	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		46A066		B. WING _		F 111	0.103
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, ST	TATE, ZIP CODE	5/11	0/02
FRIENDS	SHIP VILLA CARE CI	ENTER	3094 SOUTE SALT LAKE				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY .SC IDENTIFYING INFORMA	FULL -	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F 224 SS=J	RESIDENTS The facility must devipolicies and proceduneglect, and abuse of of resident property. (Use F224 for deficient neglect or misappropher This REQUIREMENT Based on record revifailed to ensure that a necessary cares and swith a low blood gluclicensed nurse failed systems (EMS) when interventions did not residents condition. Findings include: Resident CR1 was a facility on 8/20/01, which is the system of the sy	41 year old male admit yith diagnoses of diabet a seizures, chronic obst spiration pneumonia, h story of pancreatitis an	ritten atment, opriation eatment, erty.) ced by: facility ed ve resident t, a medical ment and ent in the ted to the es mellitus ructive istory of d alcoholic vas staff cility staff	F 224	CR1 was discharged to hospita 03/06/2002 All residents with a change of will follow the change of cond policy. (see attached) Written policies have been devoutlining protocol to follow which change of condition exists. The policies address hypoglycemic hyperglycemic, and non-responses dents Protocol identifies when to not physician and/or emergency maservices. Appropriate nursing staff have serviced. Orientation process has been atto ensure new nursing staff fully understands these policies. The Director of Nursing will atthe orientation process to ensure new nursing staff fully understands of condition report datthe week and by phone on the	condition lition veloped hen lesse c, onsive tify the nedical e been in- modified lly monitor ure that all stands itor the lily, during the weekends	5/13/02
	blood glucose levels, which required blood glucose monitoring, and that the resident had a history of alteration in level of consciousness. The contributing factors to these problems were documented as a history of difficulty controlling blood glucose and a history of non-compliance. The care plan goals for				to be informed of any change status to the administrator and Quality Assurance Committee	d the	ı
ABORATORY. سوسر	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTAT	IVE'S SIGNATUR	E	TITLE	C	X6) DATE

CMS-2567L

ATG112000

Event 1 CJ8911 Facility ID: UT0030

Any deficiency statement ending with ap asterisk (*) depotes a deficiency which may be excused from corresponding to is the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings redisclosable within 14 days aft such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to the facility. Bur of Medicare/Medicaid Prog. Certification and Res. Assessmentif continuation sheet I of

MIN TO BE 18 44 49 869 47

DEPARTMENT OF HEALTH AND HUN. SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
	46A066		B. WING		5/1	0/02
NAME OF PROVIDER OR SUPPLIER	NAME OF PROVIDER OR SUPPLIER STREET A			ATE, ZIP CODE	•	
FRIENDSHIP VILLA CARE CI	ENTER	1	TH STATE S' KE CITY, UT			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
level would remain verification have an insulin reaction nursing would monit for signs and symptor report significant characteristic for the event of the found to be unrespont called 911. Resident acute care hospital archange in condition. It is the event of an employee and the event of an employee of the event of the event of an employee of the event of the event of the event of an employee of the event of th	lems were that his blood within normal limits, the coma, and that he work ion. The interventions for blood glucose levels ms of hyperglycemia a larges to the doctor. cal record contained magnification 10/15/01, the resiste and that the facility CR1 had a five day stand was intubated, following and dated 11/5/01, when the desired full medical ergency and did not wis R) order written. CR1's medical record and the following was desired full medical ergency and did not wis R) order written. CR1's medical record and the following was desired full unresponsive to the following was desired for the following called and the following called the the following the following called the following was desired for the following called the following the follow	at he would uld not were that s, observe and to ursing ew records, sident was ty staff had ay at an wing that nedical which al treatment ant a Do was ocumented by e. BS at mouth. 0 - BS - 52. 0 Pt is still. Transport nere to checked BS in appeared paramedics held with lurse er facility, stated when	F 224			

HEALTH	CARE FINANCING	ADMINISTRATION				·	2567
-	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 5/10/02	
		46A066	OTDEET , DO	DECC CITY OF	TE ZID CODE	3/	10/02
NAME OF PF	ROVIDER OR SUPPLIER			RESS, CITY, STA			,
FRIENDS	SHIP VILLA CARE C	ENTER		TH STATE ST E CITY, UT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 224	and told her that resifurther stated she improom, assessed his counresponsive. Employed in the imployee 1). Employed he had already adminattempted to call the immediately called 9 doctor again. A revidone on 5/8/02. Emon 3/6/02. An interview was he 8:00 AM. This nursing graveyard shift on 3/6 found to be unresponded to the she found resident Cound to the she found resident Country when she went to do she found resident Cound to the she found resident Cound to the she found the she went to CR1's condition. The came to resident CR seizure." The nurse that he should check The resident's blood found to be 42. The administered a glucoresident's blood glucound to the she should check the should chec	dent CR1 "was not well mediately went to reside modition, and found him oyee 2 stated she then were she found the night oyee 2 stated employee a stated Glucagon and doctor. Employee 2 stated employee 1's time ployee 2 clocked in at 6 on e aide stated she worke 6/02, when resident CR1 etermine the source of to the consistency of the murse aide she worked to the modern to wake him uppond. The nurse aide she to employee 1 to report the nurse aide stated employee 1 to report of the nurse aide stated employee 1 to report of the nurse aide stated employee 1 to report of the nurse aide stated employee 1 to report of the nurse aide stated employee 1 to report of the nurse aide stated employee 1 was checked to see level about 20 mind the resident's blood grows "too was "flailing" of the modern was "flailing" of the modern was "flailing" of the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "coming slowly and employee 1 then begat the modern was "too was "too was "coming slowly and employee 1 then begat the modern was "too was "to	ent CR1's in to be went to the LPN e 1 reported that he had ated she intact the the card was 6:55 AM 5/10/02 at d the R1 was tated about 's room. The noise that she to She tated she tesident ployee 1 t was just a uployee 1 t was just a uployee 1 the tucose level teked and uployee 1 the tutes later. lucose level esident its arms. casual", round".	F 224			
1	inedications to other	r residents. The nurse a	aide sidied	1 -			1

she remained in resident CR1's room. The nurse aide

DEPARTMENT OF HEALTH AND HUM. . SERVICES

FORM APPROVE HEALTH CARE FINANCING ADMINISTRATION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 5/10/02 46A066 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3094 SOUTH STATE STREET** FRIENDSHIP VILLA CARE CENTER SALT LAKE CITY, UT 84165 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION lD (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 224 F 224 Continued From page 3 stated employee 1 instructed her to place sugar under the resident's tongue even though the resident was unresponsive. The nurse aide stated she was uncomfortable with the instruction but felt compelled to comply because, "He's the nurse." The nurse aide stated she attempted to place the sugar under the resident's tongue but the sugar just fell back out of his mouth. The nurse aide stated employee 1 left a message on the facility's Director of Nursing's answering machine. The nurse aide stated employee 1's message did not include any information regarding resident CR1's condition or a sense of urgency, only that the DON call the facility. The nurse aide stated she reported resident CR1's condition to employee 2, when she arrived at the facility around 7:00 AM. The nurse aide stated employee 2 immediately went to resident CR1's room, assessed the resident's condition and called 911. The nurse aide stated about 10 minutes later the paramedics arrived. The nurse aide stated that although she is a nurse aide in this country, she was a licensed nurse in her native country. On 5/10/02 at 2:10 PM, an interview was held with resident CR1's attending physician. The physician stated she believed resident CR1 did not receive appropriate treatment on 3/6/02, the day he was transported to the hospital. The physician stated that resident CR1 died within a few days after being transported to the hospital. She stated she felt the facility nurse neglected to provide timely intervention, including calling 911. The physician stated that although she was not involved in the resident acute

contributed to the resident's death.

care hospitalization treatment, she felt it likely that employee 1's negligence on the morning of 3/6/02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		46A066		B. WING		5/10/02	
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET A		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
FRIENDS	SHIP VILLA CARE CE	ENTER		TH STATE S SE CITY, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
F 224	Continued From page 4)		F 224			
F 253 SS=B	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.			F 253	 Water valves on bathtub ac prevent leaking. 	djusted to	5/17/2002
				\mathbb{K}^{-1}	2 Screens have been applied	to the	
	This REQUIREMENT is not met as evidenced by:		iced by:		3. Weatherstrip applied to bottom of	ttom of	
	Based on observation, the facility did not provide housekeeping and maintenance services necessary to maintain a sanitary environment as evidenced by, a wet floor in a bathroom, two open windows without screens, and a door which had about 1/8th of an inch space underneath and opened to the outside.				dining room door. Housekeeping supervisor will monthly and report status to t Administrator and the Quality Assurance Committee	he	
	findings include:			:			
	downstairs bathroom about 4 feet by 2 feet	PM, it was obsereved that a wet floor that met from the toilet toward was also noted to be welled 5/9/02.	easured s the				
	employee breakroom screens on them and provided a possible a to come into the facil Residents were obser	AM, it was observed, that two windows had were open to the outsic evenue for insects and clity. It was also noted of the come down to the area at various times of the come at various times at v	l no le. This other pests n 5/8/02. he				
	dinning room door to	AM, it was observed the outside had about om which provided a p	1/8th of an				:
F 287 SS=B	483.20(f)(1-4) Reside	ent Assessment		F 287			

DEPARTMENT OF HEALTH AND HUN SERVICES HEALTH CARE FINANCING ADMINISTRATION

AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDING		(X3) DATE SURVEY COMPLETED		
		46A066		B. WING		5/1	10/02	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY, S	TATE, ZIP CODE	•		
FRIEND	SHIP VILLA CARE CI	ENTER	3094 SOUTH STATE STREET SALT LAKE CITY, UT 84165					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRÉCEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRI DEFICIENCY)	U LD BE	(XS) COMPLETE DATE	
F 287	assessment, a facility information for each	7 days after a facility completes a resident's ent, a facility must encode the following tion for each resident in the facility:			Discharge tracking form was c and transmitted for the resident identified.	ts	5/10/2002	
	Admission assessment; Annual assessment updates; Significant change in status assessments:				Resident roster report will be r monthly and checked to ensure discharged residents have been from system.	that all		
	Significant change in status assessments; Quarterly review assessments; A subset of items upon a resident's transfer, reddischarge, and death;				Office manager will monitor a status to the administrator and Quality Assurance Committee.	the		
	Background (face-she admission assessment	eet) information, if ther	re is no				3	
	Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the State information for each resident contained it the MDS in a format that conforms to standard recordayouts and data dictionaries, and that passes standardized edits defined by HCFA and the State. A facility must electronically transmit, at least monthly, encoded, accurate, complete MDS data to the State for all assessments conducted during the previous month, including the following:		nsmitting ntained in ard record s					
			data to					
	Admission assessmen	ıt;	: :				! ! !	
	Annual assessment;						:	
	Significant change in	status assessment;	:				:	
	Significant correction	of prior full assessmen	nt;				'	
	Significant correction	of prior quarterly asse	ssment;				;	

DEPARTMENT OF HEALTH AND HUM. SERVICES HEALTH CARE FINANCING ADMINISTRATION

		1		т. — —	<u> </u>		
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIE IDENTIFICATION NU			A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		46A066		B. WING	ے ا	/10/02	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE. ZIP CODE		/10/02
FRIEND	SHIP VILLA CARE CI	ENTER	3094 SOU'	TH STATE ST KE CITY, UT	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
F 287	Continued From page 6		F 287			i i	
	Quarterly review; A subset of items upon a resident's transfer, reentry, discharge, and death; Background (face-sheet) information, for an initial transmission of MDS data on a resident that does not have an admission assessment.						ļ
ĺ							
	by HCFA or, for a Sta approved by HCFA, i	e facility must transmit data in the format specified HCFA or, for a State which has an alternate RAI proved by HCFA, in the format specified by the te and approved by HCFA.					
	This REQUIREMEN	Γ is not met as eviden	ced by:				
	Based on review of the roster, and the "Cente Services (CMS) State for March 2002, it was not encode or transmit discharge tracking for discharged residents the state of the	e facility's current resident for Medicare and Me - End of Month Rosters determined that the fat Minimum Data Set (Mars to the State database that were listed on the Car Report. Resident ident	dent dicaid Report" acility did ADS) e for 6 CMS State				
	Findings include:						
	the CMS State Report MDS assessments that by the facility), dated I Residents who were lift for a facility were either	er current or former resets of former residents residents rout for the facility until cumented by the facilit	nts the insmitted ewed. Report sidents at remained their ry on an				
i	revealed that 6 residen	ts listed on the CMS S	tate				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PRO IDEN		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		46A066		B. WING				
NAME OF P	PROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY, S	TATE, ZIP CODE		10/02	
FRIEND	SHIP VILLA CARE CE		SALT LAI	TH STATE S KE CITY, UT	STREET Γ 84165			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE		
F 287	current resident roster discharge tracking for discharged residents v	d as residents on the far and did not have their rms transmitted. A list with their past target da ility's CMS report) are	of the	F 287				
	Except when waived usection, the facility maregistered nurse for at 7 days a week. Except when waived usection, the facility mato serve as the director. The director of nursing only when the facility of 60 or fewer resident. This REQUIREMENT Based on interview and licensed employee schifacility did not use the for at least 8 consecution.	ander paragraph (c) or a least 8 consecutive house the services of a least 8 consecutive house designate a register or of nursing on a full ting may serve as a charge has an average daily of the services of the May 20 edule, it was determine services of a registered ve hours a day, 7 days	(d) of this ed nurse ime basis. e nurse ecupancy leed by:	F354	The Director of Nursing will the facility uses the services of least 8 consecutive hours per a week. Arrangements have been mad nurse employment agency for R.N. staffing. We have placed and advertise local newspaper to recruit R.N. weekend coverage. Director of Nursing will monitreport status to the administra Quality Assurance Committee	day, 7 days e with temporary ment in a N. for	5/20/2002	
<u> </u>	On 5/9/02 at 2:45 PM, with the Director of Nu	an interview was conduction (DON). She state	ucted ted that	:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVI		(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED			
		46A066		B. WING					
NAME OF P	ROVIDER OR SUPPLIER	40A000	STREET AD	ADDRESS, CITY, STATE, ZIP CODE 5/10/02					
	FRIENDSHIP VILLA CARE CENTER 3094 SO SALT LA			UTH STATE STREET AKE CITY, UT 84165					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FIII1 -	ID PREFIX TAG	ION JLD BE OPRIATE	(X5) COMPLETE DATE			
F 354	she routinely worked She also stated that sl requiring a registered hours, 7 days a week. A review of the licens month of May 2002, that there were no oth	stered nurse on the sch only Monday through he was unaware of any nurse to work the 8 co	Friday. regulation onsecutive for the revealed the	F 354					
	This REQUIREMENT. Based on observation, under sanitary condition, under sanitary condition, under sanitary conditions storage containers being disrepair of the kitcher disrepair of the kitcher findings include: 1. On 4/6/02 at 2:25 Prefrigerator by the disrepair green pepper, cheese, the was some bacon in who opened and no date was 2. On 5/7/02 at 12:45 Fewere two health shakes door, which had not be	e, prepare, distribute, a proditions. It is not met as evidence the facility did not stooms as evidenced by no liges and freezer, singleing used to store left-ovin. M, it was observed in the twasher, there was a shortillas and sliced tom freezer, by the south definite the package had be as on the package. PM, it was observed the in the fridge, by the south definite the package.	he riveled atoes that oor, there en	F 371	 All open food items have be Dietary manager has in-service dietary staff on the requirement proper dating of open food and of expired food items. Health shakes will be dated removed from the freezer and of after 14 days. Dietary manain-serviced all dietary staff on trequirements for proper dating food and disposal of expired for storage of food items. Dietary manager has in-serviced all diet on proper use of storage contained. The edge of the board has be smoothed and painted to allow sanitation. 	when disposed ager has the of open bod items.	5/20/2002		
	1. On 4/6/02 at 2:25 Prefrigerator by the dish green pepper, cheese, twere not dated. In the was some bacon in who opened and no date was 2. On 5/7/02 at 12:45 F	nwasher, there was a shatortillas and sliced tome freezer, by the south do ich the package had be as on the package. PM, it was observed the in the fridge, by the south do in the label do in do in the label do	atoes that bor, there en at there buth		food and disposal of expired fo 3. No single use containers will for storage of food items. Dieta manager has in-serviced all diet on proper use of storage contain 4. The edge of the board has be smoothed and painted to allow	od items. Il be used ary tary staff ners.			

	T OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER	D/CL1A			T	2507
AND PLAN	OF CORRECTION	IDENTIFICATION NUM	MBER:	A. BUILDIN	TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		46A066	,	B. WING_		E/1	2122
NAME OF P	PROVIDER OR SUPPLIER		,	PRESS, CITY, S	TATE, ZIP CODE	3/1	0/02
FRIEND	SHIP VILLA CARE CE		3094 SOUT SALT LAK	TH STATE S KE CITY, UT	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	(FUL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROFICIENCY)	OULD BE	(X5) COMPLETE DATE
F 426 SS=K	by the south door, the cheese containers that had teriyaki sauce in 4. On 5/7/02 at 12:30 fridge, next to the dist was 2.5 feet long by 1 bare and rough which window seal by the di in the ceramic tile wheach. The ceiling air whad dust in and aroun accumulation between The paper towel dispectoming off the wall as screw. The cupboards dishwasher, were missed with the ceiling procedures acquiring, receiving, all drugs and biological resident. This REQUIREMENT Based on review of M Records (MARs), nursit was determined that plus 2 supplemental reensure that pharmaceut diabetes mellitus (including including that plus 2 supplemental reensure that pharmaceut diabetes mellitus (including including that plus 2 supplemental reensure that pharmaceut diabetes mellitus (including the character of the charac	PM, it was observed in ere were two single-use at were being used for so it and the other had ket of PM, it was observed be shwasher, there was a bold inch. The edge of the homade it unsanitizable. Hishwasher there were the inch measured about on vent, above where the total it and there was dust on the fridges by the sources, by the dishwasher had was hanging by only sounder the sink, by the saing doors. CY SERVICES the pharmaceutical serving that assure the accurate dispensing, and administration of the sink of the needs of the facility fail attical services for residualing insulin administration the needs of each residuating insulin administration the needs of each residuating insulin administration in the needs of each residuating insulin administration in the needs of each residuation in the needs of each re	by the board which board was a lin the chips he inch tray line, the chips	F 426	The ceramic tile on the windo been removed and replaced w painted wooden sill. The ceiling vent has been cleathe dust removed between the the south door. The paper towel dispenser has remounted. Doors have been mounted over cupboards under the sink. Dietary manager will monitor area for compliance with all sissues affecting kitchen. The manager will make a written checklist and will report the same Administrator and the Quality Assurance Committee months. F426 Residents 2,7,11,31,35 has has pharmaceutical services reviet changed to accurately meet the diabetic mellitus, including in administration needs. All future residents will follopolicies that were put in place 05/13/2002.	aned and e fridges by as been rethe	
	During the recertificat	tion survey, ending 5/10	0/02, six	!			

residents with diabetes mellitus resided in the facility.

						2307			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
	46A066		B. WING _		5/	10/02			
NAME OF PROVIDER OR SUPPLIER		STREET ADI	ET ADDRESS, CITY, STATE, ZIP CODE						
FRIENDSHIP VILLA CARE CE	ENTER		TH STATE S KE CITY, U						
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE			
the 6 residents, plus of insulin administration 1. Failure to notify the directed to do so by in the solution of the solution	n errors were identified one discharged resident one errors included: ne attending physician insulin orders; ter regularly scheduled ter accurate dosage of g scale insulin; and, blood glucose levels p	when d and regularly prior to	F 426	 Nurse will notify the a physician when directed to insulin orders. Nurse will administer scheduled and sliding sca. Nurse will administer dosage of regularly schedisliding scale insulin. Nurse will monitor blocked by prior to administer to admi	regularly le insulin. accurate uled and ood glucose ing insulin. nmittee has mat for lucose	5/13/2002			
completed on 5/10/02 obtained a physician of resident 31's blood gle 9/25/01, resident 31's glucose monitoring to Resident 31's physician orders between 9/26/07 resident 31's physician dose of NPH insulin to 31's physician prescritinsulin, based on the president's scheduled in remained at 6 u through A review of resident 3/5/02 and 5/10/02 with 3/5/02, a nurse documinsulin dosage (60 u N	n orders for resident 312. On 9/19/01, facility telephone order to more ucose level two times a physician ordered the pincrease to four times an adjusted the resident of and 1/16/02. On 1/1 n changed the resident to 6 u (units). Althoughed several one time of resident's blood glucos norning dose of NPH in ght 5/10/02. But is nursing notes, between the pincrease of 5/10/02 nented, "Med error - Worth given - Physician care hospital] per ambutant of the pincrease	staff nitor a day. On blood s a day. at's insulin 16/02, b's morning the resident orders for se level, the insulin ween 02. On Vrong n notified		The format on the medical been modified to allow for documentation and more concise charting. Policies have been develor medication administration notification, and emergen for adverse insulin reaction. Appropriate nursing staff serviced on these policies. The nurses at shift change entries for the previous shoomplete and accurate documents.	or easier clear and oped covering n, physician cy procedures on. Thave been in- e review the nift for				

<u>HEALTI</u>	<u>H CARE FINANCING</u>	ADMINISTRATION				MONOT	2567
	VT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM	√CUA ИBER:	(X2) MULTI A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SU COMPLET	IR∨EY
		46A066				5/1	0/02
NAME OF P	PROVIDER OR SUPPLIER		STREET ADD	PRESS, CITY, ST	TATE, ZIP CODE		<i>5702</i>
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	glucose] 135 [at] dep Syringe read as 6.0 in documented that resid care hospital. The nurse who docum 3/5/02 nursing note end line incident/Accident Regeous with resident dated 3/5/02. The nurse of administered 60 u instruction in the incident/Accident Dosage Given." The included an entry, "Lewhich the nurse document included an entry, "Lewhich the nurse document in the incident occurred on 3/5 administered 60 u of 1 DON stated it was that when the incident occuproviding supervision should have checked the ensure the accuracy proposed and insuling almost immediaged in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should have checked the ensure the accuracy proposed in the incident occuproviding supervision should	der. BS [blood sugar/bloor barture. Pt alert [and] on instead of 60. On 3/7/02 dent 31 returned from the mented the medication of a dent and a Medication I in administration error that 31. These two reportures documented on the cord that resident 31 was ablin and that the order of documented the reason ringe". The nurse documented in Report, "Incorrect insulation of time in this position of time in this position." I with the Director of Note and oriented one hour. I with the Director of Note and oriented one that a crror involving resident in the DON stated of the the amount of insulin protests.	error in the error	F 426	The DON reviews the docum on a daily basis initially, adjust Monday thru Friday starting 05/28/20 committee will review and marecommendation if the frequer reviews will change to ensure Medical records staff will reviaccuracy on an ongoing basis. Director of Nursing will monimize report status to the Administrathe Quality Assurance Commitmentally.	sting to 05/20/2002, 002. QA ake ency of her accuracy. iew for itor and ator and	

A review of resident 31's March 2002, Medication

	T OF DEFICIENCIES DF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		46A066		B. WING		5	10/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
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F 426	Administration Reco 5/10/02. Per docume received 6 u NPH in MAR did not include AM dose of NPH wa 3/5/02. 2. Resident CR1 was	rd (MAR) was completentation on the MAR, resulin on 3/5/02 at 7:30 at any documenation that is administered incorrect admitted to the facility sees including diabetes resulting the sees including the sees in sees including the sees including the sees including the sees including the sees in sees i	esident 31 AM. The t the 7:30 etly on	F 426			
	completed on 5/8/02 obtained a physician resident CR1's blood On 10/24/01, the fact telephone order for CNPH (long acting insulin in the evening faster acting insulin) order also documents	ician orders for residen On 10/20/01, facility stelephone order to more sugar before meals and lity nurse received a plant of the control (R1 to receive 28 u (umulin) in the morning, 8 g and 9 u of Regular insteleptor meals. The teleptor of that the nurse was to pre-meal blood sugar was	staff hitor I at night. hysician hits) of u of NPH ulin (a hone hold the				
	1/9/02 was done on 5 an order to change th	CR1's telephone orders /10/02. It revealed that e morning NPH insulin hysician if the blood su	there was order to				
	February and March revealed that there we blood sugar was less not contacted. On 2/2 documented, "Did rej sugar] of 90 to [attention	e's notes for the month of 2002 was done on 5/9/0 ere 21 times when resid than 130 and the physic 2/02 at 1:00 PM, a nursport [resident CR1]'s Biding physician]. States [every] time his blood	02. It lent CR1's cian was se S [blood she does				

DEPARTMENT OF HEALTH AND HUM SERVICES HEALTH CARE FINANCING ADMINISTRATION

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING D. NEDIC		(X3) DATE SURVEY COMPLETED	
		46A066		B. WING		5/10/0	02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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F 426	is in again" Follow were no physician or notify the physician or notify the physician or notify the physician was less than 130. On 5/10/02 at 2:10 P interviewed. The physician was to be call CR1's blood sugars we never changed the ord. A review of the MAR record) for the month was done on 5/9/02. It times when the 9 u of as being given and residucumented as being times when the Regul documented as given documented at less the laboratory service, do sugars at 70 and high. A review of resident of the month of February on 5/10/02. Per documented at less the laboratory service, the following and services in the physician below 130 follow: a. On 2/2/02 at 4 sugar was 96. It was defined a the attending physician that the attending physician below 130 follow: b. On 2/3/02 at 4	swill change the order ving this nursing note eders to indicate staff we when resident CR1's play sician confirmed she had by the facility when rere less than 130 and eders. (medication administration of February and March 130 and eders and NPH insulin was and the blood sugar was an or equal to 60. The cumented low normal mormal blood sugars at CR1's MAR and nurse's and March 2002 was mentation on the MAR owing errors in insulin normal mormunication by fact when the blood sugars at 130 PM, resident CR1's locumented at 5:00 PM to of NPH insulin was an an or equal to 60. The cumented at 5:00 PM to of NPH insulin was an entation in resident CR1's locumented at 5:00 PM to of NPH insulin was an an or equal to 60.	entry there ere not to ood sugar sician was had ordered a resident she had ration ch 2002 ere 23 becumented ar was ere 7 s as facility's blood a 115. s notes for completed and cility s were s blood d, 9 u of given. l's record d as orders s blood	F 426			
į	sugar was 54. It was d	ocumented at 5:00 PM	., 9 u of			4	i

	MENT OF HEALTH I CARE FINANCING	AND HUM. SERV ADMINISTRATION				FOR!	M APPROVE 2567
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VCLIA	A. BUILDING	E CONSTRUCTION	(X3) DATE : COMPL	
		46A066		B. WING	<u> </u>	5/	/10/02
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F 426	There was no documentate the attending phyrequested. c. On 2/4/02 at 6 sugar was 102. It was Regular insulin and 2 There was no documentate the attending phyrequested. d. On 2/9/02 at 8 sugar was 45. It was Regular insulin and 2 There was no documentate the attending phyrequested. e. On 2/9/02 at 8 sugar was 97. It was Regular insulin was 8 documentation in resultant attending phyrequested. f. On 2/9/02 at 8 sugar was 91. It was 8 Regular insulin was 8 documentation in resultant attending phyrequested. g. On 2/9/02 at 8 sugar was 91. It was 8 Regular insulin and 8 There was no documentate the attending phyrequested. g. On 2/15/02 at 8 sugar was 129. It was 8 Regular insulin and 2 There was no documentate the attending phyrequested. There was no documentate the attending phyrequested.	u of NPH insulin was entation in resident CR sician had been notified 5:00 AM, resident CR documented at 7:30 A 0 u of NPH insulin was entation in resident CR visician had been notified 5:00 AM, resident CR documented at 7:30 A 0 u of NPH insulin was entation in resident CR visician had been notified the sident CR documented at 1:30 AM, resident CR documented at 1:200 P	Al's record ed as orders l's blood AM, 9 u of as given. Al's record ed as orders l's blood M, 9 u of as given. Al's record ed as orders Al's blood M, 9 u of as given. Al's record ed as orders Al's blood M, 9 u of agiven. Al's record ed as orders Al's blood AM, 9 u of agiven. Al's record ed as orders Al's record ed as orders Al's blood AM, 9 u of as given. Al's record	F 426			
	requested. h. On 2/15/02 a	t 11:30 AM, resident C	CR1's blood				

Regular insulin was given. There was no documentation in resident CR1's record that the attending physician had been notified as orders

sugar was 80. It was documented at 12:00 PM, 9 u of

DEPARTMENT OF HEALTH AND HUN SERVICES HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 5/16/ FORM APPROVE

		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE COMPL	
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F 426	Regular insulin and 2 There was no documentate the attending phyrequested. j. On 2/16/02 at sugar was 127. It was Regular insulin was godocumentation in restattending physician has requested. k. On 2/16/02 at sugar was 55. It was Regular insulin and 8 There was no documentate the attending phyrequested. l. On 2/17/02 at sugar was 118. It was Regular insulin and 2 There was no documentate the attending phyrequested. m. On 2/22/02 at sugar was 124. It was Regular insulin and 8 There was no documentate the attending phyrequested. n. On 2/23/02 at sugar was 119. It was Regular insulin and 8 There was no documentate the attending phyrequested. Regular insulin and 8 Regular insulin and 8 Regular insulin and 8 Regular insulin and 8 There was no documentate the attending phyrequested.	6:00 AM, resident CR documented at 7:30 AM 0 u of NPH insulin wa entation in resident CR vician had been notified 11:30 AM, resident CR documented at 12:00	M, 9 u of s given. 1's record ed as orders R1's blood PM, 9 u of given. 1's record ed as orders 1's blood AM, 9 u of given. 1's record ed as orders R1's blood AM, 9 u of s given. 1's record ed as orders R1's blood AM, 9 u of given. 1's record ed as orders R1's blood AM, 9 u of given. 1's record ed as orders 1's blood AM, 9 u of given. 1's record ed as orders 1's blood AM, 9 u of given. 1's record ed as orders	F 426			

sugar was 128. It was documented at 7:30 AM, 9 u of

DEPARTMENT OF HEALTH AND HU! V SERVICES HEALTH CARE FINANCING ADMINISTRATION

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPL	
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	NO TIDEN ON BETTER		ŀ				
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F 426	Continued From page 1	16		F 426		···	
20		20 u of NPH insulin wa	ac given	F 420			!
		entation in resident CR		ļ.			
	that the attending physician had been notified as ord requested.						
	1 -	4.20 DM					
		t 4:30 PM, resident CR					
		documented at 5:00 PM		1			
	Regular insulin and 8 u of NPH insulin was given. There was no documentation in resident CR1's record						
	1			!			1
		sician had been notifie	ed as orders				İ
	requested.			•			
		t 11:30 PM, resident C					
		documented at 12:00 P	M, 9 u of				
	Regular insulin was g			1			i
		ident CR1's record that		•			
		ad been notified as ord	ers				1
	requested.						1
		5:00 AM, resident CR1					!
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		0 u of NPH insulin wa					:
		entation in resident CR					
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	requested.						i
		1:30 PM, resident CR1		٠			İ
		documented at 5:00 PN					:
	Regular insulin and 8	u of NPH insulin was	given.				· .
	There was no docume	entation in resident CR	l's record	-			1
		sician had been notifie	d as orders				
	requested.						'
		:00 AM, resident CR1					
	sugar was 50. It was o	documented at 7:30 AN	1, 9 u of				
		0 u of NPH was given.					
	no documentation in	resident CR1's record t	hat the				1
	attending physician h	ad been notified as ord	ers				
	requested.						
	u. On 3/3/02 at 11:30 AM, resident CR1's blood						
	sugar was 60. It was documented at 12:00 PM, 9 u of						
	regular insulin was gi		•				
		dent CR1's record that	the				i
		ad been notified as ord					

DEPARTMENT OF HEALTH AND HUN VI SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDENT		(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY ETED
		46A066		B. WING		_	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		/10/02
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F 426	Continued From page 1 requested.	7		F 426			
	3. Resident 35 was a with diagnoses of dia vascular accident.	dmitted to the facility of betes and status post ce	on 1/28/02, erebral				
	A review of the physician orders for resident 35 was completed on 5/10/02. On 2/01/02, facility staff obtained admission orders from resident 35's physician for the following order: blood glucose check four times per day, Humulin U insulin 68 u subcutaneous every day, Humulin U insulin 12 u every evening, hold insulin if blood sugar less than 130.						
:	On 3/08/02, resident 3 discontinue Humulin 1	35's physician ordered t U insulin 12 u q PM.	0				
:	telephone order to cha insulin to 55 u sq q Al	aff obtained a physician inge resident 35's Hum M and to call physician and to hold if less than 1	ulin U if blood				
	On 4/14/02, resident 35's physician ordered the following sliding scale insulin: less than 150 - no sliding scale insulin, 150 to 200 - 2 u Regular insulin, 201 to 250 - 4 u Regular insulin, 251 to 300 - 6 u Regular insulin.						
	February, March, and A 5/10/02. Per documen following errors in sch administration were ma a. 2/01/02 - At 6:2 glucose level was 56. If 35 should not have receinsulin was documented.	30 AM, resident 35's bl Per physician's orders, eived AM insulin but 6	leted on din ood resident 8 u of				

HEALTH	<u>I CARE FINANCING</u>	ADMINISTRATION					2567
	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE S COMPL	
		40A000			TE TIN CORE) 3/	10/02
NAME OF P	ROVIDER OR SUPPLIER		SIREELADL	PRESS, CITY, STA	TE, ZIP CODE		
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F 426	35 should not have reinsulin was documen c. 2/03/02 - At 6 glucose level was 82 35 should not have reinsulin was documen d. 2/04/02 - At 6 glucose level was 92 35 should not have reinsulin was documen e. 2/05/02 - At 6 glucose level was 86 35 should not have reinsulin was documen f. 2/07/02 - At 6 glucose level was 10 35 should not have reinsulin was documen g. 2/08/02 - At 6 glucose level was 78 35 should not have reinsulin was documen h. 2/08/02 - At 6 glucose level was 89 35 should not have reinsulin was documen i. 2/09/02 - At 6 glucose level was 94 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen j. 2/10/02 - At 6 glucose level was 11 35 should not have reinsulin was documen	Per physician's order eccived PM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived PM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given. 6:30 AM, resident 35's. Per physician's order eccived AM insulin but ted as given.	blood s, resident t 68 u of blood s, resident t 68 u of blood s, resident t 68 u of blood ers, resident t 68 u of blood ers, resident t 68 u of blood s, resident t 68 u of	F 426			
		1. Per physician's orde					

insulin was documented as given.

35 should not have received AM insulin but 68 u of

DEPARTMENT OF HEALTH AND HUN SERVICES

HEALTH CARE FINANCING ADMINISTRATION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 5/10/02 46A066 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3094 SOUTH STATE STREET** FRIENDSHIP VILLA CARE CENTER SALT LAKE CITY, UT 84165 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 426 F 426 Continued From page 19 1. 2/16/02 - At 6:30 AM, resident 35's blood glucose level was 70. Per physician's orders, resident 35 should not have received AM insulin but 68 u of insulin was documented as given. m. 2/17/02 - At 6:30 AM, resident 35's blood glucose level was 117. Per physician's orders, resident 35 should not have received AM insulin but 68 u of insulin was documented as given. n. 2/17/02 - At 4:30 PM, resident 35's blood glucose level was 126. Per physician's orders, resident 35 should not have received PM insulin but 12 u of insulin was documented as given. o. 2/21/02 - At 6:30 AM, resident 35's blood glucose level was not documented and 68 u of insulin was documented as given. p. 2/22/02 - At 6:30 AM, resident 35's blood glucose level was 90. Per physician's orders, resident 35 should not have received AM inulin but 68 u of insulin was documented as given. q. 2/22/02 - At 4:30 PM, resident 35's blood glucose level was 118. Per physician's orders, resident 35 should not have received PM insulin but 12 u of insulin was documented as given. r. 2/23/02 - At 6:30 AM, resident 35's blood glucose level was 75. Per physician's orders, resident 35 should not have received AM insulin but 68 u of insulin was documented as given. s. 2/27/02 - At 6:30 AM, resident 35's blood glucose level was 62. Per physician's orders, resident 35 should not have received AM insulin but 68 u of insulin was documented as given. t. 2/28/02 - At 6:30 AM, resident 35's blood glucose level was not documented, nor was her insulin administration documented. u. 2/28/02 - At 4:30 PM, resident 35's blood glucose level was not documented, nor was her insulin administration documented. Per documentation on the MAR, the following errors

OT - TEL IEL		T		T		
		(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 426		20	-	F 426		<u> </u>
	in scheduled Humuli	in U insulin administrati	ion were	F 420		:
1	made in March: a. 3/03/02 - At 6:30 AM, resident 35's blood					
1						
1	glucose level was 98.	. Per physician's orders	s. resident			*
i	35 should not have re	eceived AM insulin but	68 u of			
ļ	insulin was document	ited as given.		1		
1	b. 3/03/02 - At 4	4:30 PM, resident 35's b	blood			
	glucose level was 129	9. Per physician's order	rs, resident			•
ļ	35 should not have rea	eceived PM insulin but	12 u of			·
	insulin was document	ted as given.	1			•
	c. 3/10/02 - At 6	5:30 AM, resident 35's b	olood			
ļ	glucose level was 60.	. Per physician's orders.	., resident			:
	35 should not have red	eceived AM insulin but	68 u of			
ļ	insulin was documente		- 1			
	0. 3/22/02 - ALU	5:30 AM, resident 35's b	olood			
1	35 should not have re	Per physician's orders, eceived AM insulin but	, resident			
İ	insulin was documented	ceived Aivi insuim out	55 u of			
	3/25/02 - At 6	ied as given. 5:30 AM, resident 35's b	: : : : : : : : : : : : : : : : : : : :			
ļ	i glucose level was 123	3. Per physician's order:)lood			
	35 should not have re-	ceived AM insulin but	S, resident			
	insulin was documente	ed as given	33 u oi -			
	f. 3/30/02 - At 6:	:30 AM, resident 35's bi	lood			
	glucose level was 114	Per physician's orders	n recident	1		
	35 should not have rea	ceived AM insulin but 5	55 n of			
	insulin was documente	ed as given.	JJ W OI			
			į			•
	Per documentation on	the MAR, the followin	12 errors			¥
	in scheduled Humulin	u U insulin administratio	on were			
	made in April:		:			
		:00 AM, resident 35's b				•
į	glucose level was 107. Per physician's orders, resident 35 should not have received AM insulin but 55 u of insulin was documented as given.					
į,				į		
i ·						
i	b. 4/11/02 - At 6:	:00 AM, resident 35's b	lood	:		:
į :	glucose level was 118.	. Per physician's orders	s, resident			·
1 2	35 should have not rec	ceived AM insulin but 5	55 u of			
7	insulin was documented	d as given.		!		
	c. 4/12/02 - At 6:0	:00 AM, resident 35's bl	lood			1

DEPARTMENT OF HEALTH AND HUN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMEN	NT OF DEFICIENCIES						2567	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VCLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	SURVEY	
		i i i i i i i i i i i i i i i i i i i	ADEK:	A. BUILDING		СОМРІ	COMPLETED	
		464066		B. WING				
NAME OF F	PROVIDER OR SUPPLIER	46A066	STREET ADD	DESC CITY OT A		5	/10/02	
				PRESS, CITY, STA				
FRIEND	SHIP VILLA CARE CE		SALT LAK	TH STATE ST KE CITY, UT	REET 84165			
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY	3	ID	PROVIDER'S PLAN OF COR	RECTION		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	FULL FION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE	
F 426	Page 2	1		F 426			- 	
	glucose level was 118	. Per physician's order	rs, resident				:	
	33 should have not re	ceived AM insulin but	55 u of	1			'	
	insulin was document	ed as given.	1	l				
	d. 4/14/02 - At 6	:00 AM, resident 35's l	plood	,			!	
	glucose level was 117	. Per physician's order	s, resident					
	33 should have not rec	ceived AM insulin but	55 u of 💎 🕆				•	
į	insulin was documente	ed as given.	:	İ			:	
!	e. 4/16/02 - At 6:	00 AM, resident 35's b	olood	i			!	
	glucose level was 98.	Per physician's orders,	resident	į				
İ	35 should have not rec	eived AM insulin but:	55 u of				i	
!	insulin was documente	d as given.	ı	İ				
,	1. 4/1//02 - At 6:0	00 AM, resident 35's b	lood	ļ			•	
ļ	glucose level was 107.	Per physician's orders	s, resident					
	35 should have not rec	erved AM insulin but 5	55 u of	İ				
i	insulin was documente	d as given.	4					
,	g. 4/22/02 - At 03	00 AM, resident 35's b	lood	i ,				
i .	glucose level was 128. 35 should have not received	Per physician's orders	, resident	i				
	insulin was documented	d og givne	5 u of	1				
	mount was documented	u as given.	•					
	Per documentation on t	he MAD the fellowing						
i	in sliding scale insulin	administration were	g errors	1				
	April:	administration were ma	ade in	į				
	=	30 AM, resident 35's b	dood	ļ				
1	glucose level was 187.	Per sliding scale resid	lant 25	i			İ	
5	should have received 2	u of Regular insulin h	it no				ŀ	
i	insulin was documented	l as given.	it no	İ			ļ	
İ	b. 4/16/02 - At 4:3	0 PM, resident 35's blo	ood					
٤	glucose level was 208.	Per sliding scale resid	ent 35				ĺ	
s	should have received 4	u of Regular insulin bu	t 2 n of				i	
F	Regular insulin was doc	umented as given.	. 2 4 01				ł	
!	c. 4/19/02 - At 6:00	0 AM, resident 35's blo	ond	: 			ļ	
<u>.</u> 8	glucose level was 153.	Per sliding scale, resid	ent 35	!			ļ	
· S	hould have received 2 i	ı of Regular insulin bu	t no	ļ				
: 11	nsulin was documented	as given.						
	d. 4/19/02 - At 8:3(PM, resident 35's blo	od				į.	
g	lucose level was 278.]	Per sliding scale, reside	ent 35	:			1	
. Si	hould have received 6 u	ı of Regular insulin but	no				ļ	
ir	nsulin was documented	as given.		i				

DEPARTMENT OF HEALTH AND HUM **SERVICES**

PRINTED: 5/16/

HEALTH CARE FINANCING ADMINISTRATION FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 46A066 5/10/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE FRIENDSHIP VILLA CARE CENTER 3094 SOUTH STATE STREET SALT LAKE CITY, UT 84165 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES iD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 426 Continued From page 22 F 426 e. 4/20/02 - At 11:30 AM, resident 35's blood glucose level was 193. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. f. 4/20/02 - At 8:30 PM, resident 35's blood glucose level was 278. Per sliding scale, resident 35 should have received 6 u of Regular insulin but no insulin was documented as given. g. 4/21/02 - At 6:00 AM, resident 35's blood glucose level was 173. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. h. 4/23/02 - At 6:00 AM, resident 35's blood glucose level was 150. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. i. 4/23/02 - At 11:30 AM, resident 35's blood glucose level was 198. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. j. 4/24/02 - At 6:00 AM, resident 35's blood glucose level was 155. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. k. 4/26/02 - At 8:30 PM, resident 35's blood glucose level was 158. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. 1. 4/27/02 - At 6:00 AM, resident 35's blood glucose level was 192. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no insulin was documented as given. m. 4/27/02 - At 4:30 PM, resident 35's blood glucose level was 151. Per sliding scale, resident 35 should have received 2 u of Regular insulin but 4 u of Regular insulin was documented as given. n. 4/27/02 - At 8:30 PM, resident 35's blood

glucose level was 187. Per sliding scale, resident 35 should have received 2 u of Regular insulin but no

DEPARTMENT OF HEALTH AND HUN SERVICES HEALTH CARE FINANCING ADMINISTRATION

		T ADMINISTRATION					2567
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM 46A066	/CLIA /BER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE COMPI	SURVEY
NAME OF P	ROVIDER OR SUPPLIER	1 40,4000	STREET AD	DREGG COMMITTEE		5	3/10/02
	SHIP VILLA CARE CE	ENTER	3094 SOU	dress, city, sta ITH STATE ST KE CITY, UT	'REET		-
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 23			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
	glucose level was 152 should have received insulin was document p. 4/28/02 - At 1 glucose level was 182 should have received insulin was document q. 4/28/02 - At 8 glucose level was 194	ed as given. 2:00 AM, resident 35's id. 2: Per sliding scale, resident as given. 1:30 AM, resident 35's id. 1:30 AM, resident 35's id. 2: Per sliding scale, resident as given. 2: Per sliding scale, resident as given. 2: Per sliding scale, resident as given. 2: Per sliding scale, resident as given. 3: Per sliding scale, resident as given. 3: Per sliding scale, resident as given. 3: Per sliding scale, resident as given. 3: Per sliding scale, resident as given. 3: Per sliding scale insuling the sliding scale insuling. 3: Per sliding scale insuling the sliding scale insuling scale insuling for administering insuling scale insuling for administering insuling scale insuling scale insuling for administering insuling scale in	blood ident 35 but no lood ident 36 but no lood ide	F 426			
n	On 2/06/02, resident 7's nonitoring from before er day.	physician changed the meals and bedtime to t	glucose			:	

DEPARTMENT OF HEALTH AND HUM SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMEN	IT OF DEFICIENCIES	(Y1) PPOVIDED/GUIDIUE	VOLL				2567	
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VULIA MBER:	(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		ļ		A. BUILDING		COMPL	COMPLETED	
	ME OF PROVIDER OR SUPPLIER	46A066		B. WING		_	/10/02	
NAME OF F	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	3	/10/02	
FRIEND	SHIP VILLA CARE CI	ENTER	3094 SOUT	H STATE ST E CITY, UT	REET			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO TI DEFICIENCY	TON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
	Continued From page 2 On 4/18/02, resident order for "10 u of Rega result of 441 FBS [f] A review of resident of February, March, and 5/10/02. Per document following errors in instead of February: a. 2/01/02 - At 6: glucose level was 104 should not have receive u of Regular insulin was document of Regular insulin was document of Regular insulin was document of Regular insulin was document of Regular insulin was document of 2/07/02 - At 6: a blood glucose level of the nurse's notes but the of Regular sliding scale	7's physician gave a tel [regular] insulin 1 tin [asting blood sugar]". 7's MARs for the month April 2002, was computation on the MAR, the fulin administration we also any insulin but at 7 as documented as given any insulin but 6 under any insulin was given. 100 AM, resident 7 did locumented on the MA insulin was given. 100 AM, resident 7's bloof here was no documented attending physician ested.	ephone ne only as hs of leted on ne re made in ood ident 7 ident 7 of lood dent 7 ut no not have R or in that 2 u ood itation in n was	F 426			DATE	
<u>8</u> s r	a. 3/04/02 - At 5:0 ducose level was 282. hould have received 4 eceived 6 u of Regular	u of Regular insulin bu insulin. 0 AM, resident 7's bloc	ent 7			; ; ;		

RAME OF PROVIDER OR SUPPLIER FRIENDSHIP VILLA CARE CENTER SUMMARY STATEMENT OF DEPOCEDACES (EACH DEPICIENCY MUST BE PRECISEDED BY YILL TAG REGULATORY OR LISC IDENTIFYING INFORMATION) FRACTION TAG PAPER F 426 Continued From page 25 should have received 2 u of Regular insulin but received 0 units according to the MAR. d. 37/10/2 - At 5:00 PM, resident 7's blood glucose level was 229. Per sliding scale, resident 7 should have received 2 u of Regular insulin but received 0 units according to the MAR. d. 37/10/2 - At 5:00 PM, resident 7's blood glucose level was 203. Per sliding scale, resident 7 should have received 2 u of Regular insulin but received 0 units according to the MAR. d. 37/10/2 - At 5:00 PM, resident 7's blood glucose level was 203. Per sliding scale, resident 7 should have received 2 u of Regular insulin but received 0 units according to the MAR. f. 3/13/02 - At 5:00 PM, resident 7's blood glucose level was 255. Per sliding scale, resident 7 should have received 2 u of Regular insulin but received 0 units according to the MAR. f. 3/14/02 - At 5:00 PM, resident 7's blood glucose level was 21. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. g. 3/20/02 - At 6:00 AM, resident 7's blood glucose level was 219. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. h. 3/23/02 - At 6:00 AM, resident 7's blood glucose level was 219. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. i. 3/24/02 - At 6:00 AM, resident 7's blood glucose level was 209. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. Per documentation on the MAR, the following errors in sliding scale insulin administration were made in April: a. 4/02/02 - At 6:00 AM, resident 7's blood glucose level was 228. Per sliding scale, resident 7	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
FRIENDSHIP VILLA CARE CENTER SIRFET ADDRESS, CITY, STATE, ZIP CODE 3094 SOUTH STATE STREET SALTLAKE CITY, UT 84165 FREINT AG PROVIDERS PLAN OF CORRECTION PRETIX TAG FREINT AGAIN SERVICE SERVING SERVI			46A066		B. WING		_		
SUMMARY STATEMENT OF DEPICIENCIES SUMMARY STATEMENT OF DEPICIENCIES GACH DEPICIENCY MUST BE PRECEEDED BY PULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY WIST BE PRECEEDED BY PULL TAG CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY TAG CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY	NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE ZIP CODE	5	/10/02	
SALT LAKE CITY, UT \$4165	EDIENE	OIX	i						
FREITY TAG REGULATORY OR ISC IDENTIFYING INFORMATION) F 426 Continued From page 2.5 should have received 2 u of Regular insulin but received 0 units according to the MAR. c. 3/10/02 - At 5:00 PM, resident 7's blood glucose level was 22.9. Per sliding scale, resident 7 should have received 4 u of Regular insulin but no insulin was documented as given. e. 3/13/02 - At 5:00 PM, resident 7's blood glucose level was 2.33. Per sliding scale, resident 7 should have received 4 u of Regular insulin but no insulin was documented as given. g. 3/13/02 - At 5:00 PM, resident 7's blood glucose level was 2.53. Per sliding scale, resident 7 should have received 4 u of Regular insulin but received 0 units according to the MAR. f. 3/14/02 - At 5:00 PM, resident 7's blood glucose level was 255. Per sliding scale, resident 7 should have received 4 u of Regular insulin but 2 u of Regular insulin but 2 u of Regular insulin but 2 u of Regular insulin but 2 u of Regular insulin was documented as given. g. 3/20/02 - At 6:00 AM, resident 7's blood glucose level was 211. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. h. 3/23/02 - At 6:00 AM, resident 7's blood glucose level was 219. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. i. 3/24/02 - At 6:00 AM, resident 7's blood glucose level was 209. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. i. 3/24/02 - At 6:00 AM, resident 7's blood glucose level was 209. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. a. 4/02/02 - At 6:00 AM, resident 7's blood glucose level was 219. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. a. 4/02/02 - At 6:00 AM, resident 7's blood glucose level was 210 - Regular insulin but no insulin was documented as given.	rkiend	SHIP VILLA CARE CE	ENTER	SALT LAN	KE CITY, UT	84165			
should have received 2 u of Regular insulin but received 0 units according to the MAR. c. 3/10/02 - At 5:00 PM, resident 7's blood glucose level was 229. Per sliding scale, resident 7 should have received 2 u of Regular insulin but received 0 units according to the MAR. d. 3/11/02 - At 5:00 PM, resident 7's blood glucose level was 253. Per sliding scale, resident 7 should have received 4 u of Regular insulin but no insulin was documented as given. e. 3/13/02 - At 5:00 PM, resident 7's blood glucose level was 203. Per sliding scale, resident 7 should have received 2 u of Regular insulin but received 0 units according to the MAR. f. 3/14/02 - At 5:00 PM, resident 7's blood glucose level was 255. Per sliding scale, resident 7 should have received 4 u of Regular insulin but 2 u of Regular insulin was documented as given. g. 3/20/02 - At 6:00 AM, resident 7's blood glucose level was 211. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. h. 3/23/02 - At 6:00 AM, resident 7's blood glucose level was 219. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. h. 3/23/02 - At 6:00 AM, resident 7's blood glucose level was 219. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. i. 3/24/02 - At 6:00 AM, resident 7's blood glucose level was 209. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. i. 3/24/02 - At 6:00 AM, resident 7's blood glucose level was 209. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. i. 3/24/02 - At 6:00 AM, resident 7's blood glucose level was 209. Per sliding scale, resident 7 should have received 2 u of Regular insulin but no insulin was documented as given. a. 4/02/02 - At 6:00 AM, resident 7's blood	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THI	ON SHOULD BE E APPROPRIATE	COMPLETE	
should have received 2 u of Regular insulin but no insulin was documented as given. b. 4/03/02 - At 6:00 AM, resident 7's blood		should have received received 0 units accord. 3/10/02 - At 5 glucose level was 229 should have received oreceived 0 units accord. 3/11/02 - At 5 glucose level was 253 should have received insulin was documented. 3/13/02 - At 5 glucose level was 203 should have received insulin was documented. 3/14/02 - At 5 glucose level was 255 should have received 4 Regular insulin was documented. 3/20/02 - At 6 glucose level was 211 should have received 2 insulin was documented. 3/23/02 - At 6 glucose level was 219 should have received 2 insulin was documented. 3/24/02 - At 6 glucose level was 209 should have received 2 insulin was documented. 3/24/02 - At 6 glucose level was 209 should have received 2 insulin was documented. Per documentation on in sliding scale insulin April: a. 4/02/02 - At 6 glucose level was 238 should have received 2 insulin was documented in sliding scale insulin April: a. 4/02/02 - At 6 glucose level was 238 should have received 2 insulin was documented in sliding scale insulin April: a. 4/02/02 - At 6 glucose level was 238 should have received 2 insulin was documented in sliding scale insulin April: a. 4/02/02 - At 6 glucose level was 238 should have received 2 insulin was documented	2 u of Regular insuling reding to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling ed as given. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 PM, resident 7's blower of Regular insuling to the MAR. :00 AM, resident 7's blower of Regular insuling to the MAR, resident 7's blower of Regular insuling to the MAR, the following administration were much of AM, resident 7's blower of Regular insuling the MAR, the following administration were much of Regular insuling the design of Regular insuling the design of Regular insuling the MAR, the following administration were much of Regular insuling the design of Regular insuling the Regular insuling the Regular insuling the Regular insuling the Regular insuling the Regular insuling the Regular insuling	lood sident 7 but lood sident 7 but no ood sident 7 but 2 u of lood ident 7 but 2 u of ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no ood ident 7 but no	F 426	DETICIENC!)			

DEPARTMENT OF HEALTH AND HUN SERVICES HEALTH CARE FINANCING ADMINISTRATION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION II		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STR			B. WING				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		710/02
FRIEND	SHIP VILLA CARE CI	ENTER	3094 SOU	TH STATE ST KE CITY, UT	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE
	should have received insulin was document c. 4/05/02 - At 5 glucose level was 347 should have received Regular insulin was d. 4/06/02 - At 6 glucose level was 262 should have received insulin was document e. 4/07/02 - At 5 glucose level was 275 should have received insulin was document f. 4/17/02 - At 6: glucose level was 288 should have received insulin was document f. 4/17/02 - At 5 glucose level was 288 should have received insulin was document g. 4/24/02 - At 5 glucose level was 403 attending physician sh Resident 7's nurse's no documentation of the plood glucose level ov reflected that he received h. 4/28/02 - At 5: glucose level was 276 should have received 4 u of Regular insulin i. 4/29/02 - At 6:6 blood glucose level donurse's notes. j. 4/29/02 - At 5: glucose level was 202. glucose level was 202.	2. Per sliding scale, res 8 u of Regular insuling 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 AM, resident 7's blaced as given. 1:00 AM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced as given. 1:00 PM, resident 7's blaced 8 u of Regular insuling blaced 8 u of Regular insuling blaced 8 u of Regular insuling blaced 8 u of Regular insuling blaced 90 PM, resident 7 did 1 cumented on the MAR 1:00 PM, resident 7's bloced 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM, resident 90 PM,	but no lood sident 7 but 8 u of lood sident 7 but no lood ident 7 but no lood ident 7 but no lood ident 7 but no lood ident 7 but no lood ident 7 but no lood ident 7 but no lood ident 7 but no lood ident 7 but 12 and loven. loot have a loor in the lood lood lood	F 426			
	A review of the Februa	ry through May 2002,	nursing				

DEPARTMENT OF HEALTH AND HUM. 1 SERVICES HEALTH CARE FINANCING ADMINISTRATION

AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		A. BUILDING	LE CONSTRUCTION	(X3) DATE COMPL	
		46A066		B. WING		5	5/10/02
NAME OF P	PROVIDER OR SUPPLIER	1	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
FRIEND	SHIP VILLA CARE CI	ENTER		TH STATE ST KE CITY, UT			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F 426	notes for resident 7 w nursing notes did not	27 was completed on 5/10/ t clarify sliding scale in ay of the errors identifie	ısulin	F 426			
	5. Resident 2 was admitted to the facility on 7/10/75. Resident 2's diagnoses include diabetes mellitus type II.						
	completed on 5/10/02 obtained a physician of resident 2's blood glu 6/11/01, resident 2's p Regular insulin orders orders established par based on resident 2's scale insulin order was sliding scale insulin, 2251 to 300 - 4 u Regular insulin, and ginsulin. This sliding sparameters to direct seither a high or low bisliding scale insulin o	n orders for resident 2 v. 2. On 4/12/01, facility telephone order to monacose level two times a physician prescribed slips. The sliding scale instrumeters for administer blood glucose levels. The ast follows: less than 201 to 250 - 2 u Regular insulin, 301 to 350 greater than 350 - 8 u Rescale insulin order did a staff to call the physicia blood glucose level. In sorders, resident 2 had a NPH insulin every more	staff nitor day. On iding scale sulin ring insulin The sliding 200 - no ar insulin, 0 - 6 u Regular not include an with addition to physician				
	February, March, and 5/10/02. Per document following errors in regiscale insulin administra. 2/19/02 - At 6 glucose level was 213 should have received scale Regular insuling b. 2/28/02 - At 6	2's MAR for the months April 2002, was compentation on the MAR, the gularly scheduled and stration were made in Fe 5:00 AM, resident 2's bl B. Per sliding scale, resident as give 5:00 AM, resident 2's bl B. Per sliding scale, resident 2's bl B. Per sliding scale, resident 2's bl B. Per sliding scale, resident 2's bl B. Per sliding scale, resident 2's bl B. Per sliding scale, resident 2's bl B. Per sliding scale, resident 2's bl B.	oleted on he sliding bruary: lood sliding bruary: lood sliding bruary: lood bruary: lood bruary: lood bruary: lood				:

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F 426	scale Regular insulin c. 2/28/02 - At 7 receive 14 u NPH ins 2 did not receive this insulin. Per documentation or in regularly scheduled administration were r a. 3/7/02 - At 6: glucose level was 23/2 should have received scale Regular insulin However, on 3/6/02 a was documented as glevel did not require s b. 3/14/02 - At 7 receive 14 u NPH ins 2 did not receive this insulin. c. 3/18/02 - At 5 glucose level was 268 should have received scale Regular insulin However, on 3/17/02 was documented as gi level did not require s d. 3/18/02 - At 7 receive 14 u NPH inst 2 did not receive this insulin. e. 3/22/02 - At 5 glucose level was 333 should have received	2 u Regular insulin. Nowas documented as give 2:30 AM, resident 2 was sulin. Per documentation regularly scheduled do and sliding scale insulinate in March: 300 AM, resident 2's blook. Per sliding scale, resident 2's blook it 7:30 AM, 2 u Regular insulinate it 2:30 AM, resident 2 was ulin. Per documentation regularly scheduled documented as given. Resident 2's blook it 7:30 AM, resident 2 was ulinated as given. Per sliding scale, resident 2's blook it 7:30 AM,	ren. s to on, resident see of ng errors lin ood ident 2 o sliding ren. r insulin d glucose hat time. s to on, resident see of ood ident 2 o sliding en. ur insulin d glucose hat time. s to on, resident se of ood od glucose hat time. s to on, resident se of	F 426	DEFICIENC	Y)		
	f. 3/24/02 - At 5: glucose level was 239	was documented as give 00 PM, resident 2's blo . Per sliding scale, resi 2 u Regular insulin. No	od dent 2					

DEPARTMENT OF HEALTH AND HUN I SERVICES HEALTH CARE FINANCING ADMINISTRATION

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NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	ADDRESS, CITY, STATE, ZIP CODE 5/10/02					
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	scale Regular insulin g. 3/29/02 - At 5 glucose level was 274 should have received scale Regular insulin h. 3/30/02 - At 5 glucose level was 218 should have received scale Regular insulin Per documentation on in sliding scale insulin April: a. 4/7/02 - At 5:0 level was 327. Per sli have received 6 u Reg Regular insulin was de b. 4/28/02 - At 6 glucose level was 207 shouldhave received 2 scale Regular insulin va A review of the Februar	was documented as given. 100 PM, resident 2's blooding scale, resident 3's blooding scale, resident 3's blooding scale instance and scale	lood sident 2 lo sliding ven. lood sident 2 lo sliding ven. lood sident 2 lo sliding ven. ng errors nade in od glucose should g scale ood ident 2 o sliding en. nursing 2. The ulin lon the physician 02. The insulin	F 426					
	6. Resident 11 was add 3/24/00, with the diagn vascular accident), dial schizophrenia.	oses of post CVA (cer	n ebral						

DEPARTMENT OF HEALTH AND HUN SERVICES HEALTH CARE FINANCING ADMINISTRATION

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AND DEAN OF CODDECTION I		II 1 1	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 426	Continued From page 3	30		F 426			!	
	completed on 5/10/02/2002, recertification perform a blood gluc on Monday and Thur obtained a physician's resident 11's blood gluc administer sliding scale insulin orders eadministering insuling glucose levels. The sfollows: less than 20/250 - 2 units (u) Regular insulin, great This sliding scale insuparameters to direct seither a high or low bresident 11's attending	n orders for resident 112. February through M physician orders direct ose monitoring 2 times sday. On 4/01/01, faci is telephone order to chucose level every day ale Regular insulin. The stablished parameters f based on resident 11's cliding scale insulin order 0 - no sliding scale insulin order than 300 - 6 u Regular insulin, 251 to 300 ter than 300 - 6 u Regulatin order did not inclustaff to call the physicial lood glucose level. Or g physician ordered the o increase to two times	arch of ed staff to per week lity staff eck and e sliding or blood ler was as ulin, 201 to - 4 u lar insulin. de on with 14/14/02, 2 blood					
	February, March, and 5/10/02. Per docume following errors in sli were made in April: a. 4/03/02 - At 6 glucose level was 418 should have received insulin was document b. 4/09/02 - At 6 glucose level was 309 should have received	review of resident 11's MARs for the months of bruary, March, and April 2002, were completed on .0/02. Per documentation on the MAR, the lowing errors in sliding scale insulin administration re made in April: a. 4/03/02 - At 6:00 AM, resident 11's blood cose level was 418. Per sliding scale, resident 11 buld have received 6 u of Regular insulin but no ulin was documented as given. b. 4/09/02 - At 6:00 AM, resident 11's blood cose level was 309. Per sliding scale, resident 11 buld have received 6 u of Regular insulin but 0 u						
	glucose level was 315 should have received documented as given.	:00 AM, resident 11's l . Per sliding scale, res 6 u of Regular inulin b	ident 11 ut 4 u was					

DEPARTMENT OF HEALTH AND HUM. SERVICES HEALTH CARE FINANCING ADMINISTRATION

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F 426	glucose level was 290 should have received was documented as ge. 4/18/02 - At 6 glucose level was 274 should have received insulin was document f. 4/23/02 - At 6 glucose level was 213 should have received insulin was document g. 4/25/02 - At 5 glucose level was 328 should have received insulin was document h. 4/30/02 - At 5 glucose level was 283 should have received was documented as gillows and the service of the February for resident 11 the nursing notes did not	0. Per sliding scale, research 4 u of Regular insulingiven. 5:00 AM, resident 11's 4. Per sliding scale, research 4 u of Regular insulingted as given. 5:00 AM, resident 11's 6. Per sliding scale, research 5:00 PM, resident 11's 6. Per sliding scale, research 6 u of Regular insulingted as given. 6:00 PM, resident 11's	but 6 u blood sident 11 but no blood sident 11 but no blood sident 11 but no blood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no clood sident 11 but no	F 426					
F 429 SS=K	483.60(c)(2) PHARM The pharmacist must attending physician are	ACY SERVICES report any irregularities and the director of nursin	s to the	F 429					
	This REQUIREMENT	Γ is not met as evidenc	ed by:				:		
	Based on review of M Records (MAR), consinterview with the con Director of Nursing (E consulting pharmacist irregularities to the fac	edication Administration and interest of the control of the contro	ts, and an the d that the attending	:					

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPI IDENTIFICATION 1 46A0			(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F 429	Continued From page included: 1. Failure to notify the directed to do so by 2. Failure to administ sliding scale insulin; 3. Failure to administ scheduled and sliding 4. Failure to monitor administering insulin Six residents, diagnor resided in the facility ending 5/10/02. Error occurred with 5 of the discharged resident. CR1.) Findings include: An interview with the was held on 5/10/02 adid not recall getting pharmacist that there administration to reside DON stated the consultant in the psychological pool of the DON was asked copies of the consultant since January 2002. January and February	the attending physician insulin orders; ister regularly scheduled; ister accurate dosage of ing scale insulin; and, or blood glucose levels p	when d and regularly prior to mellitus ion survey ation additional additional astated she onsultant sulin llitus. The ot been accept for mittee. with y reports bies of the macy	F 429		ny g physician de with our s provider cy ifferent assured us n to and tration, the r of nursing. ewed all of made s to be nitor and dministrator	5/13/2002
	pharmacist was held o stated he has spent abo	w with the consulting reg on 5/10/02. The pharma out five to six hours a n d the five to six hours a n	acist nonth at				

DEPARTMENT OF HEALTH AND HU. N SERVICES HEALTH CARE FINANCING ADMINISTRATION

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	drug review meetings. had noticed about two administration a mont to establish parameter high and low blood gl in the past six months. The surveyor asked the resident's MAR to determedication errors. The stating, "Trying to real are not the easiest." The residents with diabetes laboratory values such determine effectiveness. The surveyor asked the involved in the facility guidance in adressing errors. The pharmacist involved in the facility time except for his invol	vs and attending psycho is. The pharmacist stated to to three holes in insultifiant. He stated he asked its for calling the physical lucose levels two or three. The pharmacist if he revietermine if there appeare the pharmacist respondered those med [medication of the pharmacist stated the smellitus he generally that he glycohemoglobies of medication therapine pharmacist if he had by's quality assurance to medication administration administration administration administration administration of the surveyor asked to the py of his March and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's regard or monitoring of reside the pharmacist is stated the had not been by the surveyor asked to the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary, March, and Approved the pharmacist's report bruary and the pharmacist is the pharmacist in the pharmacist is the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in the pharmacist in	ed that he lin the facility cian for ree times iewed each ed to be ed by ion] sheets hat for reviewed bin to by. been provide tion en or some otropic the pril 2002 rts for the bril 2002 ding ents with has order Suggest	F 429						
:	b April 28, 2002 -	- (Resident 2) "On 3/13 not documented on MA	3/ and AR.							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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	Continued From page 3 Please follow up with Also need low-end bl to do when blood glu hold NPH Insulin." There were "Recomm regarding insulin adm residents with diabete February and March 2 The medical records of CR1 were reviewed, diagnosed as having of to receive insulin. Ac there were errors in in these residents. The I of these residents, bet was reviewed. The co following comments r or blood glucose mon a. Resident 2 - J "poor compliance [wi	n nurse to ensure doses lood glucose parameter cose is too low, etc., ar nendation/Irregularity" hinistration or monitories mellitus for the mont 2002. of residents 2, 7, 11, 31 Each of these residents diabetes mellitus and hadditionally, per documents where January and April Drug Regimen Review ween January and April Drug	given. s on what nd when to entries ng of hs of , 35, and s were nd orders entation, or each of for each 12002, ade the histration February,	F 429			DATE		
	b. Resident 7 - N February, March, or A c. Resident 11 - J no comments. March, "Glucophage?Glud. d. Resident 31 - J February, no comment [one half hour before a e. Resident 35 - J February, no comment sugar]" April, no co f. Resident CR1 (discharged on 3/6/02.)	January, no comments., no comments. April, cose 291." January, no comments. ts. March, "Glipizide imeals]." April, no comments. ts. March, "Follow BS omments. (Note: this resident was 1 - January, "Treatment MD? Suggest immedia	February, 1/2 hr ac aments. [blood a color of low						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 46A066 NAME OF PROVIDER OR SUPPLIER 5/10/02 STREET ADDRESS, CITY, STATE, ZIP CODE 3094 SOUTH STATE STREET FRIENDSHIP VILLA CARE CENTER SALT LAKE CITY, UT 84165 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 429 Continued From page 35 F 429 Between January and April 2002, the consultant pharmacist identified three irregularities on the facility's monthly report regarding insulin administration and diabetes mellitus monitoring. Per documentation in residents' medical records, during this same time period, 118 errors occurred. Refer to Tag F-426. F 441 | 483.65(a)(1)-(3) INFECTION CONTROL F 441 5/16/202 SS=D Staff has been in-serviced on the proper The facility must establish an infection control program under which it investigates, controls, and manner of feeding the will reduce the prevents infections in the facility; decides what risk of cross contamination for residents procedures, such as isolation should be applied to an 3, 28. individual resident; and maintains a record of incidents and corrective actions related to infections. Facility staff will provide meal assistance to residents in a manner that This REQUIREMENT is not met as evidenced by: would reduce the risk of cross Based on observations, it was determined that for 2 contamination. non-sampled residents, the facility staff did not provide meal assistance to residents in a manner that All appropriate staff has been inwould reduce the risk of cross contamination. serviced on proper technique to avoid (Residents 3 and 28.) cross contamination. Findings include: Staff has been supplied with hand sanitizer solution to use when assisting 1. On 5/7/02, from 7:35 AM to 7:52 AM, an observation was made of nurse aide 1 providing multiple residents with feeding assistance. assistance to residents 3 and 28, during the breakfast meal. Both residents were observed to require extensive assistance from staff with dining. Nurse aide Director of Nursing will monitor and I was observed to wear the same pair of gloves report status to the Administrator and throughout the observation. During the 17 minute the Quality Assurance Committee observation, nurse aide 1 was observed to provide assistance in a manner that would increase the risk of cross-contaminate between residents 3 and 28, 16 times. Examples of potential cross-contamination included: Nurse aide I was observed to wipe the

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	handle each resident's observed to cover the coughed. Nurse aide assistance to resident utensils with the conta also observed to pick by the rim, in the area placing his mouth. 2. On 5/7/02, from 12 observation was made assistance to resident. Nurse aide 2 was obse gloves throughout the minute observation, nu	and 28 and then products and 28 and then products. Nurse aide 1 mouth of resident 28 v. 1 then continued to produce 3 by handling the resident aminated hand. Nurse appreciated that the resident would are also and 28 during the notation between residents and 28 during the notation between residents and 2 was observed amanner that would included: Nurse aide 2 was observed to cover the resident's upobserved to cover the resident. Nurse aide 2 the sistence to resident 3 lutensils with the contains also observed to pick glasses by the rim, in the	was also when he ovide lent's aide 1 was ng glasses d be n ling oon meal. pair of ne 30 ed to crease the s 3 and was 3 and 28 tensils. mouth of hen by minated tup	F 441					
F 521 SS≈K	483.75(o)(2)&(3) ADN	MINISTRATION		F 521					
	The quality assessment meets at least quarterly to which quality assessing enecessary; and developpropriate plans of act quality deficiencies.	to identify issues with ment and assurance act clops and implements	respect ivities						

STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 46A066 5/10/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3094 SOUTH STATE STREET FRIENDSHIP VILLA CARE CENTER SALT LAKE CITY, UT 84165 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY F 521 Continued From page 37 F 521 The Quality Assurance Committee is A State or the Secretary may not require disclosure of comprised of the Administrator, Medical the records of such committee except insofar as such Director, Director of Nursing, disclosure is related to the compliance of such Ownership representative, Office committee with the requirements of this section. Manager, Social Service Worker and Activities Director. This REQUIREMENT is not met as evidenced by: Based on interviews and review of facility records, it The committee has met numerous times was determined that the facility's quality assessment since May 10, 2002. We have reviewed and assurance committee failed to develop and fully the new policies put in place to assure implement appropriate plans of action to correct the issues constituting immediate identified quality deficiencies. Specifically, between January and April 2002, per documentation in jeopardy have been resolved. residents' medical records, 118 errors in insulin administration occurred. The types of errors included: The QA Committee will meet weekly until the facility is in substantial 1. Failure to notify the attending physician when compliance, then monthly thereafter. directed to do so by insulin orders; The Medical Director will meet with the 2. Failure to administer regularly scheduled and committee quarterly. sliding scale insulin; 3. Failure to administer accurate dosage of regularly All members of the Quality Assurance scheduled and sliding scale insulin; and, Committee received in-service training 4. Failure to monitor blood glucose levels prior to as indicated in the DPOC. administering insulin. The Administrator will monitor and Six residents, diagnosed as having diabetes mellitus resided in the facility during the recertification survey report status to the Quality Assurance Committee ending 5/10/02. Errors in insulin administration occurred with 5 of the six residents plus one additional discharged resident. (Residents 2, 7, 11, 31, 35, and CR1.) Findings include: An interview with the Director of Nursing (DON) was held on 5/9/02 at 2:45 PM. The surveyor asked the DON if the facility's quality assessment and assurance committee had identified a problem with insulin administration. The DON stated that she had been aware there had been some problems with insulin

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F 521	improved since last f time frame that she b October 2001.	at she believed the proball. The DON approximecame aware of the pro-	mated the oblem as	F 521			i
	measures were put in insulin administration October 2001 and Fe two different nurses of Administration Recoglucose monitoring a DON stated these two task at the same time months and the other The DON stated in F nurse to review the M monitoring and insulistated that each of the of MARs worked on expectation was that previous weeks MAR following Monday. The nurse would leave a control that the the the the the the the the the th	the DON what corrective place to address the erm. The DON stated between 2002, she had a to review the Medication of the	rors in ween ssigned a on holood on. The ned that or a few of the time. gned one d glucose DON he review the N on the higned e MAR in or. The				
	The DON stated that since October 2001, she has had to counsel most of the licensed nursing staff. The surveyor asked the DON if she documented the counseling, to which the DON stated, sometimes she did and sometimes she did not. The surveyor asked the DON if any other quality improvement measures had been implemented to ensure that insulin administration errors did not continue. The DON stated she was not aware of any other quality						
		are of any other quality es in place to address th					

problem.

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F 521	Continued From page 3	9		F 521				
	calendars labeled as a provided a copy of the as well as the Februar monthly summaries, there was documentar that "QA" (quality as glucose levels had be was present for most Saturday, or Sunday, only items to be monsummary of findings. A telephone interview Medical Director on stated she had been mesident 31, in which of NPH insulin instead The Medical Director incident with resident low blood glucose level the nurse on duty faile interventions. The Medical Director incident with resident low blood glucose level the nurse on duty faile interventions. The Medical Director incident with diabete stated she did not attention assessment and assurates assessment and a	the surveyor copies of monthly summaries. The November and Decery, March, April, and Meginning in November tion on the monthly sursurance) or checking over done. This docume of the weeks on either This monthly summaritored but did not inclure resulting from the monthly summaritored but did not inclure and the resident received 6 and of the ordered 6 u Nor also stated she was aver CR1, in which the resident received 6 and the respond with appledical Director stated or member of the facility ance committee that the in insulin administrations mellitus. The Medicand the facility's quality ance meetings but rather	he DON mber 2001, May 2002, er 2001, mmaries f the blood ntation a Friday, y listed de a itoring. ility's Director ent with 0 units (u) PH insulin. vare of an ident had a ve and that ropriate she had not y's quality ere had in for al Director er the					
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Policy

Change of Condition Reporting to Physician and Tracking

Purpose

To ensure any resident who experiences a change of condition is recognized immediately, reported to the physician, treated accordingly and the change of condition is reported to management personnel so proper tracking for quality assurance purposes can be maintained.

Procedure

- 1. The nurse or DON will notify the resident's attending physician if there has been:
 - a. An accident, injury, incident or injury of unknown origin:
 - b. A reaction to medication:
 - c. A significant change in the resident's physical/emotional/mental condition:
 - d. A need to transfer the resident to a hospital:
 - e. A discharge without proper medical authority (AMA):
 - f. Repeated refusal of medication:
 - g. A medication error has occured:
- 2. The nurse or DON will notify the family, next of kin, designee or sponsor if there has been a significant change in medical/mental condition of any of the above in number 1 have occurred.
- The nurse will record the events in the resident's permanent chart.
- 4. The nurse will inform the on-coming shift of any changes of condition that may be occurring so continuity of care may be maintained.
- The DON will ascertain if the change of condition warrants a "significant change in status assessment" for MDS purposes.