STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465142	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 3/11/02

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INFINIA AT GRANITE HILLS, INC	950 EAST 3300 SOUTH SALT LAKE CITY, UT 84106

(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) COMPLETE DATE
F 252 SS=E	483.15(h)(1) ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation and interview with plant operations manager, it was determined that the facility did not provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior as evidenced by: Six of twenty-one resident bathrooms, one resident room and two resident common areas, revealed housekeeping and maintenance services were not provided routinely. Findings include: Observation of the facility during the recertification survey on 3/6/02 through 3/11/02 revealed the following: The bathroom for room 107 had no light. The bathroom between rooms 210 and 211 had black mold on the floor tile, next to the south wall, that measured approximately 8 inches long. The bathroom between rooms 212 and 213 had 3 holes, measuring approximately 1 x 1 inches each, in the wall next to the toilet and to the right of the toilet paper dispenser, that were within an area measuring approximately 4 x 14 inches that was not the same color as the wall paint. Something had been removed from the wall and the wall had not been repaired. The bathroom between rooms 114 and 115 had a partial cover on the electrical plug outlet, on the wall next to the sink, that covered only approximately	F 252 OK LB 4/16/02	**Environment** Bathroom light for room 107 has been replaced. The black mold on the floor tile in the bathroom between rooms 210 and 211 has been removed. The three holes in the bathroom between rooms 212 and 213 will be repaired. The electrical plug outlet in the bathroom between rooms 114 and 115 has been replaced. The holes in the wall in the bathroom between rooms 112 and 113 will be repaired and the broken tiles will be replaced. The doorknob in the bathroom between rooms 110 and 111 leading into room 111 has been replaced. The light above bed A in room 209 has been repaired. The gate into the south nurses station has been repaired. The source of the water leaking in the dinning room wall will be found and corrected. Monthly QA rounds will be done by the Plant Operations Manager at which time he will identify any environmental issues that need to be addressed. He will report his findings to the Administrator and together they will solve the problem and ensure this solution is sustained. This will be completed April 26, 2002.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Terry Lemmon TITLE: Administrator (X6) DATE: 4/15/02

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days aft such information is 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 252	Continued From page 1 two-thirds of the outlet. This could be a potential hazard for an electrical shock. The bathroom between rooms 112 and 113 had four 4 x 4 tiles on the step into the shower that had broken pieces out of each tile which would make it difficult to properly sanitize or disinfect. There were 2 large holes in the wall, that measured approximately 1-1/2 x 1-1/2 inches each and 4 smaller holes, next to the toilet and above the toilet paper dispenser, that were within an area measuring approximately 4 x 14 inches that was not the same color as the wall paint. Something had been removed from the wall and the wall had not been repaired. The bathroom between rooms 110 and 111 had no door knob on the door into room 111, there was only a hole in the door where the knob should have been. Room 209 had no working light above bed A. The nurses station on the south hall had a gate to keep residents out of that area but the top hinge to the gate was broken and caused the gate to hang crooked and not fit properly. The dining room was observed, on 3/11/02, to have water collecting on the floor next to the west wall, a bedspread had been placed there to contain the water. In an interview with the plant operations manager he stated that he was aware of the problem and was still investigating the source.	F 252		
F 281 SS=G	483.20(k)(3)(i) RESIDENT ASSESSMENT The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by:	F 281		

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NAME OF PROVIDER OR SUPPLIER: **INFINIA AT GRANITE HILLS, INC**		STREET ADDRESS, CITY, STATE, ZIP CODE: **950 EAST 3300 SOUTH SALT LAKE CITY, UT 84106**	

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F 281	Continued From page 2 Based on interview and record review, it was determined that the facility had not met professional stands of quality for residents with weight loss. As evidenced by, 1 of 13 sampled residents who experienced chewing and swallowing problems and significant weight loss with no dietary interventions by a Registered Dietitian to prevent further weight decline. Furthermore, the Dietary Manager made assessments and recommendations beyond her legal scope of practice. ("No person, without first being certified...may:(1) assume or use the title or designation "dietitian," "certified dietitian," ...or any other title, words, letters, abbreviations, or insignia indicating or implying that the person is a certified dietitian; or (2) represent in any other way, orally, in writing, in print, or by signature, directly or by implication, that he is a certified dietitian. The violation of any provision of this chapter is a class B misdemeanor." (Dietitian Certification Act, Title 58, Chapter 49, Sections 9 and 10. Issued July 1993.) Resident identifier 26. Findings include: Resident 26, a 72 year old male admitted to the facility on 3/13/00 diagnoses including gastritis, convulsions, flaccid hemiplegia, and constipation. Review of resident 26's weight record revealed the following: 9/7/01 166 lbs. (pounds) 10/1/01 164 lbs. 11/1/01 162 lbs. 12/6/01 158 lbs. 1/3/02 154 lbs. 2/7/02 154 lbs. 3/9/02 143 lbs.	F 281 OK 4/16/02 LB	**Resident Assessment** The Food Service Supervisor has completed a Bachelors Degree at Weber State in Dietetic Nutrition and is waiting for notification for testing for Registered Dietitian. The RD will co-sign FSS Nutritional Assessments and quarterly notes and make any dietary recommendations as identified thru assessments. FSS will notify RD of any residents experiencing swallowing, chewing, wt loss, or other such dietary problems. RD attends weekly IDT/Weight meetings and signs attendance records as proof of attendance and will make any necessary dietary recommendations 1/2002 resident care plan reflects interventions put in place for Resident 26 and wt stabilized in 2/2002. Resident 26 was Re-assessed by the RD/FSS and interventions put in place. Swollow eval was done March 13, 2002.	

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F 281	Continued From page 3 Between 9/7/01 and 3/9/02 there was a 23 lb. weight loss (13.86%), which in accordance with the State Operations Manual (SOM) is considered to be a severe weight loss. Between 2/7/02 and 3/9/02 there was an 11 lb. weight loss (7.14%), which in accordance with the SOM is considered to be a severe weight loss. There was no documented evidence that any dietary interventions were attempted to increase calories in resident 26's diet. Resident 26's weight had been on a downward trend since September 2001. A review of dietary notes completed for resident 26 revealed that the dietitian had not assessed his nutritional needs since 7/2000. A review of the comprehensive medical assessments dated 5/24/01, 8/16/01, 11/09/01 and 1/30/02 documented chewing and swallowing problems as being present. There is no documentation that the dietary manager called the registered dietitian to evaluate resident 26 following any of these assessments to make recommendations to prevent any complications in resident 26's diet. By the last assessment dated 1/30/02 resident 26 had experienced a consistent weight loss with no dietary interventions. Review of the medical record revealed that a barium swallow study had been ordered on 9/10/01. Further review reveled no appointment made for this study and no results of any swallowing evaluation. A review of the nutrition notes dated 11/6/02 a summary signed by the dietary manager stated that resident 26 was "eating with a restorative aide all three meals with some coughing noted, liquids are being thickened as needed. Prefers sweeter and spicy foods". There was no mention of a swallow study or why the study was not done.	F 281		

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F 281	Continued From page 4 A dietary assessment dated 1/31/02 and signed by the dietary manager documented a nutritional plan as follows: "1) no signs or symptoms of choking, aspiration. 2) restorative monitor 3) no significant weight loss 4) no skin breakdown high risk for" Review of the restorative notes documented choking or coughing episodes on 1/2/02, 1/4/02, 1/12/02, 1/19/02 and 1/21/02. There is no documentation that the dietitian was notified for further assessment. A follow-up dietary note dated 3/6/02 and signed by the dietary manager stated, " Resident having problems with lunch, may have a cold. Consumed less than 25%, health shake was given. Concerns being address of swallow study. DTY (dietary) recomd (recommends) supplemental nightly feeding via G-tube (gastrointestinal) will address with family and MD (medical doctor). Con't (continue) to monitor closely, and reviewing with restorative aid daily." There is no documentation of a Registered Dietitian being notified or consulted for this recommendation. The American Dietetic Association reports, "It is the position of the American Dietetic Association that a registered dietitian (RD) with competency in nutrition support is qualified to assume responsibility for the assessment, planning, implementing, and monitoring of enteral, parenteral, and specialized oral therapies in patient care" (ADA Reports, Position of the American Dietetic Association: The role of registered dietitians in enteral and parental nutrition support. Reaffirmed on September 15, 1996). In an interview conducted on3/11/02 at 12:35 PM, the dietary manager was asked if she had consulted the registered dietitian before she made the recommendation for a tube feeding. She stated that she had not. She also stated that she thought she had the authority to "down grade" a diet. The consulting	F 281		

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F 281	Continued From page 5 dietitian stated that she was not informed of the swallowing difficulties or the weight loss resident 26 was having or about the tube feeding recommendations made by the dietary manager. The American Health Care Association suggest that "the registered dietitian should be the primary health care professional conducting nutritional assessments, recommending appropriate nutrition interventions, and providing nutrition education and counseling." (Practice Guidelines, A product of the American Health Care Association, June 1993)	F 281		
F 286 SS=B	483.20(d) Resident Assessment A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record. This REQUIREMENT is not met as evidenced by: Based on medical record review it was determined that the facility did not maintain all resident Minimum Data Set (MDS) assessments completed within the previous 15 months in the resident's active medical record for 11 of 13 sample residents and one closed record. Residents: 16, 18, 19, 20, 22, 26, 27, 28, 31, 36, 42 and C-1 Findings include: 1. Resident 18 was admitted to the facility on 7/19/00. Resident 18's active medical record was reviewed on 3/7/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a significant change assessment, dated 1/5/01; a quarterly assessment, dated 3/7/01; a significant change assessment, dated 6/21/01; a quarterly assessment, dated 9/13/01; and a quarterly assessment, dated 12/12/01. There was no assessment	F 286 Ok 4/16/02 LB	**Resident Assessment** 15 months of resident assessments (MDS) will be maintained in a 3 8ring binder at each nurses station for all cur8rent residents. The current MDS' will remain in the current chart. This includes R8esidents: 16, 18, 19, 20, 22, 26, 27, 28, 31, 36, 42 and C1. Medical Records Director will monitor in her monthly QA rounds. This will be completed April 26, 2002	

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F 286	Continued From page 6 for 10/23/00 found in resident 18's active medical record. 2. Resident 20 was admitted to the facility on 5/5/97. Resident 20's active medical record was reviewed on 3/7/02. This review revealed that the active record did not contain all of the required MDS assessment for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 1/25/01; a significant change assessment, dated 4/20/01; a significant change assessment, dated 7/5/01; and a quarterly assessment, dated 12/28/01. There were no assessments for 11/1/00 and 9/27/01 found in resident 20's active medical record. 3. Resident 28 was admitted to the facility on 3/13/97. Resident 28's active medical record was reviewed on 3/11/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 2/20/01; a quarterly assessment, dated 5/17/01; an annual assessment, dated 8/9/01; and a quarterly assessment, dated 1/25/02. There were no assessments for 12/14/00 and 11/2/01 found in resident 28's active medical record. 4. Resident 42 was admitted to the facility on 4/15/99. Resident 42's active medical record was reviewed on 3/7/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 1/5/01; an annual assessment, dated 3/2/01; a quarterly assessment, dated 6/4/01; a quarterly assessment, dated 9/6/01; and a quarterly assessment, dated 12/3/01. There was no assessment for 2/12/02 found in resident 42's active medical record.	F 286		

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F 286	Continued From page 7 5. Resident 19 was admitted to the facility on 5/28/97. Resident 19's active medical record was reviewed on 3/6/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 12/19/00; a quarterly assessment, dated 3/12/01; a quarterly assessment, dated 6/7/01; and a significant change assessment, 11/21/01. There were no assessments for 8/30/01 and 2/18/02 found in resident 19's active medical record. 6. Resident 22 was admitted to the facility on 2/19/00. Resident 22's active medical record was reviewed on 3/6/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a full assessment, dated 11/26/00; a significant change assessment, dated 2/12/01; a quarterly assessment, dated 5/10/01; and an annual assessment, dated 1/24/02. There were no assessments for 8/9/01 and 11/1/01 found in resident 22's active medical record. 7. Resident 31 was admitted to the facility on 6/28/96. Resident 31's active medical record was reviewed on 3/6/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments; a significant change assessment, dated 2/5/01; a significant change assessment, dated 4/26/01; and a significant change assessment, dated 7/26/01. There were no assessments for 11/16/00 10/22/01 and January 2002 found in resident 31's active medical record. 8. Resident C1 was admitted to the facility on 5/18/01 and discharged from the facility on 1/9/02. Resident C1's medical record was reviewed on 3/6/02. This	F 286		

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F 286	Continued From page 8 review revealed that the active record did not contain all of the required MDS assessments for the time period resident C1 was a resident at the facility. The record contained the following MDS assessments: an admission assessment, dated 5/31/01; and a quarterly assessment, dated 8/9/01. There was no assessment for 11/2/01 found in resident C1's active medical record. 9. Resident 36 was admitted to the facility on 8/4/00. Resident 36's active medical record was reviewed on 3/6/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 3/5/01; a quarterly assessment, dated 5/24/01; an annual assessment, dated 11/17/01; and a quarterly assessment, dated 2/11/02. There were no assessments for 1210/00, 8/16/01 found in resident 36's active medical record. 10. Resident 16 was admitted to the facility on 3/29/00. Resident 16's active medical record was reviewed on 3/11/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 2/26/01; a quarterly assessment, dated 5/24/01; a significant correction assessment, dated 6/21/01; and an annual assessment, dated 12/12/01. There were no MDS assessments for 9/22/00, 12/15/00 and 9/13/01 found in resident 16's active medical record. 11. Resident 27 was re-admitted to the facility on 2/23/98. Resident 27's active medical record was reviewed on 3/6/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: an annual	F 286		

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F 286	Continued From page 9 assessment, dated 1/4/01; a quarterly assessment, dated 3/26/01; a significant change assessment, dated 6/21/01; and a quarterly assessment, dated 9/13/01. There were no MDS assessments for 10/21/00 and 12/12/01 found in resident 27's active medical record. 12. Resident 26 was admitted to the facility on 3/13/00. Resident 26's active medical record was reviewed on 3/11/02. This review revealed that the active record did not contain all of the required MDS assessments for the past 15 months. The record contained the following MDS assessments: a quarterly assessment, dated 12/28/00; an annual assessment, dated 3/5/01; and an annual assessment, dated 1/30/02. There were no MDS assessments for 5/24/01, 8/16/01, and 11/9/01 found in resident 26's active medical record.	F 286		
F 287 SS=B	483.20(f)(1-4) Resident Assessment Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: Admission assessment; Annual assessment updates; Significant change in status assessments; Quarterly review assessments; A subset of items upon a resident's transfer, reentry, discharge, and death; Background (face-sheet) information, if there is no admission assessment; Within 7 days after a facility completes a resident's	F 287 OK 4/16/02 LB	**Resident Assessment** Residents: C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12 and C13 have had all discharge tracking forms transmitted to the state of Utah. The Medical Records Director will complete the Discharge Tracking Forms upon the discharge of each resident and transmit to the state of Utah. This will be monitored by the2 Medical Records Director in her monthly QA rounds. This will be completed April 12, 2002.	

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F 287	Continued From page 10 assessment, a facility must be capable of transmitting to the State information for each resident contained in the MDS in a format that conforms to standard record layouts 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: Admission assessment; Annual assessment; Significant change in status assessment; Significant correction of prior full assessment; Significant correction of prior quarterly assessment; 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. The facility must transmit data in the format specified by HCFA or, for a State which has an alternate RAI approved by HCFA, in the format specified by the State and approved by HCFA. This REQUIREMENT is not met as evidenced by: Based on interview, review of the facility's current resident roster, and the "Center of Medicare and Medicaid Services (CMS) State-End of Month Roster	F 287		

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F 287	Continued From page 11 Report" for January 2002 it was determined that the facility did not encode or transmit Minimum Data Sets (MDS) discharge tracking forms to the State database for 13 of 55 residents. Resident identifiers: C1, C2, C3, C4, C5, C6, C7, C8, C9, C10, C11, C12, and C13. Findings include: 1. The facility's current resident roster and the CMS State Report (a report that documents the MDS assessments that were encoded and transmitted by the facility), dated January 2002, were reviewed. This review revealed that 13 of the 55 residents listed on the CMS State Report were not listed as current residents on the facility's resident roster. 2. In an interview with the facility medical records staff, on 3/7/02 at 11:00 AM, a copy of the CMS State Report was provided and reviewed with this staff member. When asked if she knew if any discharge tracking forms had been encoded and transmitted on the 13 residents, identified as no longer being at the facility, she stated that she was unsure if the discharge tracking forms had been encoded or transmitted. The medical records staff was asked by the surveyor if she could find any validation reports, verifying that the facility had encoded and transmitted discharge tracking forms, on these 13 residents. The medical records staff stated that she would try and locate the reports. On 3/11/02, the facility administrator stated to the surveyor that they had been unable to find any validation reports and that discharge tracking forms for the 13 residents had not been encoded or transmitted to the State database by the facility.	F 287		
F 326	483.25(i)(2) QUALITY OF CARE	F 326		

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	465142	A. BUILDING ______ B. WING ______	3/11/02

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 326 SS=G	Continued From page 12 Based on a resident's comprehensive assessment, the facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview and medical record review, it was determined that for 1 of 13 sampled residents, the facility did not ensure that each resident received a therapeutic diet when there was a nutritional problem as evidenced by: one resident had a severe weight loss of 13.86 % in a six month period and had not been assessed since July of 2000 by a registered dietitian. Resident identifier: 26 Findings include: Resident 26 was a 72-year-old male with diagnoses including gastritis, convulsions, flaccid hemiplegia, and constipation. On 3/11/02 resident 26 medical records were reviewed. The re-certification order dated 2/2/02 and signed by the physician, documented that the diet order was a mechanical soft diet with increased protein. Further review revealed that every monthly re-certification order back to 6/2001 documented the same diet orders. Observations of resident 26 at the lunch meal on 3/6/02, 3/7/02 and 3/11/02 revealed the resident being served a puree diet with honey thick liquids. Review of the medical record revealed no current diet order for a puree diet signed by a physician. In an interview with the dietary manager on 3/11/02 she stated that she was not sure when the diet had been changed or who had ordered the diet. She stated that resident 26 was still on an increased protein diet. When asked by the surveyor how she increased the protein in his diet she	F 326 OK 4/16/02 . LB	**Quality of Care** Medical Records will give the FSS a Diet List by the 28th of each resident to check to be sure residents are getting the appropriate therapeutic diets. Medical Records will give the FSS a copy of T.O. with dietary changes. FSS will review the orders against dietary records to ensure accuracy. Any orders that do not match up will be given back to the MD for clarification. The correct order will be input into the residents medical record and the dietary department will be informed of the correct order. The FSS will input the order into the diet card and the dietary file, this will be reviewed by the RD for compliance and reported on in the monthly QA meeting. RD will assess all residents on therapeutic diets. This policy will be implemented by May 1, 2002.	

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F 326	Continued From page 13 stated that she "sprinkled cheese on his refried beans and that he received health shakes" She could not provide the grams of protein this added to his diet or how often the health shakes were added to the diet. Review of the medical record revealed that a barium swallow study had been ordered on 9/10/01. Further review reveled no appointment made for this study and no results of any swallowing evaluation. In an interview with the DON (director of nursing) on 3/11/02 she stated that she was not employed by the facility at the time the appointment was made but she was told that the family did not want the study done. She could not produce any documentation of the family refusal for the test. In an interview on 3/11/02 with two of resident 26's family members it was denied that any refusal for any treatment had been made and they had no knowledge of any swallow study. A review of the nutrition notes dated 11/6/02 a summary signed by the dietary manager stated that resident 26 was "eating with a restorative aide all three meals with some coughing noted, liquids are being thickened as needed. Prefers sweeter and spicy foods". In an interview with the dietary manager on 3/11/02 she stated "resident 26 loves chocolate shakes". There was no indication that resident 26's food preferences were being utilized to increase his food intake and palatability of the meals.The note was not co-signed by a Dietitian and there was no mention of a swallowing evaluation. A review of the weight charts for resident 26 revealed the following: 9/7/01 166 lbs. (pounds) 10/1/01 164 lbs. 11/1/01 162 lbs.	F 326		

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F 326	Continued From page 14 12/6/01 158 lbs. 1/3/02 154 lbs. 2/7/02 154 lbs. 3/9/02 143 lbs. Between 9/7/01 and 3/9/02 there was a 23 lb. weight loss, which represents a 13.86% weight loss, which which in accordance with the State Operations Manual (SOM) is considered to be severe. Between 2/7/02 and 3/9/02 there was an 11 lb. weight loss, which represents a 7.14% weight loss, which in accordance with the State Operations Manual (SOM) is considered to be severe. A review of the nutrition notes dated 1/31/02 reveled a plan stating " 1.No signs or symptoms of choking, aspiration. 2. Restorative monitor. 3. No significant weight loss. 4. No skin breakdown, high risk for". There was no dietary recommendations made to prevent further weight loss nor was a dietitian notified of the steady weight loss.	F 326		
F 361 SS=E	483.35(a)(1)-(2) DIETARY SERVICES The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis. If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian. A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association, or on the basis of education, training, or experience in identification of dietary needs,	F 361 OK 4/16/02 LB	**Dietary Services** RD will monitor residents at risk for weight loss weekly and document interventions at this time to meet each residents nutritional needs. RD is authorized enough hours to assure FSS and residents are provided with nutritional support and consultation. The RD will become a functional member of the interdisciplinary team and the weight and skin team.	

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F 361	Continued From page 15 planning, and implementation of dietary programs. This REQUIREMENT is not met as evidenced by: Based on staff interview and observations it was determined that the facility did not utilize their part-time consultant dietitian in a manner which provided adequate supervision to the dietary manager or dietary staff regarding: 1. accurately monitoring and assessing residents at risk for weight loss and 2. monitoring the sanitation of the kitchen , ensuring proper storage, and preparation.. Findings include: 1. Based on clinical record review it was determined that the facility did not ensure that each resident maintained an acceptable parameter of nutritional status as evidenced by1 of 13 sampled residents experienced significant weight loss with no dietary interventions implemented to prevent further weight decline. Further, the dietitian did not provide services and supports, through assessment, monitoring and recommendations, to meet each resident's nutritional needs. The facility failed to provide dietetic supports and services, which maintained the body weights for each resident as evidenced by: a. Resident 26, a 72 year old male admitted to the facility on 3/13/00 diagnoses including gastritis, convulsions, flaccid hemiplegia, and constipation. Review of resident 26's weight record revealed the following: 9/7/01 166 lbs. (pounds) 10/1/01 164 lbs. 11/1/01 162 lbs.	F 361	The RD will complete a random review of all residents receiving therapeutic diets and enteral feedings to ensure that no other residents had their therapeutic diets or enteral feedings changed by the FSD. Food Service Supervisor and RD will hold an inservice regarding food handling and dating and labeling food, and storage with dietary staff by April 22, 2002. Medical Records will give the FSS a Diet List by the 28th of each resident to check to be sure residents are getting the appropriate therapeutic diets. Medical Records will give the FSS a copy of T.O. with dietary changes. FSS will review the orders against dietary records to ensure accuracy. Any orders that do not match up will be given back to the MD for clarification. The correct order will be input into the residents medical record and the dietary department will be informed of the correct order. The FSS will input the order into the diet card and the dietary file, this will be reviewed by the RD for compliance and reported on in the monthly QA meeting. RD will assess all residents on therapeutic diets. This policy will be implemented by May 1, 2002.	

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F 361	Continued From page 16 12/6/01 158 lbs. 1/3/02 154 lbs. 2/7/02 154 lbs. 3/9/02 143 lbs. Between 9/7/01 and 3/9/02 there was a 23 lb. weight loss (13.86%), which is severe. Between 2/7/02 and 3/9/02 there was an 11 lb. weight loss (7.14%), which is severe. A review of dietary notes completed since resident 26's admission did not evidence that the dietitian assessed his nutritional needs based on his gradual weight loss, which became significant between the months of September 2001 and March 2002. There was no documented evidence that any dietary interventions were attempted to increase calories in resident 26's diet. Resident 26's weight had been on a downward trend since September 2001. 2. Based on observations, and interview it was determined that the facility did not store, and prepare food under sanitary conditions as evidenced by multiple food items not being labeled and or dated in the walk in refrigerator, outdated and unlabeled food items being stored in the walk in refrigerator. (Refer to tag F-371) An interview with the Dietary Manager was done on 3/11/02 at 8:45 AM. She stated that the consultant dietitian visited the facility a few hours weekly. An interview with the consulting dietitian was done on 3/11/02 at 12:35 PM. She confirmed that she was allowed 8-10 hours each month to visit the facility. She stated that these hours restricted the time she could spend in meetings and charting. Based on observation, interview and medical record review the facility did not follow therapeutic diets for	F 361		

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F 361	Continued From page 17 1 of 13 residents prescribed a diet per physician orders. On 3/11/02 at 12:35 PM, the consulting dietitian and the dietary manager were interviewed. They were asked if they were aware of the conflicting diet orders in resident 26's medical chart dated back nine months. They were not aware of the conflict and they could not confirm the correct order or when the orders had changed. The consulting dietitian stated that she had not been informed of resident 26's weight loss or of the recent recommendations. (Refer to tag F-326) Based on observations in the kitchen on 3/6/02 and 3/7/02 it was determined that the dietary manager and dietary staff lacked supervision and leadership to direct them in proper dietary procedures including sanitation and the storage, and handling of food. There was no evidence that the consultant dietitian was available as a resource for the dietary manager or to help oversee and manage dietary services. There was no evidence that the consultant dietitian had identified and/or attempted to correct any of the deficient practices found during the re-certification survey.	F 361		
F 371 SS=D	483.35(h)(2) DIETARY SERVICES The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility did not store food under sanitary conditions. Findings include: 1. Observation on 3/6/02 at 7:15 AM, revealed the following: a. One container of cottage cheese, dated 2/4/02. The	F 371 ok 4/16/02 [handwritten]	**Dietary Services** Food will be stored under sanitary conditions. All food will be labeled and dated. FSS will monitor refrigerator to assure all food is stored properly, (dated, labeled and fully covered) eggs are stored on the appropriate shelf and not over open food items such as celery or cheese. White puddles of milk was found to be faulty milk cartons. Cartons will be sent back to vendor. FSS will inservice dietary staff on proper storage of food in refrigerator and outdated food items tossed. RD will monitor	5/31/02

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F 371	Continued From page 18 cottage cheese container was opened and was observed to be 3/4 full. There was a yellow liquid film on the top layer of the cottage cheese. b. Two containers of yogurt, dated 1/1/02. c. One plate of cooked vegetables, covered in plastic wrap, that were unlabeled and undated. d. One bowl of red and green cubes of food, covered in plastic, that were unlabeled and undated. e. One metal container of a brown liquid, coved in plastic wrap, unlabeled and undated. f. One metal container, covered in plastic wrap, this container was labeled "rice", but was not dated. g. A large puddle of white liquid was observed under several plastic crates of individual milk cartons stacked on top of each other. h. One box of raw eggs, on the top shelf of the refrigerator, directly above an open container of celery and a tray of wrapped cheese slices. 2. Observation on 3/7/02 at 8:00 AM, revealed the following: a. A large puddle of white liquid under the plastic crates of individual cartons of milk. b. One container of buttermilk salad dressing that was undated. c. One plastic container of cut fruit. The lid to this container had a round uncovered opening, exposing the contents to the air. This container was dated 2/25/02. The surveyor observed a dietary staff worker remove this container from the refrigerator and remove some of the fruit from the container, write something on the lid and return the container to the refrigerator. When the surveyor showed the facility food service director this container of fruit with the opening the lid, this surveyor observed that the date on the container had been changed to 3/7/02. d. Two containers of salad dressing, each bottle had	F 371	This process will be monitored by the facility QA team on a monthly basis.	

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F 371	Continued From page 19 the name of a facility resident on the label. There was no date as to when these bottles of salad dressing had been opened. e. The box of raw eggs were observed to remain on the top shelf of the refrigerator, directly over the open box of celery and trap of cheese slices. f. One plastic container of of a thick red liquid, dated 2/25/02. The lid to this plastic container had a uncovered round hole in the lid, exposing the contents of the container to the air.	F 371		
F 387 SS=D	483.40(c)(1)&(2) PHYSICIAN SERVICES The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interview, it was determined that 2 of 13 sample residents, were not seen by a physician as required at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. Residents: 9 and 31. Findings include: Resident 9 was readmitted to the facility on 12/14/01, with diagnoses that included dementia with agitation, neurotic anxiety disorder, hypertension, cerebral vascular accident and lymphoma. A review of resident 9's medical record documented that resident 9 was seen by a physician on 12/11/01 (which was actually four days before his re-admission date). There was no further documentation available in his medical record to support that he was seen by a physician in January, 2002, February, 2002, or between March 1-11, 2002.	F 387 OK 4/16/02 LB	**Physician Services** Residents 9 and 31 have been seen by their physician. All residents will be seen by a physician every 30 days for the first 90 days after admission and every 60 days thereafter. The Medical Records Director will keep an updated audit and log for timely visits. She will monitor this log every month during her QA rounds. This will be completed April 12, 2002.	

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F 387	Continued From page 20 Resident 31 was admitted to the facility on 6/28/96, with diagnoses of multiple sclerosis, atrial fibrillation, borderline personality disorder, pulmonary embolism, osteoporosis, and depressive disorder. A review of resident 31's medical record on 3/7/02, revealed documentation that resident 31 was last seen by a physician in December, 2001. There was no further documentation available in her medical record to support that she was seen by a physician in February, 2002, at the required 60 day interval. On 3/7/02, during an interview with medical records staff, the surveyor asked if resident 31 had been seen by a physician in February 2002, she stated that during that time, one of their physicians was no longer working there, and that resident 31 probably did not get seen by a physician that month. She also showed the surveyor a list of residents who needed to be seen by the physician in February, 2002, who were not seen by any physician in February, 2002. Resident 31 was on the list. She looked in resident 31's active medical record, and confirmed that there was no documentation to support a physician visit in February, 2002.	F 387		
F 496 SS=E	483.75(e)(5)-(7) ADMINISTRATION 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 before allowing an individual to serve as a nurse aide, a facility must seek information from every 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.	F 496 OK 4/16/02 LB	**Administration** All new hires for the position of nurses aid will be verified through the abuse registry phone number. A form has been developed to be utilized in the application process. All current nurses aids have been verified, and all future nurses aids will be verified before they will be hired. This was completed on April 8, 2002.	

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F 496	Continued From page 21 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 employee files it was determined that the facility did not obtain State Nurse Aide Registry verification prior to allowing 4 of 4 individuals who had been hired in the last four months to work as nurse aides. Employee identifiers: E1, E2, E3, and E4. Findings include: 1. On 3/7/02, employee records were reviewed for four nurse aides who had been hired by the facility in the last four months. This review revealed the following: a. Nurse aide E1 had been hired by the facility on 12/18/01. There was no documentation found that the facility had called the Nurse Aide Registry for verification prior to allowing nurse aide E1 to work as a nurse aide. b. Nurse aide E2 had been hired by the facility on 2/19/02. There was no documentation found that the facility had called the Nurse Aide Registry for verification prior to allowing nurse aide E2 to work as a nurse aide. c. Nurse aide E3 had been hired by the facility on 3/5/02. There was no documentation found that the facility had called the Nurse Aide Registry for verification prior to allowing nurse aide E3 to work as a nurse aide.	F 496		

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F 496	Continued From page 22 d. Nurse aide E4 had been hired by the facility on 1/21/02. There was no documentation found that the facility had called the Nurse Aide Registry for verification prior to allowing nurse aide E4 to work as a nurse aide. 2. In an interview with the facility administrator on 3/11/02, she stated that the business office staff and been sending a faxed copy of a "New Employee Hire" sheet to a company called "Utah New Hire". She stated that she had been told by the facility's business office staff that when they faxed this information the Utah New Hire company could call them back if there was a problem. She further stated that she had called the State Nurse Aide Registry and they stated the Utah New Hire was not part of the agency and that the facility had not been verifying their newly hired nurse aides with the State Nurse Aide Registry.	F 496		
F 502 SS=F	483.75(j) ADMINISTRATION 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: Based on staff interview, interview with a laboratory technician at the laboratory used by the facility and record review, it was determined that the facility did not ensure that laboratory tests ordered by the physician were completed on 2 of 13 sampled residents. Residents: 9 and 31. Findings include: 1. Resident 9 was readmitted to the facility on 12/14/01, with diagnoses that included dementia with agitation, neurotic anxiety disorder, hypertension,	F 502 OK [illegible] 4/12/02	**Administration** Residents 9 and 31 have had their necessary labs drawn. Licensed nurses will be inserviced on following lab orders and facility procedures in ordering lab. A Routine Lab list will be printed off every month and lab requests completed by nursing for lab due. Medial Records will check physician orders to assure that lab reports are on the charts. Medical Records will monitor this procedure to make sure this solution is sustained thru daily order review and monthly lab review QA. This will be completed on April 12, 2002.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465142	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED 3/11/02

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INFINIA AT GRANITE HILLS, INC	**950 EAST 3300 SOUTH SALT LAKE CITY, UT 84106**

(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) COMPLETE DATE
F 502	Continued From page 23 heart disease, cerebral vascular accident, and lymphoma. Resident 9's re-certification orders dated 1/1/02 to 1/31/02, documented that resident 9 had a physician's order to receive the medications Coumadin and Dilantin every day. Coumadin is given to keep a resident's blood thin. Dilantin is given to prevent seizures. Resident 9's January re-certification orders further documented a physician's order to obtain a Dilantin level, and Protime/INR (international normalized ratio) laboratory tests every month on the 12th day. A Dilantin level is needed to monitor the amount of Dilantin a resident needs to maintain a therapeutic medication level. A Protime/INR, is needed to monitor the amount of coumadin a resident needs to maintain a therapeutic medication level. Review of resident 9's medical record revealed that there was no documentation which showed the results of a Dilantin level or a Protime/INR laboratory test for the month of February, 2002. A review of the facility's "Record of Lab Draw Sheet", on 3/7/02, revealed that there was no documentation that resident 9 had a Dilantin and Protime/INR laboratory test done for the month of February, 2002. During an interview with a staff nurse on 3/6/02, she stated "If you can't find them, they must not have been done." During an interview with medical records staff on 3/7/02, she was unable to find documentation to show that a Dilantin level or Protime/INR had been done for the month of February, 2002, for resident 9.	F 502		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465142	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 3/11/02

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INFINIA AT GRANITE HILLS, INC	**950 EAST 3300 SOUTH SALT LAKE CITY, UT 84106**

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F 502	Continued From page 24 On 3/7/02, during an interview with a laboratory technician, who worked at the laboratory that provided services for the facility, he stated that there was no documentation that resident 9 had a Dilantin level and Protime/INR test done in the month of February, 2002. 2. Resident 31 was admitted to the facility on 6/28/96 with the diagnoses that included multiple sclerosis, atrial fibrillation, borderline personality disorder, depressive disorder, and history of pulmonary embolism. Resident 31's re-certification orders dated 2/2/02 to 2/28/02, documented that resident 31 had a physician's order to receive the medication Coumadin every day. Resident 31's February re-certification orders further documented a physician's order to obtain a Protime/INR laboratory test every month. Review of resident 31's medical record revealed that there was no documentation which showed the results of a Protime/INR for the month of February, 2002. Review of the facility's "Record of Lab Draw Sheet", on 3/7/02, revealed that there was no documentation that resident 31 had a Protime/INR laboratory test done for the month of February, 2002. On 3/7/02, during an interview with a staff nurse regarding resident 31's laboratory work, the surveyor asked the staff nurse if she could find the results of resident 31's Protime/INR. She was unable to locate the results in the medical record, and asked a medical records staff member if she could find the results. The medical records staff member stated she could not find any results for the February 2002 Protime/INR laboratory test. She further stated that she could not	F 502		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465142	A. BUILDING B. WING	3/11/02

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 502	Continued From page 25 find any documentation which supported that the laboratory work had been obtained. On 3/7/02 during an interview with a laboratory technician, who worked at the laboratory that provided services for the facility, he stated that there was no documentation to show that resident 31 had a Protime/INR laboratory test done in the month of February, 2002.	F 502		