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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2006
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NAME OF PROVIDER OR SUPPLIER HEALTHSOUTH TRANSITIONAL CARE UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 8074 SOUTH 1300 EAST SANDY, UT 84094
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F 278 SS=B	<p>483.20(g) - (j) RESIDENT ASSESSMENT</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined that the facility, did not ensure that the Minimum Data Set (MDS) assessments accurately reflected residents' status. MDS documentation was incorrect or incomplete, completed before the designated observation period or completed after the MDS</p>	<p>F 278</p> <p><i>4/13/06 POC acceptable completion date 4/30/06</i></p> <p><i>Updombank RN</i></p>	<p>F 278</p> <p>RN attended a National MDS training conference 2/27/06 – 3/3/06. RN will complete training modules necessary for Resident Assessment Coordinator – Credentialing. 4/1/06</p> <p>RN will conduct individual and group teaching with those staff involved with completing sections of the MDS. 4/14/06</p> <p>RA Coordinator will audit 100 % of the MDS assessments for 1 month. Audit to include: -accurate completion of all sections -timeliness of signatures -completion of RAP 4/1/06 – <u>4/30/06</u>.</p> <p>10 MDS assessments will be audited monthly for the next 2 months (5/06, 6/06). Results of the audits will be reviewed at the quarterly QA meeting (7/06) for monitoring recommendations.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Laura Anderson</i>	TITLE <i>Administrator</i>	(X6) DATE <i>3/30/06</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DATE STAMP ON NEXT PAGE

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

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OMB NO. 0938-0391

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F 278	<p>Continued From page 1</p> <p>coordinator had signed the assessment was complete, for 6 of 8 sample residents. Resident identifiers 1, 2, 4, 6, 7, CL1.</p> <p>Findings include:</p> <p>1. Resident 4 was admitted to the facility on 2/4/06, with diagnoses that included right wrist fracture, blind in left eye, and left shoulder fracture.</p> <p>Resident 4 was observed on 3/7/06 at 8:30 AM to be wearing a patch over the left eye.</p> <p>Resident 4's medical record was reviewed on 3/8/06.</p> <p>Resident 4's admission MDS, dated 2/8/06, documented the following: Section D. Vision patterns, 1. Vision marked as adequate. Section G., h. Eating marked as supervision with set up help only, modes of transfer b. Bed rails used for mobility or transfer.</p> <p>Resident 4's care plan, dated 2/4/06, documented that resident 4's vision is impaired and there was no vision in the left eye and that the resident wore a patch over the left eye. The care plan documents that resident 4 required total assist for eating.</p> <p>Nurses notes for resident 4, dated 2/4/06, revealed "...pt. (patient) has sling to left arm, right arm has soft cast", "...Needed 100% assist /c (with) feeding pt. Nurses note, dated 2/12/06, revealed "...Pt. requires max (maximum) assist with ADL's (activities of daily living)".</p> <p>In an interview with resident 4, on 3/8/06 at 2:00</p>	F 278		
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Utah Department of Health

3/30/06

APR - 3 2006

Bureau of Health Facility Licensing,
Certification and Resident Assessment

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F 278	<p>Continued From page 2</p> <p>PM, resident 4 said that she was not able to use side rails due to the splint on her right arm and the sling on her left shoulder and that she needed help getting out of bed.</p> <p>2. Resident 7 was admitted to the facility on 1/31/06, with diagnoses that included shoulder fracture, hypertension, osteoporosis, and insulin dependant diabetes mellitis.</p> <p>Resident 7's medical record was reviewed on 3/9/06.</p> <p>Resident 7's annual MDS, dated 2/4/06 was signed by the registered nurse as being completed on 2/4/06. Section AA., 9. Signatures of persons who completed a portion of the accompanying assessment or tracking form, had a signature that was dated 2/6/06, two days after the registered nurse had signed as complete.</p> <p>3. Resident 1 was admitted to the facility January 2006.</p> <p>Resident 1's medical record was reviewed on 3/7/06.</p> <p>An initial comprehensive MDS assessment for resident 1 had been dated 2/1/06. Section V of the MDS, the Resident Assessment Protocol</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>(RAP), which included triggered concerns, location of additional assessment documentation, decisions regarding care planning and signatures and dates, had been left blank.</p> <p>A second MDS assessment, dated 2/8/05, was also coded as being the initial MDS for resident 1. The second MDS did not include Section V and did not include all of the other information required for an initial comprehensive MDS.</p> <p>4. Resident 2 was admitted to the facility March 2006.</p> <p>Resident 2's medical record was reviewed on 3/7/08.</p> <p>A reference date had not been established for resident 2's initial comprehensive MDS assessment. On 3/7/06, Section K had been completed and the accuracy attestation had been signed before the observation period had been established.</p> <p>5. Resident 6 was admitted to the facility February 2006.</p> <p>Resident 6's medical record was reviewed on 3/9/06.</p> <p>The initial comprehensive MDS assessment for resident 6 had been dated 2/27/06. Section H2, Elimination Pattern, had been left blank. Section V of the MDS, the RAP, which included triggered concerns, location of additional assessment documentation, decisions regarding care planning and signatures and dates, had been left blank.</p> <p>There was no Registered Nurse (RN) signature in</p>	F 278			

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F 278	<p>Continued From page 4</p> <p>section AA 9, the attestation, nor in section R2. Section K had been dated as having been completed 2/23/06, prior to the reference date. Sections N and T had been dated as having been completed 2/25/06, prior to the reference date.</p> <p>6. Resident CL1 had been admitted to the facility January 2006 and was discharged February 2006.</p> <p>Resident CL1's medical record was reviewed on 3/9/06.</p> <p>The initial comprehensive MDS assessment for resident CL1 had been dated 1/30/06. Section V of the MDS, the RAP, which included triggered concerns, location of additional assessment documentation and the decision regarding care planning, had been left blank. Sections RB2 and RB4 had been dated 1/30/06, but there were no signatures and no data to coordinate with the dates.</p> <p>There was no Registered Nurse (RN) signature in section AA 9, the attestation, nor in section R2. Section K had been dated as having been completed 1/27/06, prior to the reference date. Section ADa had not been dated and Section ADb had not been signed or dated by the person who had completed Sections AA, AB and AC.</p>	F 278		
F 371 SS=E	<p>483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 371		

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F 371	<p>Continued From page 5</p> <p>by:</p> <p>Based on observations and interview with dietary staff, it was determined the facility did not store, prepare, distribute, and serve food under sanitary conditions.</p> <p>Findings included:</p> <p>A brief observation of the kitchen was conducted on 3/7/06 at 8:10 AM. It was observed that:</p> <p>Five overhead vents were soiled with small clumps of black dust that was adhered to the surfaces. The vent at the north end of the tray line counter had round spots of gold colored grease and the black dust build up. The overhead light fixtures had soil build up and the ceiling tiles around them had small clumps of the black dust.</p> <p>The back of the reach-in refrigerator at the end of tray line had a dusty build up,</p> <p>A scoop was in the bin of flour. A scoop was in the bin of white rice. A scoop was in the bin of brown rice.</p> <p>Serving bowls and plates were stored upright and uncovered under the steam table on a counter that was approximately seven inches above the floor.</p> <p>Fresh cleaning cloths and aprons were stored uncovered on a counter approximately seven inches above the floor.</p> <p>A bowl of smooth, light brown substance was uncovered in the refrigerator. The chef stated it was pureed banana.</p>	F 371	<p>F 371</p> <p>Soiled ceiling tiles will be replaced. Plant Operations 4/30/06</p> <p>A cleaning schedule will be developed to include the cleaning, and if necessary the replacement, of ceiling vents, lights and tiles. The cleaning schedule will be monitored weekly by the Dietary Manager. Results of the cleaning schedule will be reviewed at the quarterly QA meeting (7/06) for further recommendations. Dietary Manager 4/30/06</p> <p>Shelving will be installed to store fresh cleaning cloths and aprons. Plant Operations 4/30/06</p> <p>Steam table repaired. Plant Operations 3/09/06</p> <p>Serving bowls and plates will be stored face down. Dietary Manager 4/10/06</p>	
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F 371	<p>Continued From page 6</p> <p>Observation was made of the kitchen during tray line on 3/8/06 at 8:00 AM. The ceiling vents, lights and tiles had not been cleaned.</p> <p>Observation of the tray line during breakfast service was made on 3/9/06 at 7:40 AM. During a brief pause in service, when two serving carts were still to be filled, the chef was asked to test the temperatures of foods on the steam table.</p> <p>The scrambled eggs tested to be 130 degrees Fahrenheit. The gravy tested to be 135 degrees Fahrenheit. The chef stated the gravy had tested 170 degrees Fahrenheit when it was taken off the stove.</p> <p>A plastic container of mashed potatoes was on the end of the tray line counter. The chef was asked to check the temperature of the potatoes. The potatoes were 100 degrees Fahrenheit. The chef said he planned to put them in the steam table to heat them for lunch.</p> <p>The chef had a stack of paper menu requests on the counter while he prepared trays for the residents. The chef stated that each resident was given a menu to order the foods they would like to have for each meal. The chef prepared each tray from the paper menus. The menus had been handled by the residents in their rooms and by the dietary aides prior to being handled by the chef at meal time. The chef used the same gloved hand to put toast on the plates as he used to handle each of the paper menus.</p> <p>At 8:00 AM, the chef was observed to take the food processor to the sink and spray it out. The chef put the food processor in a sink. Without</p>	F 371	<p>Inservice training will be provided as to the proper storage and use of scoops, the use of tongs to avoid contact with the patients menus, hand washing and changing gloves while working with soiled and clean dishes, and covering and labeling food.</p> <p>Issues addressed will be monitored weekly by the Dietary Manager.</p> <p>Results of the monitoring will be reviewed at the quarterly QA meeting (7/06) for further recommendations.</p> <p>Dietary Manager 4/15/06</p>	
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F 371	Continued From page 7 washing his hands or changing his gloves, the chef, took clean dishes out of a drying rack, stacked the clean dishes over dishes in another drying rack, then put the soiled food processor in the clean rack to be washed.	F 371		