DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/21/2006

CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			1 ORM APPROVE 100, 0938-039 DMB
STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING		(3) DATE SURVEY COMPLETED
		465100	B. WING		11/16/2006
	PROVIDER OR SUPPLIER AT ALTA		STREET ADDRESS, CITY, STATE, ZIP CODE 4035 SOUTH 500 EAST SALT LAKE CITY, UT \$4107		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
S S ≠ E	A facility must care and in an environm maintenance or en quality of life. This REQUIREME by Based on observat records, the facility residents in a manupromoted enhance of life, for the major male residents, in to of 48. Findings included: During the facility to was observed that men's restroom wa and a sign was on under construction. restroom included 2 stall. The East Hall included 1 toilet and During tour on 11/1 interview was conditated that the East closed in February be unavailable. The not like going all the use the toilet and the said control of the control of	e for its residents in a manner rent that promotes hancement of each resident's NT is not met as evidenced ions, interviews and review of did not provide care for her and in an environment that ment of each resident's quality rity of residents, particularly he facility, resident population our on 11/13/06 at 2:40 PM it a door in the East Hall labeled is locked shut with a padlock the door stating that it was the West Hall men's 2 toilets, 1 urinal and 1 shower Handicapped restroom it a lavatory. 3/06 at 2:50 PM a confidential acted with a resident who Hall men's restroom was por 2006 and has continued to be resident stated that he does a way down to the other hall to	12/2000 Color Colo	Administrator is working we General Contractor to compute East Men's shower/toile room in a timely manner. Per General Contractor project we be completed on or before January 1, 2007. Tasks left complete are installation of cabinets, plumbing, installat of stalls, and finishing work Progress of construction will reported by Administrator / Designee monthly to the Quantitation of completed by Administrator / Designee monthly to the Quantitation of completed the facility will convert two other restrooms located on the East wing by nurses' station. This is the shall where the Men shower / restroom being remodeled i located. The restrooms are currently 1) employee and 2 resident unisex. We will prosignage to indicate that both these restrooms are Men onl restrooms to provide them toileting facilities closer to the rooms.	lete t er will to cion l be ality eing the same s
BORATORY	PIRECTORS OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE
+			<i></i>	Administrator	12/20/06

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.

FORM CMS-2587 (02-99) Previous Versions Obsolete

Event ID: 423211

Facility ID: UT0002

If continuation sheet Page 11 of 13

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

PRINTED: 11/21/2006 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '	IULTIPE LDI N G	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		485100	B. Wil	1G		11/	16/2006	
	PROVIDER OR SUPPLIER			403	ET ADDRESS, CITY, STAITE, ZIP (85 SOUTH 500 EAST LT LAKE CITY, UT \$4107	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFFRENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 240	for the East and W was determined that resident room on E first available toilet restroom. It was dimale resident room Hall men's restroor one urinal and the male residents in the An interview was or (Maintenance Supe PM. The MS stated restroom had been months. The MS all the facility use the the East Hall Hand A tour of the East Hall Hand A tour of the East Hoompleted in the prat 2:00 PM. The roon the floor; the tile several pieces aroutoilets, sinks, stalls, were not present. During the anual reinterview was held residents, who were concerns they had facility. Several resproblem with incomprogress to finish of	est Hallways in the facility. It at the most distant male fast Hall was 120 feet from the and lavatory, the Handicapped etermined that the most distant in was 240 feet from the West in, including two toilet stalls, only shower stall available to be facility. Inducted with the MS ervisor) on 11/14/06 at 1:45 I that the East Hall men's under construction for about 7 so stated that all the men in West Hall men's restroom or icapped restroom. Itali men's restroom was resence of the MS on 11/14/06 on was observed to have tile on the walls was missing and the top and edges. The urinal, and shower curtains certification survey, a group with 13 alert and oriented e asked to discuss any about quality of life in the sidents stated they had a venience due to lack of onstruction of the men's toilet	F	240	Male residents have a asked if they would lite the other nursing u West side where they closer to the men's shrestroom. Residents I declined.	ike to move nit on the can be nower /		
	3 male residents pr toilets and the singl	eight of 13 residents, with 3 of esent, affirmed that access to e male shower facility was a esidents. Residents in the						

FORM CMS-2587(02-99) Previous Versions Obsolete Event ID: 423211 Facility ID UT0002

If continuation sheet Page | 2 of 13

PRINTED: 11/21/2006

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 465100 11/16/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4035 SOUTH 500 EAST INFINIA AT ALTA SALT LAKE CITY, UT \$4107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X') COMPLETION (X4) ID **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE DAIL REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 240 * Continued From page 2 F 240 meeting stated that the East Hall men's restroom had been unavailable for several months and that male residents had to travel "clear down the hall" to the East Handicapped restroom or further along the hallway to the West Hall men's restroom. A resident stated "some of them don't make it in time." The residents stated that the East Hall Handicapped restroom is "one stall", i.e. one toilet, and is often busy. One female resident stated that "we see what the men are going through and wonder what it will be like when they start remodeling the East Hall women's restroom next year." On 11/13/06 an interview was conducted with resident 1. During the interview, resident 1 stated that men in the facility had problems because "there is only one bathroom for all the male residents". Resident 1 stated that residents have to ambulate from the East Hall to the West Hall men's restroom. Resident 1 stated the traffic in the hallway is disruptive to the rest of residents at night. An interview was conducted with the facility Administrator on 11/16/06 at 9:00 AM. The Administrator stated that the remodel of the East Hall men's restroom had begun with the demolition which was completed prior to March 2006, but the Administrator could not give the specific date. Surveyors requested the facility records that would demonstrate the facility time lines and follow up in completing the East Hall men's restroom remodel. The Administrator provided a copy of an invoice for the completed

FORM CMS-2567(02-99) Previous Versions Obsolete

was dated 3/27/06.

demolition of the East Hall men's restroom, which

A second interview was held with the facility

Event ID: 423211

Facility ID: UT0002

If continuation sheet Page 3 of 13

PRINTED: 11/21/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 8 WING 465100 11/16/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4035 SOUTH 500 EAST INFINIA AT ALTA SALT LAKE CITY, UT \$4107 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX CROSS-REFFRENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 240 : Continued From page 3 F 240 Administrator regarding efforts to minimize disruption of residents' access to toilet and shower facilities. The facility Administrator stated that a contractor originally hired to do the work had finished the demolition and made no progress to "put the East Hall mens restroom back together." The Administrator stated that the facility had attempted to contact its corporation and the contractor about the lack of progress. He stated "a new contractor has been hired and has made good progress." The Administrator was asked to provide any written documentation regarding facility efforts on behalf of providing toileting facilities to male residents during the East Hall men's restroom remodeling. The Administrator stated the administrative staff had discussed the problem at Quality Assurance meeting every month and had offered male residents on the East an opportunity to move nearer to the West Hall restroom during the construction but that "they had declined." The Administrator stated that the facility had provided several of the male residents in the East Hall with urinals for nighttime use but that "they used them during the day" too and that keeping the urinals emptied was a problem for the direct care staff. The Administrator stated that the facility was

FORM CMS-2567(02-99) Previous Versions Obsolete

encouraging male residents who ambulated to use the West Hall restroom instead of a urinal. The Administrator offered no explanation why alternative, available toilet and bathing facilities had not yet been offered for the use of male residents who were inconvenienced by the East

Members of the facility's administrative staff, including the Medical Records Supervisor, the Maintenance Supervisor and the Social Worker

Hall men's restroom construction.

Event ID: 423211

Facility ID: UT0002

If continuation sheet Page 4 of 13

PRINTED: 11/21/2006

FORM APPROVED

		H AND HUMAN SERVICES					MAPPROVED 0. 0938-0391
		E & MEDICAID SERVICES	(Y2) M	HI TIG	LE CONSTRUCTION	(X3) DATE	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII			COMPL	
		465100	B. WIN	IG		11/	16/2006
NAME: OF P	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
INFINIA	AT ALTA				35 SOUTH 500 EAST		
	The state of the s			SA	ALT LAKE CITY, UT 84107		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 240	Continued From p	page 4	F 2	240	,, ,, ,,		
	were interviewed manage the East project. All facility problem had been	regarding facility efforts to Hall restroom remodeling y staff interviewed stated that the in discussed in Quality ng "every time we meet."					
	483.15(h)(2) HOU	ISEKEEPING/MAINTENANCE	F 2	253	F 253		12/11/06
\$\$=E	maintenance serv	provide housekeeping and vices necessary to maintain a and comfortable interior.			1. All shower rooms/restr will be cleaned per house schedule using checklist t "Tub/Shower Room Cont Checklist". Administrato	keeping itled rol	;
	This REQUIREM by:	ENT is not met as evidenced			/Designee will perform waudits to ensure cleaning	eekly	i
	determined that the housekeeping and	ations and interview, it was ne facility did not provide d maintenance services to ry and comfortable environment.			preformed. Results from audits will be reported to Quality Assurance Community until a lesser free	these the ittee	<u> </u>
	Findings included	:			is deemed. 2. MS (Maintenance Supe		i
	in the company of	ur of the building was conducted f the Maintenance Supervisor. ne following was observed:			/ Designee will perform farounds weekly checking for handrails using checklist t	cility or loose	
	Hall men's lavator at the base of three grout. 2. In room 17 reals at the East Hall strong odor of uring and a thick buildubase of the wall of 5. In the women's the following item.	stall shower area of the West ry room, mildew was observed see walls on the tile and in the stroom the handrail was loose. all Handicapped restroom, a very ne was observed to be present p of dirt was observed at the n the tile and the grout. Is East Hall toilet/shower area, is were observed: 2 missing tiles we at the base of 3 walls on the			"Restrooms Control Check to determine if any maintain a storderly, and comfortable is required to the Quality Astroported to the Quality Astronomittee monthly until a frequency is deemed. RM restroom handrail fixed 12	klist" mance anitary, nterior. will be surance a lesser	
		1.2 missing tiles on the wall in		1			•

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 423211

Facility ID: UT0002

If continuation sheet Page | 5 of 13

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	11/21/2006 APPROVED 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	NULTIPLE CONSTRUCTION	٧ .	(X3) DATE SI COMPLE	URVEY
		465100	B. WI	NG		11/1	6/2006
	PROVIDER OR SUPPLIER		*	STREET ADDRESS, CITY 4035 SOUTH 500 EA SALT LAKE CITY,	ST		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORE	R'S PLAN OF CORRECT RECTIVE ACTION SHOL RENCED TO THE APPRO DEFICIENCY)	JLD BÉ	(X5) COMPLETION ()ATE
F 371 SS=E	have two areas of a wooden stand for the worn and missing por dirt was observed walls, and the fan with the large dining missing baseboard approximately 4 feet. On 11/14/06 the fact Supervisor) was interested the deep cleaning from the deep cleaning f	nk counter top was observed to proken/missing formica, he sink was observed to be paint on edges. A thick build up don floor at the base of stall was not working. Toom was observed to be coving in 6 areas each et long. Cility MS (Maintenance erviewed. The MS stated that for the west men's shower had done repairs had not been as shower was under MS also stated that the east was scheduled to be a some repairs had not been as stated that the large dining een missing for at least 3 he was waiting on the painter to completing the coving ARY CONDITIONS - FOOD		will be cle schedule u "Tub/Show Checklist" /Designee audits to e preformed audits will Quality As monthly u is deemed. 4. The Eas toilet/show of four toil to be remo physical co restroom, t room is bei remodel. O maintenanc tiles, painte replaced ca to remove of Restroom i checklist st above. Far	wer rooms/restroused aned per housek ising obecklist to wer Room Control. Administrator will perform we use cleaning is. Results from to be reported to the saurance Comminated a lesser frequent Women's ver restroom is the let / shower restroom is the let / shower restroit of the chistoilet / show ing scheduled for 11/16/06 and the edges of stalking in shower observed "milde a also being cleanated; in narrative a will be replaced our circulation in	deeping tled of leekly shese he ttee tree tency leer er ing ink, rarea w". In period to leer er	

FORM CMS-2567(02-99) Previous Versions Obsoleto

Event ID: 423211

Facility ID: UT0002

If continuation sheet Page 6 of 13

DEPARTMENT OF HEALTH	AND HUMAN SERVICES				FORM OMB NO	APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.) <i>′</i>		CONSTRUCTION		
	465100	B. WIN	IG		11/	6/2006
NAME OF PROVIDER OR SUPPLIER			4035	SOUTH 500 EAST		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER. 465100 A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 4035 SOUTH 500 EAST SALT LAKE CITY, UT 84107 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE COMPLETED.		(X5) COMPLETION DATE				
·	age 6	F;	371:	ı	,	!
On 11/14/06 at 9:3 in the kitchen. The observed: 1. The range was particles. The two surface both had rup food. The drip liquid grease and twas covered with oburnt food and blace. 2. The hood over built up dirt. The ween exhaust fan system repaired or replace lights under the holinterview with the other request was muthe range. The dieserved:	dirty and had dried food drip trays under the range melted grease and dried built tray under the grill was full of the drip tray under the burners old, dried food particles and ck residue. the range was greasy and had vall behind was greasy. The meltin within the hood needed to be old. It was not operating. The old did not work. In an dietary manager on 11/14/06, adde to turn on the lights over etary manager said that the			Designee will monitor be weekly to ensure mainteneeds are being addresse fixed. These audits will reported to the Quality A Committee monthly untifrequency in deemed. 5. Baseboards in large designed.	eathrooms enance ed and be Assurance il a lesser ining	
neck.						
nozzle. The vent of	of the juice dispenser had		,			
crumbs and debris floor of the storage pats. The bottom						

FORM CMS-2567(02-99) Provious Versions Obsolete Event ID: 423211

Facility ID: UT0002

If continuation sheet Page 7 of 13

		AND HUMAN SERVICES			1	FORM	11/21/2006 APPROVED
STATEMENT	RS FOR MEDICARE FOR DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		LE CONSTRUCTION	(X3) DATE 5	
		465100	B, WIN	G	- Lander	11/	16/2006
NAME OF F	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
INFINIA .	AT ALTA		[35 SOUTH 500 EAST ALT LAKE CITY, UT 84107		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AP DEFICIENCY)	NOULD BE	(X5) COMPLETION DATE
F 371	Continued From pa	ge 7	F 3	71	F 371		12/11/06
	particles, noodles 7. The floor of the spills and white foo shelves. 8. An ice chest use full of ice and had a general spill product. 10. The sprinkler had a floor of the sprinkler had shells. 11. The ceiting of the dried food. On 11/15/06 at appobservations were 1. The two drip tray melted grease and the drip still covered with old burnt food and black. 2. Four spice bottles. 3. The silverware built up film on the dividers. There ware	freezer had splashed dried d substance under the ed for resident hydration was a scoop laying in the ice. pice bottle lids were open. ple contamination of the eads in the kitchen had greasy the microwave had splashed proximately 2:30 PM, made in the kitchen. It is under the range surface had dried built up food. The drip was overflowing with liquid to tray under the burners was d, dried food particles and ek residue.			Dietary Manager / Design perform daily audits to enstaff are properly cleaning dietary department and it equipment. The checklis "Infinia Cleaning Schedu outline the tasks to be consulted and the frequency require following observations where the dietary department of the tasks to be consulted by this 1, 2, 3, 4, 9, and 11 on day 11/14/06 observations 1, 2, and 3 of 11/15/2006. The hood we was fixed 11/16/2006 and proper working order. Observations numbered 4 will be checked by MS / 6 weekly using checklist tit "Preventative Maintenance Kitchen Control Checklist Administrator / Designed to cleaning is being preform MS will repair walls stated 2567. Results from these will be reported to the Quantum Assurance Committee mountil a lesser frequency is deemed.	sure g the s t titled le" will mpleted ed. The ill be 5, 6, 7, 6 and on day entilator l is in and 10 designee led ee Log- t" will ensure ed. d on audits ality	
		dish room needed repair. The		!			i

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 423211

Facility (C): UT0002

If continuation sheet Page 8 of 13

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/21/2006 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUII.DING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465100	B WING		11/	16/2006
	PROVIDER OR SUPPLIER AT ALTA		40:	ET ADDRESS, CITY, STATE, ZIP CO 35 SOUTH 500 EAST LLT LAKE CITY, UT \$4107	DDE	
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FUILL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION (ROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
	sanitizable. It was portion of the wall approximately 1.1 half inch gaps are pests to enter the side of the room had the clean dish are 483.70(d)(1)(iv)-(v). Bedrooms must be assure full visual plants in facilities initially except in private rediling suspended the bed to provide combination with a thickness of the private resident. Specific non-private resident curtains which proprivacy. (Resident Findings included On 11/15/06 at 1:1 all occupied resident redident redident resident redident resident resident or the privacy curtain door in resident redident resident redident resident resident resident redident resident resident redident resident reside	de of the room was not a badly scratched. The lower had a loose panel /2 feet by 3 feet. There were und it that could allow insects or kitchen. The wall on the left had chipped, peeling paint over a. The wall was not sanitizable. A RESIDENT ROOMS be designed or equipped to privacy for each resident. I certified after March 31, 1992, coms, each bed must have curtains, which extend around atotal visual privacy in adjacent walls and curtains. ENT is not met as evidenced witten and interview, the facility visual in-room privacy for each cally, 4 of 25 occupied and rooms did not have privacy evided residents with full visual in rooms 8, 9, 16 and 18) 25 PM, a tour was conducted in the forms 8, 9, 16 and 18 did not privacy for the residents	F 460	F 460 Maintenance Supervise Designee will perform audits of resident prival curtains to ensure reside provided with full visual Results from these aud reported to the Quality Committee monthly ur frequency is deemed. Of 11/15/2006 resident ro 16, and 18 were fixed to those residents have fur privacy. An intervice held on 12/08/2006 to train staff on how to pr secure the privacy curt residents will have full privacy when cares are provided.	weekly acy dents are al privacy. ats will be Assurance atil a lesser On oms 8, 9, to ensure Il visual will be teach and roper ains so the visual	12/11/06
ORM CMS-25	567(02-99) Previous Versio	ns Obsoleto Event ID: 423711	Facility IU	: UT0002 1	f continuation she	et Page 9 of 13

PRINTED: 11/21/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 09<u>38-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 465100 11/16/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4035 SOUTH 500 EAST INFINIA AT ALTA SALT LAKE CITY, UT \$4107 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 460 Continued From page 9 F 460 An interview was conducted on 11/15/06 at 2:15 PM with a CNA (Certified Nurses Aide) who was working in the East hall. The CNA demonstrated the use of a privacy curtain, which did not ensure full visual privacy for the resident. The CNA stated that she has provided personal cares for residents without ensuring full visual privacy. F 462: 483.70(e) TOILET FACILITIES F 462 01/05/07 SS=E F 462 Each resident room must be equipped with or Administrator is working with located near toilet facilities. General Contractor to complete the East Men's shower/toilet room in a timely manner. Per This REQUIREMENT is not met as evidenced General Contractor project will by: be completed on or before Based on observation, interviews and review of January 1, 2007. Tasks left to facility records, residents were not provided with adjoining toilet facilities, or with toilets and shower complete are installation of facilities located near to resident rooms, for 13 of cabinets, plumbing, installation 13 male residents who reside on the East Hall of of stalls, and finishing work. the facility. Progress of construction will be reported by Administrator / Findings included: Designee monthly to the Quality An annual recertification survey was conducted at Assurance Committee until the facility during the week of 11/13/06. During project is completed. the survey, a group interview was held with 13 While construction is still being alert and oriented residents, who were asked to discuss any concerns they had about quality of completed the facility will life in the facility. Several residents stated they convert two other restrooms had a problem with inconvenience due to lack of located on the East wing by the progress to finish construction of the men's toilet nurses' station. This is the same and shower room in the East Hall.

FORM CMS-2567(02-99) Previous Vorsions Obsolete

By show of hands, eight of 13 residents, with 3 of

3 male residents present, affirmed that access to

toilets and the single male shower facility was a problem for male residents. Residents in the

Event ID: 423211

Facility ID: UT0002

located.

If continuation sheet Page 10 of 13

hall where the Men shower

/restroom being remodeled is

DEPART	MENT OF HEALTH	HAND HUMAN SERVICES				FORM	: 11/21/2006 APPROVED : 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE LDING	CONSTRUCTION	(X3) DATE S COMPLE	
	ā	465100	B, WII	NG	, r	11/1	6/2006
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE ISOUTH 500 EAST		į
INFINIA A	AT ALTA				T LAKE CITY, UT 84107		
(X4) ID PREFIX TAG	/EACH DESIGIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFIDIENCY)	OULD BE	(X5) COMPLETION DATE
F 462	meeting stated that had been unavailar male residents had to the East Handid along the hallway trestroom. A reside make it in time." The East Hall Handiday one toilet, and is one stated that "we set through and wondstart remodeling the next year." On 11/13/06 an intresident 1. During that men in the fact "there is only one residents". Resident of ambulate from the hallway is dismight. Observations were for the East and Was determined the resident room on first available toile restroom. It was demailed residents in the male residents.	the East Hall men's restroom ble for several months and that it to travel "clear down the hall" apped restroom or further to the West Hall men's ent stated "some of them don't he residents stated that the oped restroom is "one stall", i.e. often busy. One female resident e what the men are going er what it will be like when they he East Hall women's restroom terview was conducted with the interview, resident 1 stated bility had problems because both room for all the male ent 1 stated that residents have the East Hall to the West Hall tesident 1 stated the traffic in uptive to the rest of residents at emade of the hallway lengths west Hall was 120 feet from the translation and lavatory, the Handicapped determined that the most distant mas 240 feet from the West was 24		462	The restrooms are current employee and 2) resident We will provide signage to indicate that both of these restrooms are Men only restrooms to provide them to ilcting facilities closer to rooms. Male residents have been asked if they would move to the other nursing the West side where they closer to the men's shown restroom. Residents have declined.	n o their ve also like to gunit on can be	Page 11/1/12
FORM CMS-2	567(02-99) Previous Verslo	ns Obsolete Event ID: 423211	F	acility ID:	UT0002 If cor	itinuation sheet	t Page 11 of 13

PRINTED: 11/21/2006 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A, BUILDING B. WING 465100 11/16/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4035 SOUTH 600 EAST INFINIA AT ALTA SALT LAKE CITY, UT 84107 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 462 F 462 | Continued From page 11 that a contractor originally hired to do the work had finished the demolition and made no progress to "put the East Hall mens restroom back together." The Administrator stated that the facility had attempted to contact its corporation and the contractor about the lack of progress. He stated "a new contractor has been hired and has made good progress." The Administrator was asked to provide any written documentation regarding facility efforts on behalf of providing toileting facilities to male residents during the East Hall mens restroom remodeling. The Administrator stated the administrative staff had discussed the problem at Quality Assurance meeting every month and had offered male residents on the East an opportunity to move nearer to the West Hall restroom during the construction but that "they had declined." The Administrator stated that the facility had provided several of the male residents in the East Hall with urinals for nighttime use but that "they used them during the day" too and that keeping the urinals emptied was a problem for the direct care staff. The Administrator stated that the facility was encouraging male residents who ambulated to use the West Hall restroom instead of a urinal The Administrator offered no explanation why alternative, available toilet and bathing facilities had not yet been offered for the use of male residents who were inconvenienced by the East Hall men's restroom construction. Members of the facility's administrative staff,

FORM CMS-2567(02-99) Provious Versions Obsolete

including the Medical Records Supervisor, the Maintenance Supervisor and the Social Worker were interviewed regarding facility efforts to manage the East Hall restroom remodeling project. All facility staff interviewed stated that the

Event ID: 423211

Facility ID: UT0002

If continuation sheet Page 12 of 13

<u> 15 FOR MEDICAF</u>	RE & MEDICAID SERVICES		1		M A PPROV D. 0938-03		
OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	465100	B. WING		11/	16/2006		
	3	403	STREET ADDRESS, CITY, STATE, ZIP CODE 4035 SOUTH 500 EAST				
							
(EACH DEFICIENC	CY MUST BE PRECEEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(XS) COMPLETI DATC		
		F 462					
					i		
					:		
					i		
					ļ		
					i		
		. ;			· :		
		!			<u> </u>		
					!		
	ROVIDER OR SUPPLIER SUMMARY S (EACH DEFICIENCE REGULATORY OF COntinued From problem had been	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465100 ROVIDER OR SUPPLIER	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A 65100 ROVIDER OR SUPPLIER AT ALTA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 problem had been discussed in Quality Assurance Meeting "every time we meet." (X2) MULTIPI (X3) MULTIPI (X4) MULTIPI (X5) MULTIPI (X5) MULTIPI (X6) MULTIPI (X7) MULTIPI (X7) MULTIPI (X7) MULTIPI (X2) MULTIPI (X3) MULTIPI (X4) MULTIPI (X5) MULTIPI (X6) MULTIPI (X7) MULT	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465100 ROVIDER OR SUPPLIER AT ALTA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 problem had been discussed in Quality Assurance Meeting "every time we meet." (X2) MULTIPLE CONSTRUCTION A. BUILDING STREET ADDRESS, CITY, STATE, 7/P OF CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, 7/P OF CONSTRUCTION A BUILDING FROM CONSTRUCTION A CONSTRUCT	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465100 A. BUILDING B. WING STREET ADDRESS, CITY, STATE, 7IP CODE 4035 SOUTH 500 EAST SALT LAKE CITY, UT \$4107 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 problem had been discussed in Quality Assurance Meeting "every time we meet."		