

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 11/14/02
--	--	--	--

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 <i>POC accepted with addendum on 12-17-02 ETD</i>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 SS=G	<p>483.10(b)(11) NOTIFICATION OF RIGHTS AND SERVICES</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in s483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in s483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, it was determined that for 1 of 14 residents on the sample, the facility did not immediately inform the resident's physician when there was a change to the resident's physical status, namely the development of pressure sores. Resident identifier: 20.</p> <p>Findings include:</p>	F 157	<p>Notification of Rights and Services The physician was notified on October 9, 2002 of resident 20's change of condition. The DON will hold an inservice with the licensed nurses on notification of the resident's physician and family members of a change of condition on January 10, 2003. All changes of condition are documented in the narrative nurses note. Documentation includes: explanation and description of significant change, physician notification, specific information/assessment that was given to the physician, the physicians response and orders, documentation of the action taken and documentation of family/responsible party notification.</p> <p>The DON will monitor this procedure in her monthly QA rounds. This will be completed January 10, 2003.</p>	
---------------	---	-------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chris Culp</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12-12-02</i>
--	-----------------------------------	----------------------------------

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 after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 Continued From page 1

F 157

Resident 20 was a 74 year old male who was admitted to the facility on 9/4/01 with the diagnoses of decreased cognition, dementia with depressive features, ischemic organic brain syndrome, chronic pain, Parkinson's, and closed head injury.

The facility performed pressure ulcer risk assessments of resident 20 on 8/26/02, 9/30/02 and 10/28/02. Facility staff gave resident 20 scores of 8, 8, 10 meaning a "total score of 8 or above represents HIGH RISK".

The Minimum Data Set (MDS) for resident 20, a mandatory comprehensive assessment of the resident completed by facility staff, dated 7/25/02, documented that he had no pressure sores or ulcers. The MDS did document that resident 20 was being treated for a rash. (Staff had obtained orders on 7/22/02 to apply Proshield to the excoriated peri area of resident 20).

A physician's progress note for resident 20, dated 8/14/02, did not mention any skin breakdown.

A body assessment of resident 20, dated 8/26/02, was signed as being completed by a facility nurse. This body assessment described a "sm. (small) open area coccyx". There was no documentation in the medical record of resident 20 to evidence that the physician was made aware of the open area on the coccyx or that treatment was provided.

A "weekly" nurse's note for resident 20, dated 8/29/02, did not mention any skin breakdown or any interventions for skin issues. There was no mention of follow-up regarding the open area to the coccyx that had been discovered 3 days prior. The September 2002 treatment sheet did not address any open wounds.

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 11/14/02
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	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 Continued From page 2

F 157

Another body assessment, performed by a facility nurse on 9/30/02, described a "superficial open area R (right) inner crease buttocks". There was no documentation in the medical record of resident 20 to evidence that the physician had been notified of this newest "open area" of skin breakdown to the right buttocks. Also, there continued to be no documentation to evidence that the physician was yet aware of the previous "open area" on the coccyx of resident 20 identified on 8/26/02.

There were no nurse's notes documented for resident 20 between 8/29/02 and 10/4/02. On 10/4/02, a nurse documented that resident 20 "has a small area of breakdown on L (left) buttock, cleaned and covered with duoderm. Will change duoderm qod (every other day) until healed. If worsens will notify MD for instructions." There was no documentation to evidence that facility staff notified the physician of this new area of breakdown or of the previous open areas of skin breakdown identified on 8/26/02 (coccyx) and 9/30/02 (right buttock).

On 10/9/02, 41 days after the body assessment of 8/26/02 which identified an "open area" on coccyx, the physician wrote a progress note acknowledging the presence of "some skin breakdown on buttocks...decub (decubitus) buttocks".

A nurse's note, dated 10/9/02, documented "MD in to see (resident 20)...states to continue close monitoring of sores on buttocks."

During interview with the Director of Nurses (DON) on 11/12/02 during tour, she was asked if the facility had a skin team. The DON stated that they had a weight/skin team and that they met weekly.

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 Continued From page 3

F 157

The facility's weight/skin committee minutes were reviewed on 11/13/02 and 11/14/02. Facility skin and weight committee notes did not document discussing this resident until 10/17/02, when minutes reflect "at risk for pressure ulcer d/t (due to) incontinence", but no mention of any open wounds.

The facility's weight/skin committee again documented regarding resident 20 on 10/24/02. These meeting minutes did not mention any skin redness or any open wounds. There were no further notes regarding resident 20 within the weight/skin minutes to address him the week of 10/27/02 - 11/2/02 or the week of 11/3/02 - 11/9/02 even though his medical records continued to document stage 2 pressure areas.

The dietary manager, who was one of the members of the weight/skin team, was interviewed on 11/13/02. She stated that she was aware that resident 20 had had "some redness", but was not aware of any "open wounds until today."

When asked if the facility kept records of skin issues, the DON handed the surveyor a "skin book". Within this book a tracking sheet was observed with the following documentation regarding resident 20:

10/21/02 - stage 1 pressure area right buttock - (no measurements of pressure area documented)

10/28/02 - stage 2 pressure area bil (bilateral) buttocks crease - (both areas were documented to measure 1 centimeter)

11/04/02 - stage 2 pressure area bil (bilateral) buttocks - (no measurements of pressure areas documented)

11/11/02 - stage 2 pressure area L (left) buttocks. It was noted that the pressure area to the left measured at

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 Continued From page 4
2 cm, an increase from the measurement of 10/28/02.
The team also made a note this day that the right buttock had healed.

F 157

On 10/21/02, the physician ordered a dressing change to be started on resident 20. The order read "duoderm R (right) buttock qod (every other day) and prn (as needed) until healed". The physician also ordered "cover buttock with dry ABD." This order was not present on the October 2002 treatment sheet for resident 20. There was no documentation to evidence that this treatment had been carried out as ordered. Another order, dated 10/23/02, stated "duoderm patch to buttocks lesion qod (every other day) and prn (as needed)."

Based on review of the October 2002 and November 2002 treatment sheets and medication sheets for resident 20, there was no documentation that this dressing change was performed every other day, as ordered, for the following days:

- October 26, 2002
- November 2, 2002

On 11/7/02, the physician discontinued the duoderm and then ordered the staff to "wash buttocks q/d (every day) am (morning) and hs (evening). Apply proshield to same. Soft ABD drsg (dressing) with medfix tape."

The November 2002 treatment sheets and medication sheets were reviewed on 11/13/02. There was no documentation to show that the 11/7/02 order had been transferred to either sheet. There was no documentation on either the 11/02 treatment sheet or the medication sheet to evidence that staff were washing resident 20's buttocks as ordered.

The medical record of resident 20 did not have a care

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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 Continued From page 5
plan which addressed the current open areas of skin breakdown. The DON was asked to see if she could find a care plan which address the current skin breakdown of resident 20. After looking through the medical record of resident 20, the DON stated "no".

The MDS for resident 20, dated 10/20/02, did not identify the presence of any pressure sores.

The nurse's "Monthly Summary" for October 2002, dated 10/24/02, did not document the presence of any wounds.

On 11/13/02 at 11:31 AM, two registered nurse surveyors and a facility nurse observed the buttocks of resident 20. On the left buttock, 2 open areas were observed very close to each other. One measured approximately 1cm by 1 cm and the other measured approximately 0.5 cm by 0.5 cm. When the facility nurse asked what she considered them, the nurse stated "a stage 2". A third open wound was observed on the right buttock and measured approximately 1 cm by 1 cm. The nurse said she thought it was a "tape burn".

Also during this time on 11/13/02, the nurse performed a dressing change to the buttocks of resident 20. The nurse was had brought with her a small plastic tub of "soap water", some gloves, a wash cloth and some ointment.

The nurse was observed to put on her gloves, wet the washcloth with the soap water and begin to wash resident 20's buttock area. After wiping between the resident's gluteal fold, the nurse drew back the wash cloth and it was observed to have on it a lump of soft fecal material, which was approximately the size of a silver dollar. The nurse rinsed the fecal material into the soap water, and then continued to wipe the buttock area of resident 20. More fecal material was again

F 157

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 157 Continued From page 6
noted on the washcloth, which was again rinsed in the same soap water. This was observed by both survey nurses a total of 4 times. The washcloth with fecal material on it was observed to cross over all 3 open wounds. During this process, the nurse was not observed to change the water in the plastic tub or use a new washcloth. Then, using the same gloves with which she had touched the fecal material, the nurse applied the ointment to the 2 open wounds on the left buttock. She then applied a large white pad (ABD) dressing and taped it into place. The nurse did not apply any ointment, treatment or any type of dressing to the open wound on the resident's right buttock. She then helped resident 20 pull up his pants.

F 157

After sharing all of the above issues with the Administrator and DON on 11/13/02, the DON stated that it was "obvious we have a communication problem in the facility".

F 164 483.10(d)(3) FREE CHOICE
SS=E

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and

F 164

Free Choice

An inservice was held at our staff meeting on November 25, 2002 which addressed privacy and confidentiality. These topics will also be added to our new employee orientation. Each employee has signed a confidentiality agreement upon hire. This matter will also be addresses at the Resident Council meeting on December 20, 2002. Residents will be encouraged to inform management if they feel their rights to privacy and or confidentiality are violated. Individual staff members who are observed to violate this standard of care will receive one on one in-servicing with corresponding documentation.

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 164 Continued From page 7
clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

F 164

This will be monitored by the Administrator in his monthly QA rounds. This will be completed January 10, 2003.

This REQUIREMENT is not met as evidenced by:
Based on observations of facility staff and comments made in the confidential resident group interview held on 11/13/02, it was determined that the facility did not provide personal privacy for residents in the facility.

Findings include:

1. During the initial tour of the facility with the surveyor, the nurse entered the room of three different residents on five occasions without knocking or identifying herself. The rooms entered were 110 (three times) 112, and 113. There were residents in each of the rooms.
2. Six of 6 residents who actively participated in the resident group interview stated that staff do not knock prior to entering their bedrooms. The residents continued to state that when staff does knock, they do not wait for a response from the resident prior to entering.
3. During observation of a dressing change to the wounds of resident 20 on 11/13/02 at 11:31 AM, the nurse was not observed to ensure privacy for the resident. Resident 20 was observed to lean over his bed with his buttocks exposed. The nurse had not pulled the privacy curtain around resident 20. A woman from housekeeping staff was twice observed to walk past resident 20 in this exposed position.
4. Three residents in the group stated that a facility

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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 164 Continued From page 8
nurse had openly discussed private medical information and diagnoses regarding one of the facility's residents.

F 164

F 241 483.15(a) QUALITY OF LIFE
SS=E

F 241

Quality of Life

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

An inservice will be held on January 10, 2003 with the staff that will address dignity and speaking to the residents with respect. This will be covered in the new employee orientation with the Residents Rights information. This matter will also be addressed at the Resident Council meeting scheduled for December 20, 2002. Residents will be encouraged to inform management if they feel they are treated in a disrespectful or undignified manner. Individual staff members who are observed to violate this standard of care will receive one on one in-servicing with corresponding documentation.

This REQUIREMENT is not met as evidenced by:
Based on a confidential individual interview and the confidential group interview, it was determined that the facility did not provide care for residents in a manner and in an environment that maintained or enhanced each resident's dignity and respect in full recognition of his or her individuality.

This will be monitored by the Administrator in his monthly QA rounds. This will be completed January 10, 2003.

Findings include:

During the confidential group interview on 11/13/02 at approximately 2:30 PM, 5 of the 6 alert and oriented residents in the group voiced that they were very frustrated with the facility staff. They stated that they (the residents) felt the staff did not speak to them in a respectful manner. They stated that this happened often. 3 of the 6 alert and oriented residents in the group stated that they had been told by the staff to "go to your room".

In one additional confidential interview on 11/14/02 the resident stated that she had been told to "go to her room" on several occasions. When asked which staff had told her this, she stated that "just about all of them" at one time or another. She also stated that this embarrassed her to be spoken to like a child.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 253 483.15(h)(2) ENVIRONMENT
SS=E

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on observations of the facility's resident rooms, the toilet/bathroom areas, shower rooms and common areas and interviews with residents, it was determined that the facility did not provide building maintenance (repairs to damaged walls, floors, doors, and equipment/fixtures), to afford a sanitary, orderly, and comfortable environment for the facility's residents.

Findings include:

Observations of the facility's resident rooms, and the dining area were made throughout the survey, 11/12/02, 11/13/02 and 11/14/02. Areas of concern included:

Walls, ceilings, floors, equipment in resident rooms, and resident bathrooms and shower rooms were observed to have one or more of these listed conditions; holes of various sizes and depth, dented areas, gouges in wood or plaster, roughed in plastered patches, unfinished wallboard, flaking, peeling, scraped paint surfaces, scuff marked areas, chipped and/or missing tiles, mildew appearing areas, severely worn areas, and brown/black visibly soiled surfaces, were observed in the facility in the following areas:

RESIDENT ROOMS and BATHROOMS:

Room 109:
The floor was dirty and stained

Room 110:

F 253

Environment

The wax build up on the floor in room 109 has been removed. The privacy curtain at the end of bed B in room 110 has been replaced, the area where the floor was dirty and stained has been cleaned and the heater cover has been reattached. The light covering and the fan have been cleaned in the bathroom between room 110 and 111. The heater in room 111 was in the wall and functioning when the state survey team was in the building. The cover for this heater has been reattached, the floor has been cleaned and the bathroom door has been repainted. Room 113 has been deep cleaned and the urine smell has been removed. The top cover for the heater has been replaced in each room. The sink in the bathroom between room 114 and 115 has been repaired and the bathroom has been deep cleaned. The resident in room 203 insists on doing her own laundry. We have spoken to her about doing it more frequently to prevent the smell of urine. The floor in room 205 has been waxed and the black marks have been removed. The shower floor in room 205 has been re-caulked and the mildew has been removed. The housekeepers have been notified of the number of people who use the bathroom in room 208 and now restock the soap and paper towels daily. The curtain around bed "A" in room 209 has been replaced. The wall in the bathroom in room 209 has been repaired. The bathroom between rooms 210 and 211 has been deep cleaned and the toiled roll dispenser has been repaired. Room 211 has been repaired.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 253 Continued From page 10
No privacy curtain at the end of bed "B", the covering of the heater was falling off and the floor was dirty and stained.

Bathroom 110 and 111:
No light covering over the light fixture and the fan was dirty.

Room 111:
The heater was torn out leaving the room without heat, the floor was dirty and gray stained, and the door to the bathroom was scraped up.

Room 113:
The room had a very strong smell of urine.

Room 115:
No top covering on the heater

Bathroom 114 and 115:
No running water in the sink, the water pipe was not connected to the plumbing and there was a puddle of water approximately 4 feet in diameter beneath the sink. The wall around the sink was chipped, pieces of wood were observed around sink pipes. There was no toilet paper in the dispenser. The linoleum was stained and dirty, the fan was dirty, the light fixture was dirty with bugs in the covering and the doors and the jams were scraped.

Room 202:
The heater was missing the top covering.

Room 203:
The room had a very strong smell of urine.

Room 205:
The floor next to Bed "A" was scuffed up with black marks.

F 253
The bathroom between rooms 212 and 213 has been deep cleaned. The walls in room 214 have been patched and painted and the heater has been repaired. The bathroom between rooms 214 and 215 has been deep cleaned. The bathroom between rooms 216 and 217 has been deep cleaned and the tiles have been fixed. The privacy curtain has been replaced in room 217 for bed "B". The shower chairs have been cleaned and the wall behind the door has been painted. The light cover in the basement has been replaced and the sagging ceiling tiles have been replaced. The water damage in the West wall in the dinning room has been repaired. The wooden sink cabinet has been removed and replaced in the dinning room. The plastic piece on the sliding door for the elevator has been replaced. The wall behind the sink in the bathroom behind the nurses station has been repaired. The heater in room 103 has been replaced.

Housekeeping has developed a new schedule that will allow them to deep clean each resident room and bathroom once each month while still allowing them to keep up on their daily cleaning. The facility has also hired a new floor person that will be responsible for striping, waxing and buffing the floors. A maintenance log is in place that will create a way for each employee and resident to let the Maintenance department know of any issues that need to be addressed. Maintenance will complete monthly QA rounds at which time he will identify any environmental issues that need to be addressed. He will report his findings to the Administrator

CMS-2567L

ATG112000

Event ID: SWPL11

Facility ID: UT/009

If continuation sheet 11 of

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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 253 Continued From page 11

F 253

and together they will solve the problem and ensure this solution is sustained. This will be completed January 10, 2003.

Bathroom 205:
The shower floor was missing caulking and stained with black mildew.

Room 208 was used by the survey team as a conference room. The bathroom in room 208 observed to be used anywhere from 8 to 10 times a day by the residents. Observation within the bathroom revealed that on all days of survey, 11/12/02 - 11/14/02, there was no soap or paper towels available to the people who used the bathroom.

Room 209:
No curtain around bed "A"

Bathroom 209:
The wall was scratched (2 feet by 2 inches); the wall next to toilet was patched and not painted (2 feet by 1 foot)

Room 210:
No top covering over the heater.

Bathroom 210 and 211:
Toilet roll dispenser was broken, the top of the toilet was stained brown, the light fixture was dirty and had dead bugs in it, and the shower tile was dirty and had had brown stains on it.

Room 211:
There was no covering over the heater and two patched holes over the bed were not painted.

Bathroom 212 and 213:
The fan was dirty. The light fixture was dirty with dead bugs in it

Room 214:
The wall under the light switch had a 2-foot by 6-inch

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

PRINTED: 11/21/02
FORM APPROVED
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 253	<p>Continued From page 12 scratch, a broken light by bed "A", and a broken heater.</p> <p>Bathroom 214 and 215: The fan was dirty and the light fixture was dirty with bugs in it.</p> <p>Room 217: There was no curtain at the end of bed "B"</p> <p>Bathroom 216 and 217: Sixteen pieces of tile peeling from the wall, a dirty fan and a dirty light fixture with bugs in it.</p> <p>SHOWER ROOM: There were two shower chairs with orange/yellowish stains, the floors were dirty and not mopped, the wall behind the door was patched and not painted.</p> <p>DAY ROOM: The heater was missing the top covering over the heater.</p> <p>DINING ROOM: On 11/12/02, during a tour of the building, the following observations were made in the dining room:</p> <p>A light cover, broken into four pieces, was observed lying on the floor beneath a florescent light. The bulbs had no protective covers over them. Next to the uncovered light, a ceiling panel was broken in half and sagging down several inches. Another panel next to this one was observed to be in the same condition.</p> <p>At the far end of the dining room, next to the emergency exit, a large crack was observed in the drywall, approximately 10 feet long. The drywall appeared to be rotting and coming away from the wall</p>	F 253		
-------	---	-------	--	--

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

PRINTED: 11/21/02
FORM APPROVE
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 253 Continued From page 13 with extensive peeling of the paint. F 253

One of the protruding corners in the dining room was dented and the metal exposed for approximately 2 feet.

In one place, across from the entrance to the kitchen, the linoleum did not meet the wall leaving a 1/2 inch gap for approximately 2 feet. The linoleum was missing in several place along the wall from approximately 1/2 inch to 1 inch wide and 5 inches to 2 feet long.

The ceiling tiles above the pool table were water stained approximately 12 inches by 18 inches. The ceiling tile above the coke machine was missing a chunk measuring approximately 2 inches by 6 inches.

The wooden sink cabinet in the dining room was missing one of it's doors. The door had been laid in the cupboard space leaving the metal hinges hanging. The door next to this one was screwed into place, but had splintered edges. The base of this cabinet had rotting and splintered wood all around the base.

ELEVATOR:

The sliding door had a jagged and broken piece of plastic exposed for approximately 2 feet from the floor.

NURSES STATION:

The north nurses station had rotting drywall behind the sink in the bathroom.

Resident 30 stated that the heater in her (and her husband's room) was not working, had not been working and that it got "very cold". During interview with the Administrator on 11/14/02, he stated that a

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

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 253 Continued From page 14
man had been in to fix the heaters, but that the man left before attending to all of the heaters.

F 253

F 258 483.15(h)(7) ENVIRONMENT
SS=B
The facility must provide for the maintenance of comfortable sound levels.

This REQUIREMENT is not met as evidenced by:
Based on a confidential resident interview, the confidential group interview and what was heard by surveyors during the survey 11/12/02 - 11/14/02, it was determined that the facility did not provide for the maintenance of comfortable sound levels.

F 258

Environment
The Administrator will speak to the residents at the resident council meeting on December 20, 2002 about maintaining comfortable sound levels at night. The Administrator will also inservice the staff on January 10, 2003 on the same topic.

The Administrator will monitor for further complaints. This will be completed January 10, 2003.

Findings include:

On 11/13/02, 5 of 6 residents who actively participated in the resident group interview complained of the noise levels in the facility. They stated that during the day, but especially at night, loud music was played in the facility. Several of the residents stated that it kept them from sleeping.

On 11/14/02, during a confidential resident interview, the resident complained of "loud music all night long". The resident stated that this happened frequently, that it prevented her from sleeping and she did not like it.

During the survey, on several occasions, surveyors heard very loud rock music playing.

F 279 483.20(k) RESIDENT ASSESSMENT
SS=E
The facility must develop a comprehensive care plan for each resident that includes measurable objectives

F 279

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

FORM APPROVE
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 279 Continued From page 15 and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the following:
The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under s483.25; and

Any services that would otherwise be required under s483.25 but are not provided due to the resident's exercise of rights under s483.10, including the right to refuse treatment under s483.10(b)(4).

This REQUIREMENT is not met as evidenced by:
Based on observation and record review it was determined the facility did not develop comprehensive care plans to ensure 4 of 14 sampled residents (8, 49, 50, 53,) received services needed to promote their highest level of physical and emotional well being.

Findings include:

The MDS (Minimum Data Set) Section V. Resident Assessment Protocol Summary (RAPS), 4. For each triggered RAP, indicate whether a new care plan, care plan revision or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and RAP's).

1. Resident 8 was admitted on 6/7/01 with diagnoses of schizoid affective disorder, reactive airway disease, hypothyroidism, polycythemia and peptic ulcer.

Resident 8's current medical record was reviewed on 11/12/02.

F 279

Resident Assessment

Residents 8, 49, 50 and 53 have all had the necessary care plans completed. The MDS coordinator has been in-serviced on the proper procedures and regulations regarding care plans.

All care plans will be developed using the RAP sheet for each individual within seven days of completing the RAP sheet. All triggered RAPs will be addressed as will any pertinent diagnoses that need to be addressed to ensure that each individuals medical, nursing, mental and psychological needs are meet. The care plans will be reviewed by the IDT team quarterly and adjusted to meet the changing needs of the residents.

The DON will monitor each residents care plan quarterly as he or she comes up for review in the weekly IDT meeting. This will be documented on the IDT form. This will be completed January 10, 2003.

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 279 Continued From page 16

F 279

Resident 8's RAP, dated 2/28/02, revealed the following; A. 17. Psychotropic Drug Use triggered in column (a) and in column (b) that indicates it was addressed in the resident's care plan.

Review of resident 8's care plan, dated 2/15/02, after readmission on 2/14/02, revealed the facility did not follow the RAP that triggered for psychotropic drug use and it was not care planned for.

2. Resident 49 was admitted on 8/30/02 with diagnoses of spina bifida, depression, anxiety, seizure disorder, and ventricular peritoneal shunt.

Resident 49's current medical record was reviewed on 11/12/02.

Resident 49's RAP, dated 9/12/02, revealed the following; A. 17. Psychotropic Drug Use triggered in column (a) and in column (b) that indicates it was addressed in the resident's care plan.

Review of resident 49's initial care plan, dated 8/30/02, revealed the facility did not follow the RAP that triggered for psychotropic drug use and it was not care planned for. There was no documentation that a comprehensive care plan assessment had been completed since the initial care plan was completed.

3. Resident 50 was admitted on 5/5/97, with diagnoses of traumatic brain injury, deep vein thrombosis, and hypertension.

Resident 50's current medical record was reviewed on 11/14/02.

Resident 50's RAP, dated 6/6/02, revealed the following; A. 17. Psychotropic Drug Use triggered in

CENTERS FOR MEDICARE & MEDICA SERVICES

2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 279 Continued From page 17
column (a) and in column (b) that indicates it was addressed in the resident's care plan.

Review of resident 50's care plan of 2000, revealed the facility did not follow the RAP that triggered for psychotropic drug use and it was not care planned for. There was no documentation that a comprehensive care plan assessment had been completed since the year 2000.

4. Resident 53 was admitted on 4/26/02, with diagnoses of dementia with agitation, hypothyroidism, vertigo, and benign prostate hypertrophy.

Resident 53's current medical record was reviewed on 11/14/02.

Resident 53's RAP, dated 5/8/02, revealed the following: A. 17. Psychotropic Drug Use triggered in column (a) and in column (b) that indicates it was addressed in the resident's care plan.

Review of resident 53's initial care plan, dated 4/26/02, and the most recent care plan, dated 10/24/02, revealed the facility did not follow the RAP that triggered for psychotropic drug use and it was not care planned for.

F 279

Resident Assessment
Audits of the treatment record will be conducted by Medical Records on a weekly basis. Results of the audits will be presented to the DON for corrective action.

F 281
483.20(k)(3)(i) RESIDENT ASSESSMENT
SS=E

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of resident medical records, it was determined that for 2 of 14 residents on the sample, the facility did not provide services which met professional standards of quality.

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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 281 Continued From page 18
Resident identifiers: 20 and 49. F 281

Findings include:

1. Resident 20 was a 74 year old male who was admitted to the facility on 9/4/01 with the diagnoses of decreased cognition, dementia with depressive features, ischemic organic brain syndrome, chronic pain, Parkinson's, and closed head injury.

On 11/13/02 at 11:31 AM, two registered nurse surveyors and a facility nurse observed the buttocks of resident 20. On the left buttock, 2 open areas were observed very close to each other. One measured approximately 1cm by 1 cm and the other measured approximately 0.5 cm by 0.5 cm. When the facility nurse asked what she considered them, the nurse stated "a stage 2". A third open wound was observed on the right buttock and measured approximately 1 cm by 1 cm. The nurse said she thought it was a "tape burn".

Also during this time on 11/13/02, the nurse performed a dressing change to the buttocks of resident 20. The nurse had brought with her a small plastic tub of "soap water", some gloves, a wash cloth and some ointment.

The nurse was observed to put on her gloves, wet the washcloth with the soap water and begin to wash resident 20's buttock area. After wiping between the resident's gluteal fold, the nurse drew back the wash cloth and it was observed to have on it a lump of soft fecal material, which was approximately the size of a silver dollar. The nurse rinsed the fecal material into the soap water, and then continued to wipe the buttock area of resident 20. More fecal material was again noted on the washcloth, which was again rinsed in the same soap water. This was observed by both survey nurses a total of 4 times. The washcloth with fecal material on it was observed to cross over all 3 open

The nurse responsible for improper procedure related to the cleaning and treatment of resident 20's buttock areas has received counsel and in-servicing related to proper standards of practice. Along with this, a skills check list has been completed related to skin care management and has become part of her personnel file. This will be monitored annually as part of her job performance evaluation as well as through verbal feedback and observation on a monthly basis. Additional in-servicing has been provided to nursing staff involved with the care of resident 20. In-servicing is being provided to licensed nurses who were responsible for the omission of treatment documentation.

The DON will monitor this procedure for continued compliance. This will be completed January 10, 2003.

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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 281 Continued From page 19

wounds. During this process, the nurse was not observed to change the water in the plastic tub or use a new washcloth. Then, using the same gloves with which she had touched the fecal material, the nurse applied the ointment to the 2 open wounds on the left buttock. She then applied a large white pad (ABD) dressing and taped it into place. The nurse did not apply any ointment, treatment or any type of dressing to the open wound on the resident's right buttock. She then helped resident 20 pull up his pants.

2. Resident 49 was admitted to the facility on 8/30/02 with the diagnoses of spinal bifida, depression, right ischial tuberosity abscess, anxiety, bacteremia, right ankle fracture, seizure disorder and ventricular peritoneal shunt.

On 11/12/02, resident 49's medical record was reviewed.

The October 2002 physician's re-certification order documented under treatments, "...Cleanse [with] NS (normal saline) BID (twice a day). Apply small amt (amount) Panafil to wound, cover [with] dry gauze [and] medapore tape..."

A review of resident 49's treatment record sheet provided no documented evidence that the AM treatment was done on 10/6/02, 10/8/02 and 10/14/02. There was no documented evidence that the PM treatment was done from 10/1/02 - 10/16/02.

On 10/17/02 a physician ordered, "1. DC (stop) Panafil dsg (dressing) chg (change) healed. 2. Dry protective dsg (dressing) QD (every day) [times] 7 days then PRN (as needed)..."

The dry protective dressing change was not documented as being done two of the seven days; 10/18/02 and 10/20/02.

F 281

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 281 Continued From page 20

F 281

On 10/23/02 a physician ordered, "Duoderm QOD (every other day) [and] PRN (as needed) to healing buttock wound [times] 2 wks (weeks)."

The duoderm dressing was not documented as being done six of the seven dressing changes; 10/26/02, 10/28/02, 10/30/02, 11/2/02, 11/4/02 and 11/6/02.

F 314 483.25(c) QUALITY OF CARE
SS=C

F 314

Quality of Care

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

Resident 20's plan of care was updated on November 20, 2002 and includes the following components to prevent further skin breakdown in area of buttocks and to promote continued healing. The following care plans have been updated in the indicated areas: Skin Integrity – problem, goals and interventions; Nutritional Status – problem, goals and interventions; Urinary Incontinence – goals and interventions; Bowel Function – problems, goals and interventions; Behavioral Functioning – problem, goals and interventions.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of resident medical records and facility weight/skin committee minutes, it was determined that for 1 of 14 sample focus records, the facility did not ensure that a resident with a pressure sore received necessary treatment and services to promote healing, prevent infection and to prevent new sores from developing. Specifically, the facility did not notify the resident's physician until 41 days after an "open area" was noted. Facility staff had not established a care plan for actual skin breakdown. The facility's dietary manager confirmed that she was not aware of the open wounds until notified by the survey team on 11/13/02, six weeks after being noted by staff. Facility skin and weight committee notes did not document discussing this resident until 10/17/02, when minutes reflect "at

The Dietitian re-evaluated the resident on December 11, 2002 to determine that the patient receives adequate nutrition and hydration. This included the Resident's likes and dislikes so that alternate foods can be offered and provided.

The nursing staff have received inservicing regarding the importance of encouraging patient compliance in rest periods and keeping pressure off of affected areas and taking all steps necessary to ensure adequate nutrition

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 314 Continued From page 21
risk for pressure ulcer d/t (due to) incontinence", but no mention of any open wounds. Dressing changes/ treatments were not performed consistently as ordered by the physician. The dressing change observed was not performed in accordance with professional standards and could promote infection. Resident identifier: 20.

Findings include:

Resident 20 was a 74 year old male who was admitted to the facility on 9/4/01 with the diagnoses of decreased cognition, dementia with depressive features, ischemic organic brain syndrome, chronic pain, Parkinson's, and closed head injury.

The facility performed pressure ulcer risk assessments of resident 20 on 8/26/02, 9/30/02 and 10/28/02. Facility staff gave resident 20 scores of 8, 8 and 10 meaning a "total score of 8 or above represents HIGH RISK".

The Minimum Data Set (MDS) for resident 20, a mandatory comprehensive assessment of the resident completed by facility staff, dated 7/25/02, documented that he had no pressure sores or ulcers. The MDS did document that resident 20 was being treated for a rash. (Staff had obtained orders on 7/22/02 to apply Proshield to the excoriated peri area of resident 20).

A physician's progress note for resident 20, dated 8/14/02, did not mention any skin breakdown.

A body assessment of resident 20, dated 8/26/02, was signed as being completed by a facility nurse. This body assessment described a "sm. (small) open area coccyx". There was no documentation in the medical record of resident 20 to evidence that the physician was made aware of the open area on the coccyx or that

F 314
and hydration; and on the importance of good skin care after each incontinence. The licensed nurse, Director of Nursing and the Dietitian monitor the care of resident 20 to ensure ongoing follow through with these interventions.

Physician visits and corresponding documentation of Resident 20's overall status and progress of wound healing are being monitored by the licensed nurses assigned to Resident 20. The Director of Nursing will monitor this as well, and physician will be contacted if any questions or concerns arise. (12/4/02)

The MDS coordinator and interdisciplinary team will review Resident 20's care plan and status for continuing need and/or any necessary modifications to the plan at each quarterly conference, or as any change of condition necessitates. A complete review of Resident 20's care plan was completed on 11/20/02.

Dressing changes and other prescribed treatment to the buttock excoriation and skin breakdown is provided twice daily for Resident 20. Response for the prescribed treatment is re-evaluated weekly by the wound/skin care nurse. Results of evaluation will be noted in the residents chart, and will be reported to the Director of Nursing and the physician will be contacted if change in the prescribed treatment appears necessary between the regular physician visits. All dressings will be dated and initialed at the time of application.

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 314 Continued From page 22 treatment was provided.

A "weekly" nurse's note for resident 20, dated 8/29/02, did not mention any skin breakdown or any interventions for skin issues. There was no mention of follow-up regarding the open area to the coccyx that had been discovered 3 days prior. The September 2002 treatment sheet did not address any open wounds.

Another body assessment, performed by a facility nurse on 9/30/02, described a "superficial open area R (right) inner crease buttocks". There was no documentation in the medical record of resident 20 to evidence that the physician had been notified of this newest "open area" of skin breakdown to the right buttocks. Also, there continued to be no documentation to evidence that the physician was yet aware of the previous "open area" on the coccyx of resident 20 identified on 8/26/02.

There were no nurse's notes documented for resident 20 between 8/29/02 and 10/4/02. On 10/4/02, a nurse documented that resident 20 "has a small area of breakdown on L (left) buttock, cleaned and covered with duoderm. Will change duoderm qod (every other day) until healed. If worsens will notify MD for instructions." There was no documentation to evidence that facility staff notified the physician of this new area of breakdown or of the previous open areas of skin breakdown identified on 8/26/02 (coccyx) and 9/30/02 (right buttock).

On 10/9/02, 41 days after the body assessment of 8/26/02 which identified an "open area" on coccyx, the physician wrote a progress note acknowledging the presence of "some skin breakdown on buttocks...decub (decubitus) buttocks".

F 314

Resident 20 continues to receive restorative therapy services to further assist, evaluate and monitor activities, positioning and assistive devices.

The Director of Nursing, charge nurse and designated wound/skin care nurse will monitor that appropriate interventions are being performed on a daily basis.

Procedures have also been reinforced to ensure prevention of future skin issues. Within 8 hours of admission to Infinia at Granite Hills, each new resident will receive a head to toe assessment by the licensed nurse. In addition, the resident will receive a Braden Scale assessment, a Malnutrition Risk Assessment and a Bowel and Bladder Assessment upon admission, each of which will be reviewed and updated quarterly, or upon readmission from a hospital or other facility, or if any significant change in condition occurs. Any resident with a score of 17 or below on the Braden Scale will have preventative measures put into place such as those stated in the following paragraph.

The MDS assessment will be completed according to established guidelines, utilizing RAPs established to identify residents at risk. A plan of care will be established to minimize risks and establish preventative nursing interventions. The physician will be contacted for treatment orders and any other diagnostic measures. The family will be notified of residents condition,

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 11/14/02
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	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
F 314	<p>Continued From page 23</p> <p>A nurse's note, dated 10/9/02, documented "MD in to see (resident 20)...states to continue close monitoring of sores on buttocks."</p> <p>During interview with the Director of Nurses (DON) on 11/12/02 during tour, she was asked if the facility had a skin team. The DON stated that they had a weight/skin team and that they met weekly.</p> <p>The facility's weight/skin committee minutes were reviewed on 11/13/02 and 11/14/02. Facility skin and weight committee notes did not document discussing this resident until 10/17/02, when minutes reflect "at risk for pressure ulcer d/t (due to) incontinence", but no mention of any open wounds.</p> <p>The facility's weight/skin committee again documented regarding resident 20 on 10/24/02. These meeting minutes did not mention any skin redness or any open wounds. There were no further notes regarding resident 20 within the weight/skin minutes to address him the week of 10/27/02 - 11/2/02 or the week of 11/3/02 - 11/9/02 even though his medical records continued to document stage 2 pressure areas.</p> <p>The dietary manager, who was one of the members of the weight/skin team, was interviewed on 11/13/02. She stated that she was aware that resident 20 had had "some redness", but was not aware of any "open wounds until today."</p> <p>When asked if the facility kept records of skin issues, the DON handed the surveyor a "skin book". Within this book a tracking sheet was observed with the following documentation regarding resident 20:</p> <p>10/21/02 - stage 1 pressure area right buttock - (no measurements of pressure area documented)</p>	F 314	<p>treatments and interventions. The Dietary department will be notified to ensure adequate nutrition and hydration. Dietary protocols will be established per the facility policies.</p> <p>When a resident is found to be at risk, or if a pressure ulcer is present, preventative measures and equipment will be employed (i.e. foam or gel cushions, air mattress, and positioning devices) to improve the risk factor or current condition of the wound. A referral to Physical Therapy will be requested from the physician for further evaluation and intervention.</p> <p>The DON, ADON or wound/skin care nurse will review this process and data within 24 hours of admission.</p> <p>C.N.A.s will perform skin checks along with resident cares and will perform head to toe inspection to include the condition of skin, nails, hair and body. These audits will be done in conjunction with a shower or bath three times a week. This report along with a verbal report of findings will be given to the licensed nurse on duty who will assess at risk residents using the Condition of Skin Nails and Hair form and implement necessary nursing interventions should any risk factors be identified.</p> <p>Weekly skin assessments and measuring of wounds to include length, width, depth, odor, drainage and peri wound condition will be performed by the wound/skin care nurse. All findings will</p>

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 11/14/02	
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		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 314	<p>Continued From page 24</p> <p>10/28/02 - stage 2 pressure area bil (bilateral) buttocks crease - (both areas were documented to measure 1 centimeter)</p> <p>11/04/02 - stage 2 pressure area bil (bilateral) buttocks - (no measurements of pressure areas documented)</p> <p>11/11/02 - stage 2 pressure area L (left) buttocks. It was noted that the pressure area to the left measured at 2 cm, an increase from the measurement of 10/28/02. The team also made a note this day that the right buttock had healed.</p> <p>On 10/21/02, the physician ordered a dressing change to be started on resident 20. The order read "duoderm R (right) buttock qod (every other day) and prn (as needed) until healed". The physician also ordered "cover buttock with dry ABD." This order was not present on the October 2002 treatment sheet for resident 20. There was no documentation to evidence that this treatment had been carried out as ordered.</p> <p>Another order, dated 10/23/02, stated "duoderm patch to buttocks lesion qod (every other day) and prn (as needed)." Based on review of the October 2002 and November 2002 treatment sheets and medication sheets for resident 20, there was no documentation that this dressing change was performed every other day, as ordered, for the following days:</p> <p>October 26, 2002 November 2, 2002</p> <p>On 11/7/02, the physician discontinued the duoderm for resident 20 and then ordered "wash buttocks q/d (every day) am (morning) and hs (evening). Apply proshield to same. Soft ABD drsg (dressing) with medfix tape."</p>	F 314	<p>be reported to the licensed nurse on duty and the DON to ensure that proper treatment and interventions are being performed and are effective in promoting healing.</p> <p>In-servicing was provided to C.N.A.s on November 24, 2002 regarding preventative nursing measures such as turning positioning, providing adequate nutrition and hydration, as well as the importance of reporting any change in skin condition such as redness, break in skin, or other discoloration of skin to the licensed nurse. Further reinforcement of protocols for skin care will be provided on 1/10/2003 during a staff meeting.</p> <p>An in-service for licensed staff and C.N.As covering prevention and treatment of pressure ulcers will be provided on January 10, 2003 by the Registered Dietitian and Physical Therapist. Also, one to one in-servicing will be provided to C.N.A.s and licensed nurses by the Director of Nursing or a designated licensed nurse on an on-going basis.</p> <p>Prevention of pressure sores is included in the IDT Meetings. The DON, or designated licensed staff observes preventative and intervention measures daily during QA rounds. The above procedures will be incorporated into the facility's Quality Assurance program to ensure compliance. The Director of Nursing, the Dietary Supervisor and the Administrator will be responsible for adherence to this procedure. This will be completed on January 10, 2003.</p>	

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM 100-01
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 314 Continued From page 25

The November 2002 treatment sheets and medication sheets were reviewed on 11/13/02. There was no documentation to show that the 11/7/02 order had been transferred to either sheet. There was no documentation on either the 11/02 treatment sheet or the medication sheet to evidence that staff were washing resident 20's buttocks as ordered.

The medical record of resident 20 did not have a care plan which addressed the current open areas of skin breakdown. The DON was asked to see if she could find a care plan which address the current skin breakdown of resident 20. After looking through the medical record of resident 20, the DON stated "no".

The MDS for resident 20, dated 10/20/02, did not identify the presence of any pressure sores.

The nurse's "Monthly Summary" for October 2002, dated 10/24/02, did not document the presence of any wounds.

On 11/13/02 at 11:31 AM, two registered nurse surveyors and a facility nurse observed the buttocks of resident 20. On the left buttock, 2 open areas were observed very close to each other. One measured approximately 1cm by 1 cm and the other measured approximately 0.5 cm by 0.5 cm. When the facility nurse asked what she considered them, the nurse stated "a stage 2". A third open wound was observed on the right buttock and measured approximately 1 cm by 1 cm. The nurse said she thought it was a "tape burn".

Also during this time on 11/13/02, the nurse performed a dressing change to the buttocks of resident 20. The nurse had brought with her a small plastic tub of "soap water", some gloves, a wash cloth and some ointment.

The nurse was observed to put on her gloves, wet the

F 314

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 314 Continued From page 26

washcloth with the soap water and begin to wash resident 20's buttock area. After wiping between the resident's gluteal fold, the nurse drew back the wash cloth and it was observed to have on it a lump of soft fecal material, which was approximately the size of a silver dollar. The nurse rinsed the fecal material into the soap water, and then continued to wipe the buttock area of resident 20. More fecal material was again noted on the washcloth, which was again rinsed in the same soap water. This was observed by both survey nurses a total of 4 times. The washcloth with fecal material on it was observed to cross over all 3 open wounds. During this process, the nurse was not observed to change the water in the plastic tub or use a new washcloth. Then, using the same gloves with which she had touched the fecal material, the nurse applied the ointment to the 2 open wounds on the left buttock. She then applied a large white pad (ABD) dressing and taped it into place. The nurse did not apply any ointment, treatment or any type of dressing to the open wound on the resident's right buttock. She then helped resident 20 pull up his pants.

After sharing all of the above issues with the Administrator and DON on 11/13/02, the DON stated that it was "obvious we have a communication problem in the facility".

F 314

Physician Services
Resident 8, 50 and 53 have all been seen by their physician. The Medical Records Director will keep a running log of physician visits and provide a list of residents to be seen to the DON before each visit by the physician. This log will be updated after each physician visit and monitored in the Medical Records monthly QA rounds. This will be completed January 10, 2003.

F 387 483.40(c)(1)&(2) PHYSICIAN SERVICES
SS=E

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:

F 387



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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 387 Continued From page 27
Based on record review and interviews, it was determined that 3 of 14 sample residents were not seen by a physician at least every 60 days as required. Resident Identifiers: 8, 50 and 53.

F 387

Findings include:

1. Resident 8, a 64 year old female, was re-admitted to the facility on 2/14/02 with diagnoses of Schizoaffective disorder, reactive airway disease, hypothyroidism, polycythemia and peptic ulcer.

A review of resident 8's clinical record revealed that the resident was seen by a physician on 7/17/02 and 10/2/02. Resident 8 should have been seen by a physician on or around 9/17/02. There was no documentation in the clinical record to provide evidence that resident 8 had been seen by a physician.

The facility administration was asked by the survey team to provide documentation that resident 8 had been seen by a physician on or around 9/17/02. They were unable to locate any documentation to evidence that resident 8 had been seen by a physician in September 2002 for a 60 day review.

2. Resident 50, a 34 year old male, was admitted to the facility on 5/5/97 with diagnoses of traumatic brain injury with depressive and agitated features, muscle spasms, diarrhea, deep vein thrombosis, bladder spasms, hypertension, nausea/vomiting, seborrhea capitis, right hemiplegia, acne and gastritis.

A review of resident 50's clinical record revealed that the resident was seen by a physician on 6/9/02 and 8/31/02. Resident 50 should have been seen by a physician on or around 8/9/02. There was no documentation in the clinical record to provide evidence that resident 50 had been seen by a

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

FORM APPROVE
2567

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 387 Continued From page 28
physician.

F 387

The facility administration was asked by the survey team to provide documentation that resident 50 had been seen by a physician on or around 8/9/02. They were unable to locate any documentation to evidence that resident 50 had been seen by a physician around or about 8/9/02 for a 60 day review.

3. Resident 53, a 79 year old male, was admitted to the facility on 4/26/02 with diagnoses of dementia with agitation, hypothyroidism, knee pain, benign prostatic hypertrophy, vertigo and stuttering.

A review of resident 53's clinical record revealed that the resident was seen by a physician on 7/17/02 and 10/2/02. Resident 53 should have been seen by a physician on or around 9/17/02. There was no documentation in the clinical record to provide evidence that resident 53 had been seen by a physician.

The facility administration was asked by the survey team to provide documentation that resident 53 had been seen by a physician on or around 9/17/02. They were unable to locate any documentation to evidence that resident 8 had been seen by a physician in September 2002 for a 60 day review.

F 428 483.60(c)(1) PHARMACY SERVICES
SS=D

F 428

Pharmacy Services

Resident 8's drug regimen was reviewed by a licensed pharmacist in September 2002. Each time a licensed pharmacist performs an audit he will be provided a current census so he can ensure he reviews each resident. Medical records will perform an audit each month to

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined that for 1 of 14 resident, the facility did not ensure that the drug regimen was reviewed at least

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

PRINTED: 11/21/
FORM APPROVE
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 428 Continued From page 29
monthly by a licensed pharmacist.

Resident Identifier: 8

Findings include:

During a review of the medical records for residents 8, it was revealed that there was no documentation to evidence that a licensed pharmacist had reviewed her drug regimen for the months of April 2002 and August 2002.

During an interview with the ADON (Assistant Director of Nurses), on 11/14/02, he stated that he had called the pharmacy and they were trying to locate documentation that the pharmacist reviewed resident 8's drug regimen for the months of April 2002 and August 2002.

The facility was not able to provide any documented evidence that resident 8's drug regimen was reviewed by a licensed pharmacist for the months of April 2002 and August 2002.

F 428

ensure that each resident was reviewed that month. This will be monitored in the Medical Records monthly QA rounds. This will be completed January 10, 2003.

F 502 483.75(j) ADMINISTRATION
SS=E

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 and review of resident medical records, it was determined that the facility did not ensure that laboratory services were provided as ordered by the physician for 3 of 14 sample residents. Resident identifier: 38, 49 and 50

Findings include:

F 502

Administration

Residents 38, 49 and 50 have all had the necessary labs drawn. Laboratory protocols are being reinforced in accordance with laboratory and facility standards, policies and procedures. Licensed nurses shall receive further inservicing regarding procedures. The DON or ADON will be informed if there are any problems or exceptions to the procedures. A representative from the new laboratory service has personally visited the facility DON to help assure that optimum services and procedures are

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

PRINTED: 11/14/02
FORM APPROVE
2567

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 11/14/02
--	---	--	---

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
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 502 Continued From page 30

1. Resident 49 was admitted to the facility on 8/30/02 with the diagnoses of spinal bifida, depression, right ischial tuberosity abscess, anxiety, bacteremia, right ankle fracture, seizure disorder, anxiety and ventricular peritoneal shunt.

A review of resident 49's medical record on 11/12/02, revealed a physician's order dated 8/31/02, for a albumin.

No laboratory results for the albumin level could be provided by th facility for resident 49.

During an interview with the facility charge nurse on 11/13/02, at approximately 12:00 PM, she stated she had called the laboratory to determine if the laboratory work had been completed. The facility charge nurse stated that the laboratory indicated they did not have any record that the laboratory work had been completed.

2. Resident 50 was admitted to the facility on 5/5/97 with the diagnoses of traumatic brain injury with depressive and agitated features, muscle spasms, diarrhea, deep vein thrombosis, bladder spasms, hypertension, nausea/vomiting, seborrhea capitis, right hemiplegia, acne and gastritis.

A review of resident 50's medical record on 11/14/02, revealed a physician's order dated 6/9/02, for a CBC (complete blood count), Ferritin, Fe (iron), TIBC (total iron binding capacity), Folate and VPA (valproic acid) level.

A physician's order dated 9/23/02 documented, "See order of 6/9/02. Please post labs - if not drawn, please redraw."

F 502

followed. A licensed nurse (LPN) has also been designated to assume compliance with physicians laboratory orders. All routine labs will be printed out on the treatment sheets each month. Medical Records will perform an audit each month to assure that every lab report is in each chart. Medical Records will monitor this procedure in her monthly QA rounds. This will be completed January 10, 2003.

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 11/14/02
--	--	--	--

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
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

F 502 Continued From page 31 F 502

No laboratory results for the laboratory work ordered on 6/9/02 could be provided by the facility for resident 50.

During the exit conference with the facility staff the DON (Director of Nurses) stated that during June they were switching laboratories.

3. Resident 38 was a 76 year old male who was re-admitted to the facility on 10/23/98.

The medical record of resident 38 was reviewed on 11/12/02. During this review, it was revealed that on 10/21/02, the physician wrote orders for the staff to obtain a TSH (thyroid level), a CBC (complete blood count) and a BMP (basic metabolic panel).

There was no documentation to evidence that the CBC or the BMP had been obtained as ordered.

On 11/4/02, the physician wrote a note "Please post labs ordered 10/21- if not done, please draw-"

When asked, facility staff were unable to provide results to the lab test that had been ordered.