

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 C 6/28/2004
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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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COMPLAINT NUMBER. UT00002273

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 324 S=G	<p>483.25(h)(2) QUALITY OF CARE</p> <p>The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record review, it was determined the facility did not ensure that one resident (resident CL1) received adequate supervision and assistance devices to prevent an accident while being transported in the facility van. Specifically, resident CL1 was not secured in his wheelchair while being transported in the facility van. Resident CL1 was injured when the facility van was involved in an automobile accident.</p> <p>Findings Include:</p> <p>Resident CL1 was admitted to the facility on 3/1/00 with diagnoses which included diabetes type II, congestive heart failure, glaucoma, meningoma, hypertension, cerebrovascular accident and dementia.</p> <p>On 6/16/04 at 12:00 PM, a facility nurse documented the following in a nurse's progress note, "[Resident CL1] out [with] van driver for return from [local hospital podiatry appointment] [and] van had an accident. [Resident CL1] has lacerated forehead/head ? at [local hospital], they called for information [and] confirmed laceration [required] sutures."</p> <p>A review of resident CL1's medical record, on 6/28/04, revealed a comprehensive care plan, dated 5/5/04, which addressed resident CL1 being dependent on staff for most activities of daily living. Under approaches facility staff</p>	<p>F 324</p> <p><i>7/12/04</i></p> <p><i>Pre-accepted by Dept of Health</i></p> <p><i>4/21/04</i></p> <p><i>updown</i></p> <p><i>one</i></p> <p>F324</p>	<p>F000</p> <p>Preparation and/or execution of this Plan of Correction does not constitute an admission of guilt or agreement by the provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p><i>402193</i></p> <p>JUL 12 2004</p> <p>Bureau of Health Care Programs</p> <p>Resident CL1 no longer resides at the facility.</p> <p>A new policy is in place for facility transportation, which states that seatbelts must be worn by all passengers or they are not allowed to travel via facility transportation. Any resident refusing to be properly secured in the van will be required to use other means of transportation.</p> <p>Facility van driver has been inserviced on properly securing all passengers in accordance with new policy. Facility van driver has also been inserviced on defensive driving techniques in relation to the type of accident which occurred.</p>	<p>7/23/04</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 7/12/04
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 6/30/2004
FORM APPROVED
OMB NO. 0938-0391

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F 324	<p>Continued From page 1</p> <p>documented that resident CL1 could "...be combative when providing cares..."</p> <p>On 6/28/04 at 1:00 PM, the facility van driver was interviewed. He stated about 2 weeks ago he was driving two facility residents (resident CL1 and resident 1), in the facility van, back from appointments at a local hospital. The van driver stated prior to leaving the local hospital he secured resident CL1's wheelchair to the floor of the van. He stated when he left the hospital resident CL1 was not secured in the wheelchair, because resident CL1 became combative and refused to be secured in his wheelchair. The van driver stated while he was driving down a street he attempted to put on the breaks and they did not work and he rear ended another vehicle. He stated resident CL1 came out of him wheelchair and hit the dash board of the van. He stated that resident CL1 was transported to the hospital in an ambulance. The van driver further stated that about a month before the accident occurred the brakes were replaced and the facility was to take the van back in to bleed the air and he did not think that occurred. When the van driver was asked if the van was ever checked out by a mechanic after that accident, he stated that he did not know. He stated that facility administration drove the van in the parking lot after the accident and that the brakes were working. He stated about a week after the accident the brakes were checked out by one of the activity people's boyfriend, prior to a camping outing, and he bled the brakes and there was air in the lines.</p> <p>On 6/28/04 at 1:15 PM, the administrator was interviewed. He stated that the van driver claimed their were no brakes and resident CL1 was hit on the forehead during an accident. He</p>	F 324	<p>A new van has been obtained for facility use. The van is equipped with proper seat restraints for all regular seating, as well as proper restraints for wheelchair seating. The new van was serviced, with particular attention to the brakes, prior to the arrival to the facility and is in safe running order.</p> <p>Administrator and/or designee will monitor, at least monthly, the transportation department and the activities department, prior to leaving with residents in the van, to ensure that all are properly secured for safety. The results will be reported to the Quality Assurance committee no less than quarterly.</p>	7/23/04
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F 324	<p>Continued From page 2</p> <p>further stated that resident CL1's wheelchair was restrained but resident CL1 was not restrained in the wheelchair. He stated there was no current written policy on what to do when a resident refuses to be secured in a vehicle. He further stated that he would expect staff to restrain a resident or transport them another way. When the administrator was asked for the incident report concerning the accident involving CL1, he stated he did not know if one was completed.</p> <p>On 6/28/04 at 1:30 PM, the director of nurses was interviewed. She stated the incident report was in her office awaiting a medical doctors signature. She stated that she did not know what the policy was for transporting residents who refuse to be restrained.</p> <p>On 6/16/04, two "Incident/Accident Reports" were completed concerning resident CL1. The first "Incident/Accident Report" completed by the van driver documented the following, "...After leaving the [local hospital] [resident CL1] refused to have a restraint for him to stay in his chair. Was in a car accident and he flew forward and hit the dash..."</p> <p>The second "Incident/Accident Report" completed by a facility nurse documented the following, "...I was notified [facility] van was in an accident [with] [resident CL1] returning from app (appointment)...Admitted to hospital...3 laceration, 2 head, 1 hand req (requiring) sutures..."</p> <p>On 6/28/04 at 2:45 PM, resident 1 was interviewed. He stated he was in a car accident a few weeks back. He stated the van driver missed the brakes. He stated he was not injured but resident CL1 was "thrownall the way forward and hit the dash." He stated there was blood every where. He stated only resident CL1 was thrown</p>	F 324		

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F 324	<p>Continued From page 3</p> <p>forward. He further stated that resident CL1's wheelchair was restrained in place and "I guess [resident CL1] was not."</p> <p>On 6/28/04 at approximately 3:50 PM, the office manager was asked for a maintenance log for the van. She stated she was not aware of a maintenance log.</p> <p>On 6/28/04 at approximately 4:00 PM, the van driver was asked for a maintenance log for the van. He stated the administrator had asked him for one earlier today and he was not aware of one. The van driver was able to provided a copy of receipt, concerning a brake service, on the van, completed on 12/2/02.</p> <p>On 6/28/04 at approximately 4:10 PM, the assistant director of nurse was asked for a maintenance log for the van. He stated she was not aware of a maintenance log.</p> <p>On 6/28/04 at approximately 4:40 PM, the administrator stated that he was not able to find a maintenance log for the facility van. He stated the problem was that the maintenance log was kept at the corporate office. He further stated after the accident on 6/16/04, the facility van was checked over by a mechanic.</p> <p>On 6/29/04 at 10:25 AM, resident CL1's daughter was interviewed. She stated that her father says "No to everything" and she felt there was no excuse for her father not being restrained in his wheelchair while being transported in the facility van. She stated her father has had a set back.</p>	F 324		