND 1		TH 900 EA			
					Y, UT 84102		
(X4) ID		ATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORI		(X5)
PREFIX		BE PRECEEDED BY FULL I	REGULATORY	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE APPROP.		COMPLETE DATE
TAG	OR ESC IDE	NTIFYING INFORMATION)	ŀ	TAG	CROSS-REFERENCED TO THE AFFROM	NIATE DEFICIENCE)	
F 490	Continued From page	e 100		F 490			
		s a day and would perl	naps drink		!	:	
		ere was no documented			· · · · · · · · · · · · · · · · · · ·		
	that the dietitian had	determined if the Med	Pass 2.0				
		uate to meet resident 1					
		ie dietitian did not calc			1		
		caloric and protein requ					
		ant weight loss, which					
	0	uary 2003. Without an					
		equirements, caloric re- ents it would not be po			4		
		now whether or not the					
		pplement would meet t			** On March		
	this resident.	Principal would have a					
	Resident 109 experie	nced an 8% unplanned	weight				
		2002 to January 2003					
		ight loss from Decemb			races as a		
		value taken on 12/16/02					
		ssion to the facility sho	1				
		h is a mild visceral pro					
		109 was re-admitted ba					
		ery. A review of resid- y notes revealed incon					
		lue to incomplete infor	•				
		resident 109, therefore					
		or fluid needs were no	;				
	· •	titian. Without an esti	and the second s				
		, protein or fluid requi					-
	_	e for the facility staff to	· ·				
		etary interventions wer				.	
		s needs to promote wei	ght gain,			`	
	protein improvement	and wound healing.	:				
	3. In addition to the	areas of Sub -Standard	Ouality of				
	§	e facility's administrato	-				
		ently use its resources					
		ained or maintained the					
	T .	mental and psychosoci					
		owing areas of deficies	i				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		465055		B. WING_		4/10	/2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND N		TH 900 E. AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE F BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE	(X5) COMPLETE DATE
F 490	a. Facility administra physician was immedin a resident's conditicare to be altered. The level. (Refer to F-15) b. Facility administrates resident was treated to F-241, Scope and condition of the brow	ation failed to ensure the diately notified regarding ion which required the shis was cited at an acturation failed to ensure easies with dignity and respect Severity "E"). ation failed to ensure the uilding was kept up. (Feverity "C"). ation failed to maintain ture in the building. (Reverity "B"). ation failed to ensure the individual resident. (Inverity "D"). ation failed to ensure the individual resident. (Inverity "D"). ation failed to ensure the individual resident. (Inverity "D"). ation failed to ensure the individual resident. (Inverity "D"). ation failed to ensure the individual resident. (Inverity "D"). ation failed to ensure the individual resident. (Inverity "D"). ation failed to ensure the individual resident. (Inverity "D").	ag a change plan of al harm 'G"). ach t. (Refer at Refer to at the plan Refer to at each at services physical, as cited at Severity esidents his was ope and at food anitary	F 490			
	was stored, prepared		anitary				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDI	TPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		465055		B. WING _		4/10	/2003
	ROVIDER OR SUPPLIER	,			TATE, ZIP CODE		
FEDERA	AL HEIGHTS REHA	BILITATION AND 1		TH 900 EA LAKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE I BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ULD BE	(X5) COMPLETE DATE
F 490	Continued From pag	e 102		F 490			
		ation failed to dispose of (Refer to F-372, Scope					
		ation failed to ensure the curately administered. verity "E").					
	-	ration failed to ensure med. (Refer to F-432, Sc					
	rooms were equipped	ation failed to ensure the d to ensure full visual p pe and Severity "E").					
	State Nurse Aide Re	ration failed to ensure t gistry was called prior t o F-496, Scope and Se	o hiring				
		ation failed to ensure the vere met for a resident. everity "D").				;	
	records were accurat	ration failed to ensure the ely documented and ized. (Refer to F-514, \$					
F 496 SS=E	Before allowing an in a facility must receiv individual has met co requirements unless a employee in a training	MINISTRATION Individual to serve as a receive registry verification to the individual is a full-tag and competency evaluation the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the state; or before all the states are states as a received and the states are states as a received and the states are states as a received as a receiv	ime uation	F 496			5/28/03

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	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		465055	B. WING _		4/10/2003	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S'	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	J.	TH 900 EA LAKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPL	ETE
F 496	information from every under sections 1819 Act the facility belief the individual. If, since an individual training and compete been a continuous peduring none of which or nursing-related set the individual must of competency evaluatifies evaluation program. This Requirement is Based on interview a determined the facility verification from the every other State registeve may have had 3 of 6 newly hired maides to provide dire E1, E2, E3. Findings include: On 4/10/03, the empinurse's aides who had 2002 and March 2000 Nurse's aide E1 had 2/24/03. There was registry had been call.	s a nurse aide, a facility must seek bry State registry established (e)(2)(A) or 1919(e)(2)(A) of the ves will include information on all's most recent completion of a ency evaluation program, there has bried of 24 consecutive months in the individual provided nursing revices for monetary compensation, complete a new training and on program or a new competency and record review, it was ty did not seek State registry local State registry and/or from istry that the facility had reason to dinformation on the individual for arse aides before allowing the ct care to residents. Nurse's aides been working for the facility since no documentation that the State	F 496	Corrective action for identified employees Utah State registry verification of obtained for E-1, E-2 and E-3 on May 5, 2003. Registry verification the state where E-3 was previously employed was also obtained on May 5, 2003. Identification of residents potentially affected All residents have the potential be affected Measures to prevent recurrent The Staff Development Coordinator was inserviced on April 15, 2003 by the Director of Nursing on the regulation that before allowing an individual to serve as a nurse aide the facility must receive local state registry verification that the individual is met competency evaluation requirements. Verification from every other state registry, that the facility has reason to believe mathave information on the individual must also be sought.	was nation to ce	

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CENTER	S FOR MEDICARE &	MEDICAID SERVICE	CES				2567 <u>-L</u>
	I OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		465055		B. WING		4/10/	/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 EA	AST		
				AKE CIT	Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL I ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATI	LD BE	(X5) COMPLETE DATE
F 496	Continued From page	e 104 with another orienting r	iurse's aide	F 496	Monitoring/Quality Assurance		
		on in the dining room.			The Staff Development		
	_				Coordinator or designee will		
		hired by the facility to			develop an audit tool by May 16	,	
		. There was no docum			2003. This tool will monitor	, i	
		in the local area or the			compliance with timely registry		
		he employee had been			verification before allowing an	Ì	
		e's aide, had been calle			individual to serve as a nurse aid	le	
		E3 was observed provide			in the facility.		
1		ndent resident who had s, with another orientin			Til Gu CC Description		
		on in the dining room.	g nuise s		The Staff Development Coordinator or designee will do		
	aide out no supervisi	on in the chinig room.			weekly audits for four weeks an	d .	·
	On 4/10/03, the staff	developer was intervie	ewed. The		then report compliance to the	-	
ļ		d that she was the one v			Performance Improvement		
		of nurse's aides. The s			Committee (Quality Assurance)	.	
		the procedure used for			The Committee will then detern		
		aides including calling			if there is a need for further aud	its	
		nurse's aides. The staf			and reports.		
		stries had not been call			The Staff Development	£0	
		or E3. The staff devel			Coordinator will be responsible continued compliance.	101	
		are of the requirement			commued compnance.	*	
		ner states that the facili ght have information re			Completion date: May 28, 2003	'	
		e considering for hire.					
	developer further sta	ted she had not been a	ware of the		The Director of Nursing or		
		ct the local State regist			designee will do weekly audits for		
	nurse's aides who ha	d not claimed to have b	peen		four weeks and then report to the	;	
	certified.				Performance Improvement		
					Committee (Quality Assurance). The Committee will then determ	· ·	
					if there is a need for any further	me	
F 502	483.75(j) ADMINIS	TRATION		F 502	audits and reports.		5/17/03
SS=D): :						
		ovide or obtain laborate			The Director of Nursing will be		
		its residents. The facil			responsible for continued		
	responsible for the quality and timeliness of the			compliance.			
	services.						
	This Requirement is	s not met as evidenced	by:		Completion date: May 28, 2003		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SUI COMPLET	
		465055		B. WING _		4/10/	2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE		
FEDERA	AL HEIGHTS REHA	ABILITATION AND I		TH 900 EA	AST Y, UT 84102		
			SALIL	AKE CII	1,01 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT: (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATI	ILD BE	(X5) COMPLETE DATE
F 502	Continued From pag	ge 105		F 502	F 502 D		
	Based on medical re	cord review and intervi	ew, it was	NY-2			
	determined that the	facility failed to provide	timely	04/03	Corrective action for identified	i .	
	laboratory services a	and adequate monitoring	of	-מערוני	residents		
		apy for $\hat{1}$ of 23 sample r					
		lity did not obtain labora			Resident # 83's physician ordere	ed a	
		needs of the resident.			PT/INR (prothrombin		
					time/international normalization		
	Coumadin is an oral	anticoagulant used to c	ontrol and		ratio) for 4-21-03, 4-23-03, 4-24	-03	
		ng disorders. Prescribin			and 4-28-03 This was done and		
		eding complications and			physician was timely notified of	the	
		clotting times requires			results. Her physician chose to r	not	
		ests. The prothrombin t			order another potassium level.		
		sed to monitor blood cl					
		(Reference Guide: Bru			Identification of residents		
		of Medical-Surgical N			potentially affected		
	i	ncott, Pages 802-803.)	<i>U</i> ,				
	1	, ,			Residents with ordered laborator	У	
	The International No	ormalization Ratio (INR), another		tests have the potential to be		ĺ
		ed in conjunction with t			affected.		
		peutic doses of anticoag					
		(Reference Guide: Phy			Measures to prevent recurrence		
		Edition, 1999 Medical			A sustain fan tropleine ondered		
	Company, Page 932				A system for tracking ordered	,, o	
					laboratory tests was developed b team of the Performance	y a	
	Resident Identifier:	83			Improvement Committee (Quali	ts:	
					Assurance) to track timely:	·J	
	Findings include:				1. Ordering by the physician		
					2. Noting of the order by nursi	ng	
	1. Resident 83 was	originally admitted to th	ne facility		3. Requisitioning the lab by	**5	
	on 5/9/00 with the d	iagnoses of cerebrovasc	ular		nursing		
	dementia with depre	essive features, deep veir	n		4. Drawing of the test by the la	ab	
		nt pneumonia with sever			5. Notifying the facility nursin		
	osteoporosis, B12 de	eficiency, atrial fibrillat	ion,		staff by the lab	٠	ļ
		ure, neuromuscular dysj			6. Notifying the physician by t	he	
	1	ct infections and a histo	ry of		facility nursing staff		
	urosepsis.				7. Placing the test into the		
					resident's chart	1	
		sician ordered a potassii	ım to be		8. Following through with any		
	drawn on 2/10/03 du	ue to hypokalemia.			ordered interventions.		
	!		i		1		

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STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/2003
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND P	41 SOU'	TH 900 EA	TATE, ZEP CODE AST Y, UT 84102	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE I BE PRECEEDED BY FULL F ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATI	ILD BE COMPLETE
F 502	No laboratory results for resident 83. On 3/17/03, a physic on Mon- Thurs [time thrombosis) [right] left thrombosis] [ri	s for the potassium coulcian order documented, es] 3 wks (weeks) DVT	"PT/INR (deep vein resident period was found for and 4/7/03. of nurses) some of the tated that completed	F 502	The licensed nurses will be inserviced by May 17, 2003 by Director of Nursing or designee this system. Monitoring/Quality Assurance The Director of Nursing or designee will develop and audit tool by May 16, 2003 to monito compliance with the system as outlined above.	e e
F 514 SS=F	The facility must ma resident in accordance standards and practic documented; readily organized. This Requirement is Based on record reviews determined that residents clinical record documentation was a residents.	intain clinical records of the with accepted professors that are complete; an accessible; and system in a not met as evidenced believe and facility staff into the facility did not ensured where complete and accurate for 16 of 23 sand 14, 54, 64, 74, 76, 80,	sional ccurately atically by: terviews, it ure that d ample	F 514	Corrective action for identifier residents Resident # 84, a hospice patient expired on April 11, 2003. The percent of meal consumption being documented for Resident 106, 64, 101, 105, 54 and 109. Residents # 106, 64, 74, 101, 101, 109, and 83 are being offered HS (bedtime) snacks. The offerings then being documented.	on is #

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/2003
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE	
		BILITATION AND ?	41 SOU	TH 900 E	AST	
TEDERA					Y, UT 84102	
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIE	ES	ID	PROVIDER'S PLAN OF CORRECT	
PREFIX	(EACH DEFICIENCY MUST	FBE PRECEEDED BY FULL I	REGULATORY	PREFIX	(EACH CORRECTIVE ACTION SHO	
TAG	OR LSC IDE	NTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT	E DEFICIENCY)
				T 51.4	<u> </u>	
F 514	Continued From page	e 107	İ	F 514	The facility is providing and	
	re di coloctodo.				documenting the following car	re
	Findings include:				areas for Resident # 54:	
	1 Recident 106 was	admitted to the facility	z on 8/9/01		1. correct weight	
		h included diabetes me			2. correct pressure sore	
		nic obstructive pulmon			measurements	tion
	depression and hypot				3. percent of meal consump	11011
	_				The facility is providing and	
	:	106's medical record v	vas		documenting the following ca	re
	completed on 4/9/03				areas for Resident #83:	
					 vital signs as ordered 	•
	a. Meal Percentage	Documentation			oxygen liter flow as orde	red
	Desident 106's Dogg	mber 2002 "Flow Shee	t Decord"		potential for urinary tract	
	I .	facility staff had not re			infections	
	I .	ges for 13 of 93 meals			4. offering of HS (bedtime)	
	mear make percenta	600 101 10 01 90 1110			snacks	
	Resident 106's Janua	ry 2003 "Flow Sheet I	Record"		The facility is providing and	
		facility staff had not re			documenting the following ca	re
	meal intake percenta	ges for 20 of 93 meals			areas for Resident #64:	
					1. tube feeding water flush	
		ary 2003 "Flow Sheet			2. feeding tube placement c	
		facility staff had not re			 indwelling urinary cathet 	er
	meal intake percenta	iges for 14 of 84 meals	•		care 4. indwelling urinary cathet	er to
	Resident 106's Marc	h 2003 "Flow Sheet Re	ecord"		down drain output	er to
		facility staff had not re			5. right upper extremity	
		iges for 12 of 93 meals			sling/swath checks	
	1	Č			pressure sore treatment	
	b. Offer of Bed Tim	ne (HS) Snack Docume	ntation		7. percent of meal consum	ption
					8. offering of HS (bedtime)	
		mber 2002, January 20			snacks 9. correct height.	
ļ		March 2003 had no do			7. Correct neight.	f !
1	day during these 4 n	snack had been offere	u on any			ĺ
	uay during these 4 n	nonins.				
	c. Supplement Documentation					
	Resident 106's "Med	dication Record" for A	pril 2003			į

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATÉ SURVEY COMPLETED	
		465055		B. WING_		4/10/2003	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, S	TATE, ZIP CODE		
FEDERA	AL HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL R INTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPLETE	
F 514	106 received a Might the lunch and supper meal on 4/10/03. Obtained an apper trays on 4/10/03 revealed that nutritional supplements. 2. Resident 64 was resident 64's medical and training the supplements and write congestive heart failured and the supplements. The Feeding Waster flushes had been been to the free ding that the feeding tube every 8 hours for 17. Resident 64's "Medical revealed that facility that the feeding tube every 8 hours for 17. Resident 64's "Medical revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube every 8 hours for 18. C. Indwelling Cathet Resident 64's "Treat revealed that facility that the feeding tube	ng staff documented that Shake nutritional support meals on 4/9/03 and the servation of resident 10/4/9/03 and her breakfasts to she was not sent a Mignation those trays. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities, which included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size. The e-admitted to the facilities and included statists fractures, dysphasia size.	olement for e breakfast of s lunch tray on the tray of the tray of	F 514	The facility is providing and documenting the following care areas for Resident # 106: 1. percent of meal consumption 2. Offering of HS (bedtime) snacks 3. Supplements as ordered. The facility is providing and documenting the following care areas for Resident # 86: 1. tube feeding water flushes 2. bolus tube feeding administration 3. gastrostomy tube site treatment Accurate weights will be obtained and documented for Residents # 109, 80, 82, 74, 92, 88, 54 and 1 The facility's new Registered Dietitian (RD) Consultant will complete updated nutritional assessments by May 12, 2003 for Resident # 105 and 109. The Minimum Data Set (MDS) assessments for Residents # 76, 88, 74, 80, and 82 will be review by May 19, 2003 by the facility' Utilization Specialist, who is a registered nurse. Indicated interventions will be instituted to include correction and/or initiation of new assessments.	ent ed 4. r 92, yed s	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUME		(X2) MULT A. BUILDI	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		465055		B. WING_		4/10/2003
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	ESS, CITY, S	TATE, ZIP CODE	
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F 514	revealed that facility that catheter care has opportunities. d. Indwelling Cathet Documentation Resident 64's "Treat revealed that facility catheter output for 9 Resident 64's "Treat revealed that facility catheter output for 7 e. Right Upper Extr. Documentation Resident 64's "Treat revealed that facility catheter output for 7 e. Right Upper Extr. Documentation Resident 64's "Treat revealed that facility checking the resident swath QID (four tim for 124 of 124 opposite that facility checking the resident swath QID (four tim for 112 of 112 opposite for 112 of 112 opposite for 112 of 112 opposite for 112 of 112 opposite for 112 of 112 opposite for 112 of 112 opposite for 112 of 113 opposite for 112 of 113 opposite for 113 of 114 opposite for 114 of 115 opposite for 115 opp	ment Record" for February-nursing staff did not doe d been provided for 5 of ter to Down Drain Output ment Record" for January-nursing staff did not doe 3 of 93 opportunities. ment Record" for February-nursing staff did not doe of 9 opportunities. emity Sling/Swath Check ment Record" for January-nursing staff did not doe of staff did not doe o	y 2003 cument y 2003 cument y 2003 cument y 2003 cument sling and an order, ry 2003 cument sling and an order,	F 514	Identification of residents potentially affected All residents have the potential be affected Measures to prevent recurrer The facility has secured the services of a replacement Registered Dietitian (RD) with years of experience. This RD is reviewing each current resident dietary assessment for accuracy nutritional need and is making changes and recommendations interventions as each case may indicate. This review will be completed by May 12, 2003. TRD is the facility's consulting and will be a member of the we and wound committee. The Director of Nursing has replaced the Assistant Director Nursing as the chairperson of tweight and wound committee. Other members of the committee. Other members of the committee include the Dietary Service Manager, and the wound nurse Committee members will seek input from the direct care staff may be indicated.	7 s t's y of for Chis RD eight c of the
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		465055		B. WING		4/10/2003
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F 514	revealed that facility-applying the physicia for 14 of 62 opportung. Meal Percentage I Resident 64's January documented that the meal intake percentage I Resident 64's February documented that the meal intake percentage I Resident 64's February documented that the meal intake percentage I Resident 64's March documented that the meal intake percentage I Resident 64's February documented that the snack was offered on no documented evide offered the other 26 Resident 64's March documented that the snack was offered on 3/22/03, 3/23/03, 3/2 was no documented offered the other 22 i. General Charting/On 12/4/03, facility "Enteral Feeding Wo	ment Record" for Marconursing staff did not don ordered pressure somities. Documentation y 2003 "Flow Sheet Refacility staff had not reges for 22 of 87 meals. ry 2003 "Flow Sheet Refacility staff had not reges for 13 of 84 meals. 2003 "Flow Sheet Refacility staff had not reges for 13 of 84 meals. 2003 "Flow Sheet Recfacility staff had not reges for 12 of 93 meals. e (HS) Snack Document of 12 years of 12 of 93 meals. e (HS) Snack Document of 12 years of 12 of 93 meals. e (HS) Snack Document of 12 years of 12 of 93 meals. e (HS) Snack Document of 12 years of 12 of 93 meals. e (HS) Snack Document of 12 years of 12 of 93 meals. e (HS) Snack Document of 12 years of 12 of 93 meals. e (HS) Snack Document of 12 years of 12 years of 13 years of 14 years of 14 years of 14 years of 15 y	cord" corded ecord" corded ord" corded ntation ecord" chat an HS There was d been ord" chat an HS There was d been ord" corded	F 514	A project team selected by the Administrator has reviewed the facility's process and system fo addressing weight and nutrition management. The team has developed a policy and procedur for obtaining accurate and timel weights and heights and for the accurate documentation. The Director of Nursing or designee will inservice by May 2003 the licensed nurses and the weight and wound committee of the policy and procedure for obtaining and documenting weight and wound committee meetings. The facility has designated certal Certified Nursing Assistants as team to obtain weights and heights team will be inserviced by Staff Development Coordinator May 9, 2003 on the proper technique for obtaining weights heights and how to properly document.	re ly ir 17, e n ghts he hin the hts. the by

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			EDENITIEICATIONI MILIMPER.		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 514	medicare MDS asses documented resident 3. Resident 86 was r 1/23/02 with diagnos pneumonia, non-insudementia and hypoth nutrition via gastrosto. Resident 86's medica 4/10/03. a. Tube Feeding Ware Resident 86's "Medica 2002 revealed that fadocument water flush physician order for 1 Resident 86's "Medica revealed that facility-water flushes had becorder for 124 of 124 Resident 86's "Medica revealed that facility-water flushes had becorder for 42 of 112 of Resident 86's "Medica revealed that facility-water flushes had becorder for 42 of 112 of Resident 86's "Medica revealed that facility-water flushes had becorder for 29 of 124 of 124 of 124 of 125 of	staff completed an initial sment. This MDS assess 64's height was 5 feet. e-admitted to the facility es, which included aspin lin dependent diabetes reproidism and received homy tube (G-tube). I record was reviewed on the Flush Documentation attention Record" for Decercility-nursing staff did not also had been given QID 24 of 124 opportunities. The proportunities attention Record" for Januar nursing staff did not doesn given QID per the physoportunities. The proportunities attention Record for Februaring staff did not doesn given QID per the physoportunities. The proportunities attention Record for Marcinursing staff did not doesn given QID per the physoportunities.	y on ration nellitus, her on mber not per the ary 2003 cument ysician h 2003 cument ysician h 2003 cument ysician mentation mber	F 514	The nursing staff will be inser by the Director of Nursing to designee by May 18, 2003 on: 1. The importance of and the expectation that HS (bedted snacks will be offered daily except where there may be contraindication i.e. NPO (nothing by mouth) status. 2. The expectation that the offering of HS snacks will documented daily. 3. The importance of and the expectation that meal consumption percentages be accurately documented each meal daily. 4. The expectation that accurately and heights will obtained and documented. 5. The expectation that uring catheter output to down downly be documented. 6. The expectation that indwelling urinary catheter are will be documented. The Director of Nursing or designee will inservice the lice nurses by May 18, 2003 on: 1. The expectation of completing and accurate documentation enteral care to include tube feeding water flushes, tube placement checks, bolus feeding administration and gastrostomy tube site care.	e ime) illy, ee a s. Il be e will d for urate be l arry trains er ensed ete on of ee	

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		465055		B. WING		4/10/2003
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OVA) ID	STIMMADY	TATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF CORRECT	ION (X5)
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F 514	Continued From page			F 514	2. The expectation of accura	nte
	document bolus tube	feedings had been give	en TID		documentation of suppler	
	(three times a day) pe	er the physician order f	or 13 of 25		administration, oxygen	
		D (twice a day) per the	physician		administration, sling chec	cks,
	order for 2 of 46 opp	portunities.			and pressure sore	
		,	2002		measurements.	
	Resident 86's "Medic	cation Record" for Janu	iary 2003			1
	revealed that facility	-nursing staff did not d	ocument		A project team will be appoint	ited by
	bolus tube feedings	had been given BID per	ine		the Administrator by May 7,	2003
	physician order for /	7 of 62 opportunities.	į		to focus on determining the c	
	- 11 . O.C. 13.5 1'	Downstiff from Tak			of MDS (Minimum Data Set))
ļ	Resident 86's "Medi	cation Record" for Feb	ruary 2003		accuracy problems and ways	to
1		-nursing staff did not d			improve the accuracy. This t	eam
		had been given BID pe	ruie		will report to the Performance	e -alies
	physician order for 2	21 of 56 opportunities.			Improvement Committee (Qu	lanty
	Docident 86's "Medi	cation Record" for Ma	rch 2003		Assurance)	
,		-nursing staff did not d			Monitoring/Quality Assura	nce
	bolus tube feedings	had been given BID pe	r the		Withitoring Quanty Assura	ince
		38 of 62 opportunities.	2 4115		The Director of Nursing or	
	physician order for a	of or or opportunities			designee will develop audit t	ools
	c Gastrostomy Tub	e (G-tube) Site Treatm	ent		by May 16, 2003. These too	ls will
<u> </u>	Documentation	()			audit for accuracy and	
					completeness of documentat	ion in
	Resident 86's "Medi	ication Record" for Dec	ember		various areas. These areas to	ţ
	2002 revealed that f	facility-nursing staff did	l not		include enteral administratio	n and
	document the applic	cation of Bacitracin wit	h a dressing		gastrostomy care; HS snack	
	the G-tube site BID	per the physician order	for 30 of		offerings; meal percentage	
	62 opportunities.	_ :			consumption; MDS accuracy	
					oxygen administration and o	
1	Resident 86's "Med	ication Record" for Jan	uary 2003		saturation levels, accurate he	
	revealed that facility	y-nursing staff did not o	locument		and weights; indwelling uring catheter care and measuring	of
	the application of B	acitracin with a dressin	g the		output; pressure sore measur	rement
		the physician order for	r 29 of 62		-	
	opportunities.				and treatment; supplement	nc :
			· · ·	: 	administration; and vital sig	115.
		re-admitted to the faci				
	1/17/03 with diagno	oses which included rig	nt nip ollitus			
	tracture, pain, pleur	ral effusion, diabetes m	tiiitus,			
!	chronic renal insuff	ficiency and congestive	пеан			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 514	a. General Charting/On 1/17/03, facility-radmission "Nursing resident 84's height von 1/27/03, facility sassessment. This MI resident 84's height a 5. Resident 88 was a 11/13/02 with diagnodisorder, dementia, dand left eye blindness. Resident 88's medical The quarterly Minim dated 2/11/03 and the dated 11/19/02 documented as real as decumented as real as a Bed mobility, how position, turns side to bed. b. Transfer, how resided bed, chair standing. Dressing, how resides of street clothing. Toilet use, how reson/off toilet and clear is Personal hygiene, washing/drying face	I record was reviewed MDS Documentation mursing staff completed Assessment" form. On vas recorded at 5 feet 2 staff completed an initia DS assessment document t 4 feet 8 inches. Idmitted to the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteoporosis s. I record was reviewed The difference of the facility of sees that included seizur depression, osteo	an this form, inches. al MDS nted on res, anemia, on 4/9/03. sessment assessment and G2, of one staff sident 88 for: from lying dy while in arfaces such on, transfering. teeth,	F 514	The Director of Nursing or designee will do weekly audits for six weeks. At the completion of the audits the Director of Nursing or designee will report compliant to the Performance Improvement Committee (Quality Assurance). The Committee will then determ if there is a need for any further audits and reports. The Director of Nursing will be responsible for continued compliance, Completion date: May 28, 2003	g ce

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMI		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	[` /	(X3) DATE SURVEY COMPLETED	
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	CID O (A DV C	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O	F CORRECTION :	(X5)	
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F 514	4/8/03, 4/9/03 and 4 to be to position her into bed, transfer from assistance. Which we MDS assessment as A certified murse's a resident 88 since the facility, was intervied CNA stated that resum and was very independent 88 dressed moved around in he staff. On 4/8/03 at 12:30 provided care for resident 88 dressed moved around in he staff. On 4/8/03 at 12:30 provided care for resident 84 that resum admitted to the CNA stated that resum the CNA said, "When the to do it herself." The 11/19/02 computed computed in section pounds. The Resident 88 listed the section of the staff.	served intermittently on a 1/10/03. Resident 88 was reself in bed, get up from 1/20 m/to bed and chairs with would have been coded of "0". Itide (CNA) who provides the resident had been admit ewed on 4/8/03 at 9:00 A 1/20 mident 88 did not like to be endent. The CNA stated a groomed, toileted, transfer bed without any assistant PM, a second CNA who exident 88 since the resident 88 since the resident 88 did everything the make her bed but we can be first weight for the resident 88 weent Care System Weight the first weight for the resident for the resident weight for the residen	s observed bed and hout any on the d care for itted to the AM. The be touched that if ance of any of had lent h	F 514				
ļ	during the forth we documented to be	ek of November 2002 at 108 pounds. It was docu	nd was mented on					
	a nursing assessme weighed 110 pound	nt dated 11/13/02, that reds. The dietary assessmented that resident 88's usu	esident 88 ent, dated					
	documented that rethat the resident halloss. The nutrition	S assessment, dated 2/11 esident 88 weighed 115 paid experienced a significate all assessment, dated 2/1 ent 88's weight was stable	oounds and ant weight 4/03,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN			COMPLETED	
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F 514	Continued From p	page 115		F 514		·	
	and most recently 92's diagnoses inc	as admitted to the facility readmitted on 3/23/03. Folude congestive heart fail stes, pneumonia and left b	Resident ure, atrial				
:	Resident 92's med 4/10/03.	lical record was reviewed	on		:		
	was documented resident 92. The dated 1/19/03 wa assessment for rerequired, but if the should have been quarterly. Coding assessment would results in the MD been temporarily hospital on 1/8/03 time the resident	ve MDS assessment dated as the admitting assessment comprehensive MDS assess also documented as the sident 92. A new assessment facility chose to comple coded as a significant charge a second assessment as a diffect the facilities quality S tracking system. Residulischarged from the facility, 118/03, 2/8/03 and 3/2 returned to the facility, it S tracking purposes.	ent for essment admitting tent was not the one, it can initial ty indicator ent 92 had ity to the 0/03. Each				
	12/27/02, docum	mprehensive MDS assessmented the resident's admittion A3, and that there wation A4a.	ting date				
	12/27/02, docum pounds Resident assessment dated weighed 214 pou experienced a sig weight loss is 5% days, or 10% in	nprehensive MDS assessmented the resident weigher 192's comprehensive MDS, 1/19/03, documented the mass and that the resident parificant weight loss. A series (percent) in 30 days, 7.5 180 days. Resident 92 has parificant weight loss of 7% as 190 factors.	d 230 S e resident had not ignificant % in 90 d				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT.	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	2003
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redeka	L DEIGH 13 KUHA	BILITATION AND I			Y, UT 84102		
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, 11							
F 514	Continued From page	e 116		F 514			
		nitted to the facility on					
		ncluded diabetes, depre	ession,				
	pneumonia and asphy	yxıa.					
	 Resident 92's full MI	OS assessment dated, 2	/2/03.				
		lent weighed 94 pound					
		assessment dated, 3/4/0					
	documented the resid	lent weighed 105 poun	ds and that				
		experienced a significa-					
		id experienced a signifi	icant				
	weight gain of 9.6%	in 30 days.					
	7. Resident 74 was a 80 year old female who admitted to the facility on 2/8/02 with diagnoses that included diabetes, decubitus, hypertension and Alzheimer's disease.		included				
	On 4/7/03, resident 7	74's medical record was	s reviewed.				
	Weight History:	weights per Resident C Week 2 Week 3 We					
Ì	March 2003 123						
	February 2003 119		122				
	January 2003 120		119				
	December 2002 123		119				
	November 2002 12	6 127 125	126				
	Resident 74's vital si	igns and weight record					
	documented her wei						
	119 pounds on 12/2:						
	120 pounds on 1/5/0					!	
	119 pounds on 1/11/						
	113 pounds on 2/9/0)3,					
	115 pounds on 3/30.						
	116 pounds on 4/4/0		.1				
1		weights documented of	on the				- !
	report.						

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	2003
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND ?	41 SOU	TH 900 EA	TATE, ZIP CODE AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIE BE PRECEEDED BY FULL R NTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIAT	ULD BE	(X5) COMPLETE DATE
F 514	Continued From page	e 117		F 514			
	The Nutritional Prog 3/24/03 by the regist resident weighed 115 represented a 9 pouncalculate the 9 pounc of 115 pounds would weight of 124 pound resident 74's record a pounds. The previous 74's medical record arecord and that docu 113 pounds on 2/9/08. Resident 101 was admitted to the facility of Multiple Sclerosis and insomnia. A record review for 4/08/03 to 4/09/03. 10/29/02, document "Nutrition altered Robelow IBW. The apfollowed: 1. Notify RD [Regist problems, complaint 2. Monitor % of me patient refuses meal 3. Offer HS [night] or R = Refuse. 4. Recent wt [weight 1/22/03. Upon record review staff did not document the care plan stated resident 101's meal Sheet Record" for Note 1.5 pounc	ress Notes for resident ered dietician, document pounds and that the wild and 7.3 percent weight weight loss, resident 7 have had to be compass. There was no document that the resident weight was on the vital signs and mentated the resident wild as 55 year old male, whit you not 19/02 with the stagle of the following problem of the following problem of the following problem of the proaches for this problem of the following problem of the foll	nted the reight ht loss. To 74's weight red to a lentation in led 124 in resident and weight weighed led with the facility remains and the facilit				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		465055	B. WING_		4/10/2	2003	
	OVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND 1 41 SOU	TH 900 E	Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIES FOR BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE AP	TION SHOULD BE	(X5) COMPLETE DATE	
F 514	percentages. Out of the month, 12 had not a possible 30 lunch is meal intake document meals for the month, documented. A review of resident 2002 revealed the following possible 31 dinner in intake documented. A review of resident 2003 revealed the following possible 31 dinner in intake documented. Out of month, 10 had no mont	a possible 30 breakfast meals for o meal intake documented. Out of meals for the month, 12 had no meals for the month, 12 had no meal. Out of 30 possible dinner, 12 had no meal intake 101's meal intakes for December ollowing: out of a possible 31 the month, 11 had no meal intake for a possible 31 lunch meals for the meals for the meals for the month 13 had no meal intake for the month, 10 had no meal intake for a possible 31 lunch meals for the meal intake documented. Out of a meals for the meals for the meals for the meals for the meals for the meals for the month, 7 had no meal intake of a possible 28 the month, 4 had no meal intake of a possible 28 lunch meals for the meals for the meals for the meals for the month, 13 had no meal intake documented. Out of a meals for the month, 13 had no meals for the month, 13 had no meals for the month, 13 had no meals out of a possible 31 breakfast h, 6 had no meal intake	F 514				
	month, 6 had no me	of a possible 31 lunch meals for the eal intake documented. Out of a meals for the month, 11 had no ented.					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/	2003
	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA AKE CIT	AST Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE TBE PRECEEDED BY FULL R ENTIFYING INFORMATION)	S REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIAT	ULD BE	(X5) COMPLETE DATE
F 514	revealed the followir meals for the month, documented. Out of month, 1 had no mea possible 8 dinner me intake documented. Resident 101 did not of accepting or refus care plan. 9. Resident 105 was admitted to the facility of Dementia, Conge gastroesophageal regastroesophageal r	e 119 101's meal intake for Ang: out of a possible 8 lanch meal intake a possible 8 lunch meal intake documented. On the form of the month, 4 had a last for the month, 5 likely an error. Resident likely an error. Resident likely an error. Resident likely and error. Patient] is on a last likely and las	oreakfast als for the Out of a and no meal revidence ested in his who was diagnoses extension, depression. acted on a sed, "has lost On wn] 20 as ed, "has lost Cumented "[patient] past week NCS [No 0 apparent of a part of	F 514			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
f	465055	B. WING		4/10/2003	
NAME OF PROVIDER OR SUPPLIER	i i		TATE, ZIP CODE		
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PREFIX (EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES BE PRECEEDED BY FULL REGULATORY NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIATE	LD BE COMPL	ETE
F 514 Continued From page	e 120	F 514			
re-weigh or an incorr The facility RD maderesident 105's weight was 136 [down] from [Weights] in Oct - De [nursing] about [weight they re-weighed [patilikely inaccurate R/T [nursing] states [patie [pounds]. 0 new laber [pounds]. 0 new laber [pounds]. 0 new laber [pounds]. 0 new laber [pounds]. The solution of the state of the s	able to produce evidence of a rect weight for resident 105. e the following note concerning loss on 2/05/03: [Weight] on 2/2 in 140 [pounds] prior week. ec about 163 - 170 - asked ght] discrepancy. [Nursing] states ient] - wts [weights] before were [related to] chair weight - nsg ent] true [weight] is approx 136 # s. PO [oral] intake record 0 trecord to be created if missing, as needed]." There were 2 Records in resident 105's record centage of meal intake. ional quarterly note, dated at that she was consuming 50 - the facility dietary manager Laboratory Results" the following: MP, BUN [elevated] 35, albumin flow] 2.2, BMP on 2/21/03 WNL is a facility dietary manager Assessment Summary", "[patient] [pounds]. MD informed, labs on a falbumin] low 4.7 [patient] [re, PO [oral] intake is good, skin the monitor". The facility RD marterly assessment that was stary manager for resident 105. as 2.2, not 4.7 and there is no such the laboratory results of 2/21/03 d in the 3/03/03 quarterly dietary				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		CLIA BER:	A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/2	2003	
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	Y, UT 84102			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	S EGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APPROPRIA	OULD BE	(X5) COMPLETE DATE	
F 514	9/04/02 "Problem: Will eat 75% of mea "Approach: Allow ti prompting & verbal complete task." 9/09/02, 12/04/02 ar "Nutrition altered R. IBW. Admit weight Depression; and Cor "Goals: Will have r weight loss per weel nutritional needs", the enriched; Monitor % replacement if patie replacement; Offer R =Refuse; 2/10/03 can qd [everyday]; times per day]". Upon record review staff did not docum the care plan stated resident 105's meal Sheet Record" for M facility nurse aides percentages. Out of the month, 12 had r a possible 30 lunch meal intake docum meals for the month documented. A review of resider 2002 revealed the formal states of the month breakfast meals for	e 121 blan reflected the follow Feeding Deficit" with the surface of the supervention of feed self. Supervention of Superventi	he "Goal: ision", the rise with ed to ewed", hight above 35.; with r 1-2 # ts sordered r d % of =Accept Ensure 1 the facility very day as riew for n the "Flow d the l intake in hit meals for hited. Out of 4 had no hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hit meals for hited and ho hited and	F 514				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465055	(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED 4/10/2003	
	OVIDER OR SUPPLIER L HEIGHTS REHA	STREET ADDI BILITATION AND 1 41 SOU'	TH 900 EA	Y, UT 84102		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIES FOR BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA'	ULD BE	(X5) COMPLETE DATE
F 514	possible 31 dinner mintake documented. A review of resident 2003 revealed the form the breakfast meals for documented. Out of month, 11 had no mpossible 31 dinner mintake documented. Resident 105 had 2 month of February 2 percentages documented at lintakes for the Record" revealed the breakfast meals for documented. Out of month, 10 had no mpossible 28 dinner meal intake documented for the month, 19 had no mpossible 28 lunch mintake documented for the month, 19 had no mpossible 28 lunch mintake documented for the month, 19 had no month 19 had no month	al intake documented. Out of a neals for the month, 4 had no meal intakes for January ollowing: out of a possible 31 the month, 10 had no meal intake for a possible 31 lunch meals for the eal intake documented. Out of a neals for the month, 6 had no meal intake on the following: out of a possible 28 the month, 7 had no meal intake of a possible 28 lunch meals for the neal intake documented. Out of a meals for the month, 11 had no ented. Sheet Record" for resident 105's il intake documented. Out of a meals for the month, 11 had no ented. Sheet Record" for resident 105's il intake documented. Out of a neals for the month, 19 had no meal. Out of a possible 28 dinner meals and no meal intake documented. The total country of a possible 31 the month, 4 had no meal intake of a possible 31 lunch meals for the meal intake documented. Out of a meals for the month, 4 had no meal intake of a possible 31 lunch meals for the meal intake documented. Out of a meals for the month, 6 had no meal				

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM	CLIA BER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
, and a some o		465055		B. WING		4/10/2	2003
	an army HTD		STREET ADDR	ESS, CITY, ST	TATE, ZIP CODE		
	OVIDER OR SUPPLIER	DIT ITATION AND !		TH 900 EA			
FEDERA	L HEIGH IS KEHA	BILITATION AND I	SALT L	AKE CIT	Y, UT 84102		
	CIMMARVS	FATEMENT OF DEFICIENCIE	ES I	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5) COMPLETE
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	I BE PRECEEDED BY FULL I ENTIFYING INFORMATION)	REGULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIAT	TE DEFICIENCY)	DATE
F 514	revealed the following meals for the month, documented. Out of month, 1 had no mean possible 8 dinner meaning intake documented. Resident 105 did no offered her evening planned. 10. Resident 109 we re-admitted to the fadiagnoses of hip fra Osteoporosis, demean demander of the fadiagnoses of hip fra Osteoporosis, demean demander of the her height and weighterefore resident 1 were not calculated following in her into fully assess pt [p 0 diet orders. 0 means of the diagnosis]. Unably time or fully assess information. Will as more information obtain wt [weight]	a 105's meal intake for Ang: out of a possible 8 at 1 had no meal intake a possible 8 lunch meal intake a possible 8 lunch meal intake documented. The area of the month, 2 has a 97 year old female acility on 12/19/02 with cture, congestive heart antia, anemia and constitution of the acility. Resident 109 was condon 12/19/03, resident iterary assessment upon facility. Resident 109 the documented or her 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on a 109's calorie, protein, on the facility RD documented or her 109's calorie, protein, on the protein of the to make recommendate to make recommendate pt. [patient] d/t [due to continue to monitor prom becomes available. In the ight]."	als for the Out of a and no meal of being ad care e, who was a the failure, ipation. ducted on a 109 had an a her did not have (BW, r fluid need's imented the ry: "Unable O ht [height], [albumin] hal risk er dx ations at this of lack of a [as needed] Recommend es", 11 days	F 514			
	after admission, fo	or resident 109 had no h The facility RD docum to edema and that her o	eight or ented that	3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDENTIAL		(X1) PROVIDER/SUPPLIER/IDENTIFICATION NUM	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	-	COMPLETED		
		465055		B. WING		4/10/2	2003		
NAME OF PROVI	DER OR SUPPLIER HEIGHTS REHA	BILITATION AND N	41 SOUT	H 900 EA	Y, UT 84102				
(X4) ID PREFIX TAG	CH DEFICIENCY MUST	TATEMENT OF DEFICIENCE T BE PRECEEDED BY FULL I ENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO THE A	CTION SHOULD BE	(X5) COMPLETE DATE		
w reconstruction of the co	as on a regular die commendations weight] & record in esident 109's weight Meight Record of height was documented as 18 days after a equesting a height continued, D/C [discorder" for "[change enriched, D/C [discorder for "[change enriched, D/C [discorder for "[change enriched, D/C [discorder for "]] as 18 days after a equesting a height continued of the formation of the formation of the formation of the formation and a 109 had "None of Problems". "Nutrous for resident 109 do height was documented to "Compared to the formation and a 109 had "None of Problems". "Nutrous for resident 109 do height was documented to "Compared to the formation and a 109 had "None of Problems". "Nutrous for resident 109 do height was documented to see the formation and a "Weight Loss" we weight Loss" we weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a "Weight Loss" was a supported to the formation and a suppor	asional refusals". Residut. The facility RD's rere "obtain ht [height] on [chart]". The facility RD is rere "obtain ht [height] on 12/31/02 as 122 presented. The facility RD documented in the session of the resident of t	& wt "Vital Signs ounds but the 109's oral own. This y RD was 's Telephone led Salt] Na D/T [due height and mented in the 9 had been resident 109 ight was correct ". Resident utritional is left blank ted 3/17/03, oblems". The hich was 109 pounds." Change " and	F 514					
L			ATG021199		ULKU1	If continuation	n sheet 125 of 13		

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CLIA BER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 4/10/2003	
		465055		1		4/10/2	2003
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDR				ļ
FEDERA	L HEIGHTS REHA	BILITATION AND I	41 SOUT	TH 900 EA	ST		Į
Tebeles			SALT L	AKE CITY	Y, UT 84102		(X5)
(X4) ID PREFIX TAG	(FACH DEFICIENCY MUST	FATEMENT OF DEFICIENCIE T BE PRECEEDED BY FULL F ENTIFYING INFORMATION)	S ÆGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA'	ULD BE	COMPLETE DATE
F 514	had "Mechanically a marked for "Nutrition Resident 109's care her admission, docuproblem related to "of "Total intake will approaches were as "Monitor % of meal patient refuses meal HS [night] snack D and "Provide supplisecond problem idel 1/28/02, with the f with minimal supertime to feed self. Societing. Assist as a second goal was "with the approach supply as needed" cut meat, butter broadly as needed cut meat, butter broadly as needed constipation with 118 - 128 #". The meals eaten and of consumes less that 1/15/03), monitor Upon record revies staff did not documenting meal intakes, documenting meal documenting mea	t meals" marked. Resid altered diet" and "Thera	I days after red" as a a th the goal ". The ered", ment if ent", "Offer Refused", The efficit", dated % of meals th of "Allow ag & verbal ". The feed self" re device & esident, ie On : less than for fitting ted to] the facility every day as requested to esident 109's theet Record rese aides were Out of a				

CMS-2567L

STATEMEN		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/CLIA	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		465055		B. WING		4/10/2	2003	
NAME OF B	ROVIDER OR SUPPLIER	<u> </u>	STREET ADDR	RESS, CITY, S	FATE, ZIP CODE			
FEDERA	AL HEIGHTS REHA	BILITATION AND I	41 SOU	TH 900 E	AST			
I EDEK	II delonio aman-		SALT L	AKE CIT	Y, UT 84102			
(X4) ID PREFIX TAG	TEACH DEFICIENCY MUST	TATEMENT OF DEFICIENCE T BE PRECEEDED BY FULL ENTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE AF	TION SHOULD BE	(X5) COMPLETE DATE	
F 514	meal intake document meals for the month, documented. Out of month, 6 had no meals for documented. Out of month, 4 had no me possible 28 dinner rintake documented. A review of resident 2003 revealed the following for the month, 4 had no me possible 31 dinner rintake documented. A review of resident 2003 revealed the following for the month, 4 had no me possible 31 dinner rintake documented. Out of month, 1 had no me possible 8 dinner nintake documented. Out of month, 1 had no me possible 8 dinner nintake documented. Resident 109 did nintake documented in her her care plans required. On 4/08/03 at 2:20 measured by 2 fac present. Resident 5 inches and weight	nted. Out of a possible, 7 had no meal intake for possible 31 dinner nal intake documented. It 109's meal intake for pollowing: out of a possible 28 lunch meal intake documented. Intake documented, and intake documented. Intake documented and intake documented and intake documented. Intake documented and intake documented. Intake documented and intake documented. Intake documented and intake documented and intake of a possible 8 lunch meal intake documented. Intake documented and intake documented and intake documented. Intake documented and intake documented. Intake documented and inta	February ible 28 eal intake leals for the Out of a had no meal March sible 31 eal intake leals for the Out of a had no meal April 2003 8 breakfast eals for the Out of a had no meal snacks refused" per weighed and e surveyors ches or 4 feet, MDS					

STATEMENT		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CLIA BER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SUR COMPLETE	
AND PLAN O	F CORRECTION	465055		B. WING		4/10/2	2003
		403033	CONTEX ADDR	ESS CITY S	TATE, ZIP CODE		
NAME OF PR	OVIDER OR SUPPLIER	THE TOTAL TON AND P		езз, сп 1, з ГН 900 Е			
FEDERA	L HEIGHTS REHA	BILITATION AND	SALT L	AKE CIT	Y, UT 84102		
(X4) ID PREFIX TAG	JEACH DEFICIENCY MUST	TATEMENT OF DEFICIENCE T BE PRECEEDED BY FULL ENTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO THE AP	TION SHOULD BE	(X5) COMPLETE DATE
		107		F 514			
F 514	6/30/98 with diagno heart failure, urinary manic depression, c	s admitted to the facility ases of left hip fracture, by tract infection, dehydronstipation and osteopout 76's medical record was seen to the second second seen to the second secon	ration, orosis.	1 314			
	rails up when in beemobility [and] posi		sea bea				
	An annual MDS da	ated 3/11/03, revealed t	he following:				İ
	Under section G6-lused for bed mobil	b., Modes for Transfer. lity or transfer was not	, Bed rails checked.				
	A physician order of resident 76's me refusal.	dated 9/26/03 document edications were stopped	nted that all I due to				
	An annual MDS (revealed the follow	minimum data set) date wing:	d 3/11/03,				
	following medicat	a and b., Days received tions., Antipsychotic an ere checked as being gi	ıd				
	on 9/12/02, with t	was originally admitted the diagnoses of poor c pothyroidism, radial fra constipation and depre	rculation, cture, tibial				
	A review of resid completed on 4/1	lent 80's medical record 10/03.	l was				
			ATG071199		ULKU1	If continuatio	n sheet 128 of 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PR IDE		(X1) PROVIDER/SUPPLIER/CLIA – IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		465055	B. WING		4/10/2	2003	
VALUE OF PA	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE			
NAME OF PE EEDED A	I HEICHTS REHA	BILITATION AND 1 41 SOU	TH 900 EA	AST			
FEDERA	L HEIGHTO 163222	SALTI	LAKE CIT	Y, UT 84102	ann a company	(X5)	
(X4) ID PREFIX TAG	JEACH DESICIENCY MUST	TATEMENT OF DEFICIENCIES T BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE APP	ON SHOULD BE	COMPLETE DATE	
F 514	a. MDS		F 514				
	A weight history reversident 80: October 2002, 1st w. November 2002, 1st December 2002, 1st January 2003, 1st w. February 2003, 1st w.	st week 109 lbs. t week 108 lbs. reek 105 lbs. week 102 lbs.					
	Under section K2b.	ated 3/4/03, revealed the following. , Height and Weight., the weight 1 lbs. According to the weight s weight was 99 lbs.					
	Under sections K31 documented that re	b., Weight Change, they esident 80 had a weight gain of 5% days; or 10% or more in last 180 o the weight history resident 80 had					
	8/13/02 with the d	vas admitted to the facility on iagnoses of stroke, constipation, t knee deformity, incontinence, oderate depression.					
	A review of reside completed on 4/10	ent 82's medical record was 0/03.				 	
	a. Weight Record	ls					
	following: 8/14/02 (2nd wee 4th week August	No Recording k September) 119 lbs.					

ATG021199

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUM		(X2) MULT A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		465055		B. WING _		4/10/	2003	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, S	TATE, ZIP CODE			
		BILITATION AND I	41 SOU	TH 900 E	AST			
FEDERA			SALT L	AKE CIT	Y, UT 84102			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF	CORRECTION	(X5) COMPLETE	
PREFIX	FACH DEFICIENCY MUST	I BE PRECEEDED BY FULL I	REGULATORY	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO THE API	PROPRIATE DEFICIENCY)	DATE	
TAG	OR LSC IDE	ENTIFYING INFORMATION)		IAG				
		- 120		F 514				
F 514	Continued From pag	No Recording		1 51,			ł	
	3rd week October 11/3/02 (1st week N				1			
	11/3/02 (1st week 1st 11/10/02(2nd week 1st	November) 116 lbs						
İ	11/17/02(2nd week 1	November) 118 lbs.	ŀ					
	11/11/02(3rd week 1 11/24/02(4th week 1	November) 116 lbs.						
	5th week November		ŀ					
	2nd week December						i	
	3rd week December		l i					
1	4th week December	_						
	1/8/03 (1st week Jar							
	4th week January	No Recording						
<u> </u>	1st week February	No Recording	İ					
	2/9/03 (2nd week Fe							
ł	3rd week February	No Recording	Į					
	4th week February	No Recording						
İ	1st week March	No Recording	į		Į		ļ 1	
ļ	2nd week march	No Recording						
	3/27/03 (4th week N						<u> </u>	
	4/4/03 (1st week Ap	oril) 112 lbs.						
	A "Resident Care S	ystem Weight History"	, revealed					
	the following:	, ,						
\	August 2nd week	No Recording					l i	
	August 4th week	120 lbs.						
1	September 5th weel				ļ j			
1	October 1st week	119 lbs.						
	October 3rd week	121 lbs.						
	November 1st week							
	November 2nd wee						!	
Ì	November 3rd wee			ļ				
	November 4th week November 5th week							
	December 2nd wee							
	December 3rd wee							
	December 4th wee							
-	January 1st week	115 lbs.			ļ 			
	January 4th week	113 lbs.						
	February 1st week							
	February 2nd week			į				
l .	- I			1	1			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465055	(X2) MULT A. BUILDIN B. WING _	IPLE CONSTRUCTION NG	(X3) DATE SUR COMPLETE 4/10/	ATE SURVEY OMPLETED 4/10/2003	
	ROVIDER OR SUPPLIER L HEIGHTS REHA	BILITATION AND 1 41 SOU	TH 900 E	Y, UT 84102		(V5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES T BE PRECEEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO THE AC	CTION SHOULD BE	(X5) COMPLETE DATE	
F 514	Care System Weight in resident 82's med the nursing progress and skin notes. The make it very difficult During an interview 4/10/03 at 10:00 All what was going on to tell if the weights most current. She find dietitian had told he used by the facility. b. MDS A quarterly MDS of following. Under section K2b was recorded as 11 weight was documented weight February on either Under sections K3 documented that response in later 15% or more 15% or more 15%	111 lbs. 119 lbs. 119 lbs. 119 lbs. 119 lbs. 113 lbs. No Recording No Recording Weight Record" and "Resident thistory" forms were both located ical record. One was found under to notes the other under the weight to follow resident 82's weights. With the medical director on M, she stated it was hard to tell in the medical records, it was hard to in the medical records were the further stated that the registered er there was not another weight log. In the interval of the weight, the weight and Weight, the weight log. In the interval of the month of the further stated that the registered er there was not another weight log. In the interval of the weight and the further stated that the registered er there was not another weight log. In the interval of the weight and the weight stated 2/11/03, revealed the weight log. In the weight and Weight, the weight as 109 lbs. There was no the form used by the facility staff. In the medical records were the further stated that the registered er there was not another weight log. In the weight and Weight, the weight log of the weight and the weight log of the weight log	F 514				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CLIA BER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		465055		B. WING	<u> </u>	4/10/2	2003
NAME OF PR	OVIDER OR SUPPLIER				TATE, ZIP CODE		
FEDERA	L HEIGHTS REHA	BILITATION AND I		TH 900 EA	AST Y, UT 84102		
			<u> </u>		PROVIDER'S PLAN OF CORRECT	TION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	(ATEMENT OF DEFICIENCIE (BE PRECEEDED BY FULL I ENTIFYING INFORMATION)	REGULATORY	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	OULD BE	COMPLETE DATE
F 514	on 5/9/00 with the didementia with depre thrombosis, recurrent osteoporosis, B12 decongestive heart fail recurrent urinary tradurosepsis. A review of resident completed on 4/10/0 a. Vital Signs On 3/17/03, resident pressure, pulse and day for 14 days. Resident 83's March facility staff had not and respirations even the done twice a day Resident 83's March facility staff had not administration record be done twice a day Resident 83's March facility staff had not 36 times. b. Oxygen Liters Resident 83 had a pare-certification or nasal cannula and the greater than 90% of Resident 83's January Resident 83's	originally admitted to agnoses of cerebrovase ssive features, deep veint pneumonia with severeficiency, atrial fibrillature, neuromuscular dystet infections and a history at the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the severe section of the section of the severe section of the severe section of the s	cular in re hypoxia, tion, sphagia, bry of as solood ked every ated that the essure, pulse tion pressures to ated that the essure 34 of 28/03, with oxygen via as were low used.	F 514			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	NG IPLE CONSTRUCTION	COMPLETED		
		465055		B. WING_		4/10/	2003	
FEDERAL HEIGHTS REHABILITATION AND 1 41 SOU			Г Н 900 Е	TATE, ZIP CODE AST Y, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPROPRIAT	ECTIVE ACTION SHOULD BE COME		
F 514	documented that the oxygen liter flow use Resident 83's March documented that the oxygen liter flow use c. Urinary Tract Info A physician order, w (urinalysis) [with] Coindicated-then start mouth) QD (every da (diagnosis) UTI (urin On 3/24/03 at 4:00 P "Order given for UA sample obtained [and The results for the U in resident 83's medi The nursing progress through 3/24/03. Thany reasons, in the president 83 required There was no document that the facility UA with C&S computational literal	ry 2003 "Treatment Refacility staff had not red for 0 of 28 days. 2003 "Treatment Recofacility staff had not red for 29 of 31 days. ection with no date documented as (culture and sensition Levaquin 250 mg Play) X (times) 10 d (day nary tract infection)" PM, a facility nurse doc. [with] C&S if indicated all sent to lab (laborator A with C&S could not cal record. Is notes were reviewed for facility nurses did not rogress notes, to indicate a UA with C&S. Hented evidence in the rety had received any res	corded rd" corded l, "UA vity) if O (by s) DX umented, d. Urine y)." be located rom 3/3/03 t document te why medical ults of the	F 514				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	465055			B. WING		4/10/2003			
	ROVIDER OR SUPPLIER			TATE, ZIP CODE					
FEDERAL HEIGHTS REHABILITATION AND ! 41 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 CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE APPROPR	HOULD BE	(X5) COMPLETE DATE		
F 514	F 514 Continued From page 133			F 514					
	were reviewed on 4 document any signs infection nor did the out of resident 83's d. Offer of Bed Tir Resident 83's Janua 2003 had no docum	ss notes from 3/24/03 - 4/10/03. The facility staff and symptoms of a control of the development possible feet vaginal vault until 4/10/0 me (HS) Snack Documentry 2003, February 2003 tented evidence that an Haany day during these 3	f did not tinued ces coming 03. ntation and March HS snack						
	1/29/03 with diagnot cerebrovascular accanniety, pain and do	is admitted to the facility oses, which included oident, gastric distress, an epression.	nemia,						
	On 2/12/03, resident pressure sore.	at 54 was identified to ha	ive a						
		ty nurse documented that ad a black center and ha m.							
	resident 54 had a st	and team" note documen age II pressure sore which m and had a depth of 0.3	ch						
	professional staff or	descriptions obtained by n the same day, 2/26/03, e was no documentation	, differ						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
465055		B. WING		4/10/2003				
	NAME OF PROVIDER OR SUPPLIER FEDERAL HEIGHTS REHABILITATION AND I AT SOUTH 900 EAST SALT LAKE CITY, UT 84102							
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCI T BE PRECEEDED BY FULL ENTIFYING INFORMATION)	ES REGULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIA	OULD BE	(X5) COMPLETE DATE	
F 514	medical record of reswere aware of the disattempted clarification. The admission weight 1/29/03, was recorded 2/3/03, resident 54's. There was no docum resident 54 to explain the February 2003 ft was missing meal permeals. The March 2 54 was missing meal meals. 16. Resident 14 was the admit nurse recording to fifteen days later, or weight of 108 pound weight loss in 3 wee staff did not question review by the survey interview with the account of the founds was "an approach of the distribution on the survey was "an approach of the first pounds was "an approach	sident 54 to evidence the ferent measurements of the ferent measurements of the ferent measurements of the ferent measurements of the ferent measurements of the ferent fe	ined ter, on s 144. I record of ancy. sident 54 in for 14 for resident ation for 13 y on 3/7/03. pounds. recorded a 10% t. Facility in extensive through ght of 120 tre was no at to	F 514				