

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>465097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/08/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>350 EAST 300 NORTH AMERICAN FORK, UT 84003</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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<p>F 274 SS=B</p>	<p>483.20(b)(2)(ii) RESIDENT ASSESSMENT- WHEN REQUIRED</p> <p>A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, it was determined the facility did not complete a significant change Minimum Data Set (MDS) assessment for 1 of 17 sample residents after the facility Interdisciplinary Team (IDT) had documented a significant change in three areas of the resident's condition. Resident 5.</p> <p>Findings included: Resident 5 was admitted to the facility on 12/17/05 with multiple diagnoses.</p> <p>Resident 5's medical record was reviewed on 6/6/06. The facility IDT had completed an initial comprehensive MDS assessment for resident 5, dated 12/20/05. The facility IDT completed a quarterly MDS assessment for resident 5, dated 3/12/06. From the December MDS to the March</p>	<p>F 274</p> <p><i>3/15/06 800 acceptance 7/23/06 Bucembank RJR</i></p>	<p>The facility shall conduct a comprehensive assessment of all residents within 14 days after the facility determines, or should have determined that there has been a significant change in the resident's physical or mental condition.</p> <p>Resident 5's MDS was reviewed for accuracy (during survey) on 6/6/06. A significant change MDS was completed to reflect the residents change in condition on 6/6/06.</p> <p>The Director of Nursing or designee will conduct a random audit of current MDS assessments for accuracy and complete corrections as applicable to reflect the resident's physical and mental condition by 7/23/06.</p> <p>The Director of Nursing or designee will re-inservice interdisciplinary team members regarding the proper use of the significant change MDS assessment.</p> <p>The Director of Nursing or designee will monitor MDS assessments for accuracy during interdisciplinary team</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Steven R. Fraser</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/30/06</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.