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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A068	A. BUILDING _____ B. WING _____	02/28/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOBBLE CREEK NURSING AND REHABILITATION	469 NORTH MAIN SPRINGVILLE, UT 84663

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371 SS=E	483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observations on 2/23/06 through 2/28/06, it was determined that the facility did not store, prepare and distribute food under sanitary conditions. Findings include: Observations in the kitchen on 2/23/06 at 12:00 PM revealed the following expired items: 1. A 16 oz Protein shake, rootbeer flavor, which was labeled to have been opened on 2/10/06. 2. A box of 20 Strawberry Mighty shakes, which was labeled to have been opened on 2/06/06. 3. 3 plastic containers approximately 1 oz in size labeled tarter sauce with an open date of 2/11/06. 4. 2 plastic containers approximately 1 oz in size labeled Thousand Island with an open date of 2/11/06. 5. A block of cream cheese wrapped in a wax paper like substance that could not be sealed dated 2/12/06. Observations in the kitchen on 2/23/06 at 12:00 PM revealed the following items: 1. An unidentified, unlabeled meat product, dated 2/14/06, lying on top of a box of Mighty shakes. 2. A large plastic bag of unidentifiable,	F 371	**Utah Department of Health** 3-16-06 **MAR 2 0 2006** **Bureau of Health Facility Licensing, Certification and Resident Assessment** F-371 Dietary staff will be in-serviced on proper storage and disposing of food items. Information will be given again to all staff on the shelf life of each individual food item. Dietary Supervisor will conduct daily checks for next 30 days to ensure that there are no expired items. If there have been no noted problems the Dietary Supervisor will decrease her checks to weekly. Inservice will be conducted on 3/16/06 by Dietary Supervisor and our Crandall Consultant. Item will be added to our quarterly Q.A. Meetings.	04/13/06

3/20/06 RC acceptable compliance date 4/12/06 LBuenbaum RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melanie F Jansen	Administrator	03/15/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	Continued From page 1 unlabeled meat product with no date. 3. 2 plastic bags of bologna, dated 2/18/06, on the top shelf of the refrigerator. 4. A package of Bread ready sliced ham lying on a plate covered with a liquid substance which appeared to be leaking from the package, on the top shelf of the refrigerator. Also noted during the initial tour of the kitchen at 12:00 PM on 2/23/06 was a bucket of "disinfectant" solution which a facility kitchen staff member reported to be made with bleach. When asked what type of chemical strips the facility used to test the strength of the solution, two surveyors were shown a bottle of strips to test bleach concentrations. When the solution was tested with the strip indicated, the results revealed a concentration of approximately 10 - 15 ppm (parts per million). Per federal regulations, a solution used to disinfect the kitchen area must contain at least 50 ppm of bleach in order to provide sanitation. On 2/27/06 at 8:55 AM, the kitchen was again inspected. The countertop had a moderate amount of red liquid, not unlike blood from raw meat, pooled on the surface. At this time, a facility staff member was washing dishes. During the dishwashing process, the staff member was observed to have removed and stored clean dishes after having been scrubbing dirty dishes which had been soaking in the sink without washing her hands. The staff member was then observed to walk out of the kitchen into the hallway to speak with another staff member, and then return to handle clean dishes without washing her hands.	F 371	Dietary Staff will be in serviced on proper labeling and dating of all food. Staff will be instructed that cooked meat such as lunch meat must be labeled and stored on the next shelf up from the uncooked meat, not above any other food items. Daily checks will be done by dietary supervisor to ensure proper storage. If there are no noted problems checks will decrease to weekly. In-service will be conducted on 3/16/06 by Dietary Supervisor and Crandall Consultant. Item will be added to our quarterly Q.A. meeting. Dietary Staff will be in-serviced on proper mixing of bleach and water for the purpose for disinfecting kitchen. Staff will be instructed on how to test and testing will be done with every new solution and recorded on a log in the kitchen for next 2 weeks. If no problems have been noted in those 2 weeks Dietary Supervisor will do random checks on a daily basis for next 2 weeks. If no noted problems checks will decrease to random not to be less then 2 times weekly. Item will be added to our quarterly Q.A. meetings. Dietary Supervisor will in-service staff on proper procedures concerning cross contamination of dirty and clean areas of the kitchen, including but not limited to proper hand washing, proper sanitations of kitchen areas, etc. Inservice will be conducted by Dietary Supervisor and Crandall Consultant on 3/16/06. Supervisor will monitor situation and give 1:1 instruction as needed. Item will be added to our quarterly Q.A. Meetings.	

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F 371	Continued From page 2 On 2/27/06 at 9:15 AM, the disinfectant solution was again tested for strength. The test strip indicated a concentration of bleach at 20 ppm.	F 371		
F 426 SS=D	483.60(a) PHARMACY SERVICES - PROCEDURES A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and review of resident medical records, it was determined that the facility did not provide pharmaceutical services (including the accurate administration of all drugs) to meet the needs of its residents. Specifically, of the 8 sampled residents, 2 were insulin dependent diabetics. One of these 2 residents did not receive the correct amount of regular insulin based upon the sliding scale that was ordered by the physician. (Resident 5). 1. Resident 5 was admitted to the facility on 10/8/99 with diagnoses which included : DM (Diabetes Mellitus), Bipolar disorder, Renal failure, Anemia, and Parkinsons Disease. The physician recertification orders, for January 2006 documented Insulin orders. 60 units NPH Insulin + 10 units Regular Insulin at 6:30 AM 20 units NPH Insulin + 7 units Regular Insulin at 4:30 PM	F 426	F-426 An in-service will be conducted on 3/16/06 to teach all nurses how to properly calculate amounts of insulin to be given when working with a sliding scale order. Weekly audits of all Residents with sliding scales will be preformed. This will continue for 30 days. If there have been no problems noted, the audits will decrease to monthly. If at that time there have been no noted problems the checks will become random but not to exceed 3 months. If at any time problems have been found 1:1 in-servicing will be done with the individual nurse. Audits will be preformed by the D.O.N. These interventions will be incorporated into our quarterly Q.A. meetings.	04/13/06

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F 426	Continued From page 3 Sliding Scale: 251-350 = 8 units Regular Insulin 351-400 = 10 units Regular Insulin 401-451 = 12 units Regular Insulin >451 = Call MD Resident 5's Patient Diabetic Records from March 2005 through January 2006 were reviewed. Nursing staff documented the following Insulin dosage given on these dates: 1. On 3/11/05 at 6:30 AM, Blood sugar was 250, and 20u NPH, and 15 units Regular Insulin was given (Resident 5 should have received only 7 units of Regular Insulin). 2. On 5/27/05 at 4:30 PM, Blood sugar was 307, and 20u NPH, and 7 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 3. On 7/1/05 at 4:30 PM, Blood sugar was 306, and 20u NPH, and 8 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 4. On 7/15/05 4:30 PM, Blood sugar was 289, and 20u NPH, and 8 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 5. On 7/26/05 4:30 PM, Blood sugar was 277, and 20u NPH, and 7 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 6. On 7/27/05 4:30 PM, Blood sugar was 325, and 20u NPH, and 8 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 7. On 7/28/05 4:30 PM, Blood sugar was 294, and 20u NPH, and 8 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 8. On 11/14/05 at 4:30 PM, Blood sugar was	F 426		

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F 426	Continued From page 4 258, and 20u NPH, and 7 units Regular Insulin was given (Resident 5 should have received 15 units of Regular Insulin). 9. On 11/19/05 at 6:30 AM, Blood sugar was 424, and 60u NPH, and 20units Regular Insulin was given (Resident 5 should have received 22 units of Regular Insulin). 10. On 11/20/05 at 6:30 AM, Blood sugar was 241, and 60u NPH, and 20 units Regular Insulin was given (Resident 5 should have received only 10 units of Regular Insulin). 11. On 11/22/05 at 6:30 AM, Blood sugar was 291, and 60u NPH, and 15 units Regular Insulin was given (Resident 5 should have received only 18 units of Regular Insulin). 12. On 1/16/06 at 6:30 AM, Blood sugar was 261, and 60u NPH, and 10 units Regular Insulin was given (Resident 5 should have received 18 units of Regular Insulin).	F 426		
F 496 SS=D	483.75(e)(5)-(7) REQUIRED TRAINING OF NURSING AIDES Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual is a full-time employee in a training and competency evaluation program approved by the State; or the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. Before allowing an individual to serve as a nurse aide, a facility must seek information from every	F 496	F 496 All Staff hired to work as a Nurses Aide will be screened to ensure that they have had proper training in a State approved program or is currently enrolled in such program. All those employed for the position of Nurses Aide will be screened through all established State Agencies. This process will be followed through by the Administrator and/or D.O.N. This process was started as of 2/24/06. These interventions will be incorporated in our quarterly Q.A. Meetings.	04/13/06

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F 496	Continued From page 5 State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on interview and review of facility personnel files, it was determined that the facility had not contacted the aide registry for 2 of 5 individuals who had been hired to serve as a nurse aide. Employee identifiers: A and B. Findings included: Five personnel files were reviewed on 2/23/06. Employee A was hired on 2/3/06. There was no documentation in his/her personnel file to evidence that the facility had sought information from the aide registry. Employee B was hired on 12/19/05. There was no documentation in his/her personnel file to evidence that the facility had sought information from the aide registry. Both aides A and B were hired to serve as nurse aides.	F 496		

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F 496	Continued From page 6 The administrator was interviewed on the afternoon of 2/23/06. She confirmed that the aide registry had not been contacted for information on the two above employees.	F 496		
F 502 SS=D	483.75(j)(1) LABORATORY SERVICES The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: 2. Resident 2 had a physician's order, dated 1/6/06, for staff to obtain a basic metabolic panel. Staff did not obtain this lab until 1/12/06, six days after it was ordered by the physician. Resident 2 had a physician's order, dated 1/12/06, for staff to obtain a pre-albumin level. Staff did not obtain this lab until 1/15/06, six days after it was ordered by the physician. Based on medical record review, it was determined that the facility did not obtain laboratory services to meet the needs of 2 of 8 sample residents. Resident identifiers: 3 and 2. Findings include: 1. Resident 3 was admitted to the facility on 10/24/02 with diagnoses which included: Hypothyroidism, seizures, edema, depression with psychosis, and Gout.	F 502	F-502 New policy and procedure was developed. Doctors ordered obtained that all labs that are ordered may be drawn the following lab day unless specified by Doctor to be drawn immediately. Audits will be done on lab orders weekly to ensure that policy is being followed and labs are being obtained in timely manner. If no problems are found, auditing will decrease to monthly. In-service on new policy will be done on 3/16/06 by D.O.N. These issues will be incorporated into our quarterly Q.A. Meetings.	04/13/06

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F 502	Continued From page 7 The physician recertification orders, for January 2006 documented that the physician ordered a depakote level, CBC (complete blood count), CMP (comprehensive metabolic panel), TSH (thyroid stimulating hormone) to be done every 6 months. Also ordered to be drawn every 3 months was a Prealbumin level. On 2/27/06 resident 3's clinical record was reviewed. Based on the physician recertification orders, resident 3 should have had a Depakote level, a TSH, CBC, and a CMP level drawn in August of 2005. No documentation could be found that these labs had been performed. On 2/27/06 the DON (Director of Nursing) was interviewed about resident 3's labs prior to surveyors leaving the building for the day. On 2/28/06, the DON reported to the survey team that the labs for resident 3 to be performed in August had not been performed.	F 502		
F 505 SS=D	483.75(j)(2)(ii) LABORATORY SERVICES The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on interview and review of resident medical records, it was determined that for 2 of 8 sample residents, the facility did not promptly notify the physician of laboratory results. Resident identifiers: 6 and 3. Findings included:	F 505		

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F 505	Continued From page 8 1. Resident 6 was admitted to the facility on 1/12/06 with diagnoses which included insulin dependent diabetes mellitus. The medical record of resident 6 was reviewed on 2/27/06. The medical record for resident 6 contained an order for nursing staff to notify the physician if the resident's blood sugar went above 450. The January 2006 diabetic record for resident 6 was reviewed. On 1/29/06, the nurse recorded resident 6's 4:00 PM blood sugar to be 458. There was no documentation in the medical record for this resident to evidence that the physician had been notified of this high blood sugar. The nurse who recorded the blood sugar of 458 was called on 2/27/06 at 3:20 PM. When asked if she had notified the physician of the blood sugar of 458, the nurse responded "I don't think so." 2. Resident 5 was admitted to the facility on 10/8/99 with diagnoses which included : DM (Diabetes Mellitus), Bipolar disorder, Renal failure, Anemia, and Parkinsons Disease. On 2/27/06, Resident 5's clinical record was reviewed. The physician recertification orders, for January 2006 documented Insulin orders. 60 units NPH Insulin + 10 units Regular Insulin at 6:30 AM 20 units NPH Insulin + 7 units Regular Insulin at 4:30 PM Sliding Scale: 251-350 = 8 units Regular Insulin	F 505	F-505 In-servicing will be provided to Nursing Staff on policies and procedures of notifying physician at appropriate times concerning residents status. D.O.N. will monitor and perform weekly audits to ensure policy is being followed. If no problems are noted with weekly audits in 30 days the audits will decrease to monthly audits for next 90 days. If no problems are noted at that time audits will be preformed randomly not to exceed 3 months. In-service will be 3/16/06 and be coordinated by D.O.N. These issues will be incorporated into our quarterly Q.A. meetings.	04/13/06

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F 505	Continued From page 9 351-400 = 10 units Regular Insulin 401-451 = 12 units Regular Insulin >451 = Call MD On 11/6/05 at 4:30 PM, Resident 5's Blood sugar level was 453. Per the physicians orders, the facility staff should have called the blood sugar result in to the physician. There was no documentation found in the clinical record indicating that the physician was notified of this lab result.	F 505		

DAILY CHECKS FOR BLEACH IN WATER

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PLEASE TEST AND RECORD PARTS PER MILLION AND INITIAL

LAB SHEETS

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WEEKLY & MONTHLY BS AUDIT DOSE GIVEN			
DATE	CORRECT	INCORRECT	MD NOTIFIED IF NEEDED