STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Use F309 for quality of care deficiencies not covered by s483.25(a)-(m). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and medical records review, it was determined the facility did not consistently provide necessary cares for 3 of 23 sample residents to attain or maintain the highest practicable physical, mental, and psychosocial well being in accordance the the comprehensive assessment and plan of care. Specifically: 1. The facility did not reposition two residents that required extensive assistance of staff for repositioning. (Residents 80 and 85) 2. The facility did not provide medications as ordered for one resident who required medications for constipation. (Resident 80) 3. The facility did not provide supervision or cueing for one resident who required supervision or cueing with meals. (Resident 78) Findings include: 1. Resident 80 was admitted to the facility in March 2002, with diagnoses that included cerebral vascular accident, dementia and blindness. Resident 80 also had a diagnosis of constipation.	F 309	**This plan of correction is being submitted by Life Care Center of Bountiful in accordance with State and Federal regulatory requirements and should not be considered as an admission of non-compliance.** **F 309 SS=D** **Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.** Resident 80-Resident 80 is currently repositioned every two (2) hours and is being toileted per toileting schedule as per current bowel and bladder assessment. Resident 80 is also receiving laxatives every other day as per physicians orders. Resident 85-Resident 85 was assessed and screened by Occupational Therapy for a lateral trunk positioning device. Resident 85 was given a temporary postural support for use when in wheelchair, pending arrival of new lateral trunk positioning device. Resident 85 has also been referred to the wheelchair clinic at the Veteran's Administration Hospital for a complete wheelchair assessment. Resident 78-Resident 78 is receiving appropriate cueing and supervision in assisted dining room setting in accordance with plan of care. Dietary intake of Resident 78 is currently being monitored and Resident is offered alternative meal options per facility protocol.	4/12/04

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE HFA | TITLE EXECUTIVE DIRECTOR | (X6) DATE 4/12/04

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 1 On 3/23/04, the medical record for resident 80 was reviewed. The comprehensive Minimum Data Set (MDS) assessment, dated 10/27/03, and the most recent quarterly MDS assessment, dated 1/27/04, documented resident 80 required extensive assistance of one staff member for transfers, mobility, and for toileting. Resident 80's current plan of care was updated by the facility on 2/5/04. Problem 9 addressed a concern that resident 80 had a problem with constipation. One approach for staff to use in helping resolve the problem was to give laxatives as ordered and needed. Problem 6 addressed resident 80's risk for skin impairment due to factors that included incontinence and impaired mobility. Approaches, for staff to use in addressing the problem, included providing assistance with toileting and repositioning every two hours and as needed. Under a problem that addressed resident 80's risk for falling, it was documented that the staff were to assist the resident to lie down after each meal. Resident 80's medical record included a physician's telephone order, dated 3/16/04 at 10:00 AM, that the resident was to receive a routine Dulcolax (stimulant laxative) suppository every other day. Resident 80's medication administration record (MAR) for March 2004 was reviewed on 3/23/04. The order that resident 80 was to receive the Dulcolax every other day had been transcribed to the resident's MAR, along with marked dates that indicated when the Dulcolax should have been given. Nurses were expected to document the	F 309	**Address how the facility will identify other Residents having the potential to be affected by the same deficient practice.** The Director of Nursing Services, in conjunction with the Nurse Management Team, has completed a full house assessment of Residents requiring extensive assistance for repositioning. The Director of Nursing Services, in conjunction with Medical Records and the Nurse Management Team, has completed a full house audit of physicians orders and medication administration records. The Director of Nursing Services, in conjunction with the Director of Staff Development and the Dietary Manager, has completed a full dining room observation for all dining areas to determine Residents currently needing supervision , assistance or cueing with meals. **Address what measures will be put into place or systemic changes made to ensure that deficient practice will not recur.** The Director of Nursing Services, conjunction with the Nurse Management Team and the Therapy Team, will ensure compliance by reviewing the positioning needs of all Residents upon admission to the facility. The Director of Nursing will also ensure compliance by following the RAI process and establishing Residents needs on a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 2 MAR, with their initials, as to the date and time they administered each medication to each resident. Resident 80's MAR did not have documentation that the Dulcolax had been administered since it had been ordered. On 3/23/04, at 3:35 PM, resident 80's nurse was interviewed. The nurse stated that resident 80 had a problem with constipation. The nurse stated that she usually had to lubricate and manipulate resident 80's peri/rectal area to assist the resident to have a bowel movement. The nurse stated that the physician had given the order for Dulcolax suppositories to help alleviate resident 80's problem. On 3/23/04, eight days after the physician's order, resident 80's original package of twelve Dulcolax suppositories contained eleven suppositories. The facility did not provide the prescribed medication that had been ordered and care planned to help alleviate resident 80's problem with constipation. Resident 80 was observed on 3/23/04. At 6:50 AM, resident 80 was brought in her wheelchair to the nurses' station "safety area". At 7:15 AM, resident 80 was taken, in her wheelchair, to the dining room. At 8:40 AM, resident 80 was taken from the dining room back to the "safety area". At 9:00 AM, resident 80's eyes were closed and the resident remained in front of the nurses' station. At 9:15 AM, resident 80 was fidgeting in the wheelchair and attempting to stand. At 9:17 AM, nursing assistant A noticed the resident attempting to stand and encouraged her to sit down so that she wouldn't fall. Resident 80 stated that she wanted to go to bed. Nursing assistant A located nursing assistant B, and passed the resident's message. At 9:22 AM, nursing assistant B took resident 80 to her room and left her sitting just outside the doorway.	F 309	~~quarterly basis.~~ The Director of Nursing Services and Nurse Management Team will also complete ongoing audits to identify any Residents change in condition regarding positioning and repositioning needs. Any identified needs, regarding positioning, will be implemented on the Residents activity of daily living (ADL) flow record to ensure staff awareness and compliance with plan of care. The Director of Nursing Services, in conjunction with Medical Records and the Nurse Management Team, will ensure medication compliance by reviewing the MAR, for all new admission to the facility, to ensure accuracy to physicians orders. The Director of Nursing Services, and Unit Coordinators, will complete ongoing audits of the Residents medication administration record to ensure medications are given in a timely fashion and as per physicians orders. The Director of Nursing Services, in conjunction with the Staff Development Coordinator, has created a Dining Room Supervision Policy to ensure facility residents receive the appropriate dining assistance in accordance with plan of care.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 3 Nursing assistant A talked with nursing assistant B again. At 9:24 AM, after two and a half hours of surveyor observation, nursing assistant B took resident 80 into her room. Nursing assistant B transferred resident 80 into bed. On 3/24/04 at 7:30 AM, resident 80 was observed to be in her wheelchair in the main dining room. From the dining room, a nursing assistant took resident 80 directly to the "safety area" in front of the nurses' station, where she remained. While in her wheelchair, resident 80 appeared to intermittently sit quietly, to doze, and to fidget or try to stand. At 10:05 AM, nursing assistant C approached resident 80 and asked if the resident would have a shower before lying down. In the shower room at 10:10 AM, nursing assistant C assisted resident 80 to transfer out of her wheelchair. Resident 80 sat on the toilet and was able to pass a very small amount of stool. After her shower, resident 80 was assisted to bed. The facility did not provide resident 80 with the assistance for repositioning every two hours that she had been assessed as needing and that had been care planned for her. On 3/24/04 at 2:10 PM, nursing assistants D and E were interviewed together. Nursing assistants D and E had been assigned to work with resident 80 on the morning shift. Nursing assistant D stated that she had assisted resident 80 up at 6:15 AM on 3/24/04. That meant that resident 80 had been sitting in her wheelchair 3 hours and 55 minutes without being assisted to reposition or to lie down. During observations on 3/23/04 and 3/24/04, resident 80 did not receive the care that she had been assessed as needing: a. Assistance with turning and positioning every	F 309	**What plan did the facility develop for ensuring that correction is achieved and sustained?** The Director of Nursing Services, in conjunction with the Assistant DNS and the SDC, inservices all nursing staff regarding residents positioning needs and plan of care. The DNS, in conjunction with the Unit Coordinators and unit floor nurse, will perform compliance rounds on 10 Residents every week to ensure compliance regarding positioning needs as per Residents plan of care. The SDC will provide ongoing educational inservicess to nursing staff regarding outcomes of weekly audits. The DNS, in conjunction with the ADNS, inserviced all licensed nursing staff regarding compliance with medication administration as per physicians orders. The DNS, in conjunction with MR, will perform an audit of ten MAR's daily for 60 days and monthly thereafter to ensure accurate administration of medication as orders by physicians.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 4 two hours. b. Administration of medications as prescribed by her physician. 2. Resident 78 was admitted to the facility in May 1998 with diagnoses that included dementia and osteoarthritis. On 3/24/04, resident 78's medical record was reviewed. The comprehensive MDS assessment for resident 78, dated 5/6/03, and the quarterly MDS assessment, dated 2/2/04, identified the resident required supervision or cueing with meals. The nutrition progress note, dated 8/11/03, revealed that resident 78 was doing good in the main dining room with increased assistance at all meals. The nutrition progress note, dated 11/11/03, revealed that resident 78 "needs assist at meals". The nutrition progress note, dated 2/5/04, revealed that resident 78 "requires set up and supervision" and the resident had "poor chewing". Resident 78's plan of care, updated 2/5/04, included a concern that the "resident is at nutritional risk". It was documented on the care plan that resident 78 "needs limited assist / supervision at all meals," was slowly loosing weight, and that "increased supervision / assist required at all meals." Care approaches the staff were to provide for resident 78 included "encourage intakes," "Monitor daily intakes," and "provide foods of choice." On 3/22/04, resident 78 was observed in the main dining room during the lunch meal. Resident 78 removed his upper dentures, attempted to put	F 309	The DNS, in conjunction with the SDC, inserviced all nursing staff regarding residents needs for cues, supervision, assistance and accurate recording of meal intake to ensure nutrition needs of facility residents are met. The DNS, in conjunction with the NMT and Dietary Manager, will monitor dining room settings on a daily basis to ensure residents are receiving cueing , supervision, assistance and accurate recording of meal intake. The SDC will provide ongoing education to nursing staff regarding accurate reporting of meal intake. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** Findings identified by facility audit tools will be reviewed monthly at the facility's quality assurance meeting. The QA committee will evaluate the information for compliance and will make recommendation to the DNS and NMT for change to policy to ensure compliance on an ongoing basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 5 them back in, without success, and tried to hand them to another resident at the table. The other resident advised resident 78 to put the dentures back into his mouth. Resident 78 attempted to put his upper dentures in the bottom of his mouth, without success. After two minutes of trying and being cued by another resident, resident 78 was able to put his dentures back in his mouth. Resident 78 ate about 1/2 of his meal and left the dining room. During continuous observation of the lunch service, no staff member approached resident 78's table to cue him. No staff assisted him with his dentures or with his meal. On 3/23/04, resident 78 was observed in the main dining room during the lunch meal. Resident 78 ate his dessert and part of ice cream, moved his fiesta corn and enchilada around on his plate, and left the dining room. No staff intervened to see if the resident would have eaten anything else and no one cued him to eat more of his meal. Resident 78 ate less than 1/3 of his lunch. On 2/24/04, resident 78 was observed in the main dining room during the lunch meal. Resident 78 broke his dumpling open, but ate no chicken or dumpling, no vegetable and no salad. Resident 78 ate his cottage cheese and two small bites of his sherbet. Resident 78 left the dining room without having been cued or assisted to eat more and no alternative meal was offered. On 2/24/04 resident 78's dietary intake monitoring record was reviewed. The nursing aides, who were assigned to provide resident 78's cares on 2/24/04, had documented that resident 78 ate 100% of his lunch meal. Resident 78 had only eaten his cottage cheese and two bites of sherbet.	F 309	**Indicate how often the monitoring will be done.** The DNS, in conjunction with the NMT, will monitor compliance for positioning for Resident 80 and 85 daily for 60 days and then monthly thereafter. The DNS, in conjunction with the NMT, will also monitor the MAR for Resident 80 on a daily basis for 60 days and then weekly thereafter. The DNS, in conjunction with the NMT, will monitor cueing, supervision and assistance with meals for Resident 78 on a daily basis for 60 days and then weekly thereafter. The DNS, in conjunction with the NMT, will monitor compliance for positioning for Residents, requiring extensive assistance with positioning, weekly for 60 days and monthly thereafter. The DNS, in conjunction with Medical Records, will perform n audit of ten MAR's daily for 60 days and monthly thereafter. The DNS, in conjunction with the NMT and the Dietary Manager, will monitor dining room setting on a daily basis for 60 days and then weekly thereafter.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 6 During observations on 3/22/04, 3/23/04, and 3/24/04, resident 78 did not receive the care that he had been assessed as needing: a. Supervision, encouragement, and assistance. b. Offer foods of choice. Was not offered alternative when he didn't eat what had been served. c. Monitor his dietary intake. . 3. Resident 85 was admitted to the facility in October of 2003 with diagnoses of Multiple Sclerosis and a fractured hip with a hip joint replacement. Resident 85's medical record was reviewed on 3/24/04. A quarterly MDS assessment dated 2/2/04, was completed by facility staff for resident 85. Facility staff documented on the assessment that resident 85 had modified independence in cognitive skills for daily decision making. Facility staff also documented that resident 85 required extensive assistance with mobility and activities of daily living. In a care plan for resident 85, dated 11/11/03, facility staff identified that resident 85 had self care deficits related to weakness, jerky limb movements, pain, and impaired mobility. Resident 85 received physical therapy and occupational therapy for approximately 2 months after admission to the facility. On the plans of care and progress notes completed by the physical therapy and occupational therapy staff from October 2003 through December 2003, the therapy staff documented that resident 85 was making good steady progress towards the	F 309	**Indicate who will be responsible for the monitoring of the plan of correction.** The Director of Nursing will be responsible for monitoring the plan of correction daily, weekly, monthly as indicated. The Quality Assurance Committee will also monitor the plan of correction on a monthly basis. The Executive Director will monitor the plan of correction, with the QA committee, for compliance on a monthly basis. **Indicate when the plan of correction was integrated into the facility's quality assurance system.** April 12, 2004 **Corrective action will be completed.** April 12, 2004	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 7 planned goals. The goals included strengthening, dressing skills, transfer skills, grooming skills, bed mobility, seating and posture, and ambulation. On an Occupational Therapy Plan of Treatment dated 10/31/03 through 11/30/03, an occupational therapist documented that resident 85's balance, endurance and posture, were poor, and that resident 85 leaned to the right. Resident 85 was discharged from skilled Physical Therapy and Occupational Therapy services the end of December 2003 due to his progress being affected by the Multiple Sclerosis. Resident 85 was turned over to the facility restorative program to continue with strengthening and ambulation. Resident 85 was seen five days a week by the facility restorative aides. On 1/7/04, a facility restorative aide documented in resident 85's chart, that resident 85 exercised better in the morning. On 1/21/04, the restorative aide documented that resident 85 was requiring extensive assistance with ambulation and was leaning to the right. On 2/4/04, a facility restorative aide documented that resident 85 leaned his upper body to the right. On 2/18/04, a facility restorative aide documented that resident 85 leaned to the right side in the wheelchair. Observations of resident 85 were made at random times during the survey. On 3/22/04, resident 85 was observed in the courtyard dining room at 12:15 PM. Resident 85	F 309	**F312 SS=D** **Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.** **Resident 80**-Resident 80 is currently repositioned every two hours and is being toileted per toileting schedule as per current bowel and bladder assessment. **Address how the facility will identify other residents having the potential to be affected by the same deficient practice.** The DNS, in conjunction with the NMT, has completed a full house assessment of residents requiring extensive assistance for repositioning and residents requiring staff intervention for toileting. **Address what measures will be put into place or systemic changes made to ensure that deficient practice will not recur.**	4/12/04

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 8 was seated in a wheel chair at a table on the east wall. Resident 85 was leaning to his right over the right side of the wheelchair. Resident 85's right arm was over the right arm of the wheelchair, and his head was sideways. Resident 85 was eating lunch. Resident 85 was able to eat without assistance but had difficulty getting the food into his mouth due his leaning so far to the right and his head being sideways. On 3/23/04, resident 85 was observed during the breakfast and lunch meals. During both meals, resident 85 was seated in a wheelchair in the Courtyard dining room. Resident 85 was leaning over the right side of the wheelchair with his head sideways. Resident 85 was observed to be able to eat without assistance, but again had difficulty getting the food into his mouth due to his leaning so far to the right and his head being sideways. On 4/24/04, resident 85 was observed during breakfast. Resident 85 was seated in a wheelchair. Resident 85 was leaning over the right side of his wheelchair. At 8:30 AM, resident 85 wheeled himself to his room. At 9:15 AM, resident 85 was observed in an exercise activity in the Restorative Dining area. Resident 85 was leaning to his right over the right side of the wheelchair. At 9:45 AM, resident 85 was in his room watching television. Resident 85 was leaning to his right over the right side of his wheelchair. At 10:00 AM, and interview was held with resident 85. Resident 85 stated that he had received physical therapy and occupational therapy for about two months after he was admitted to the facility. Resident 85 stated that therapy staff had	F 309	The DNS, in conjunction with the NMT, will ensure compliance by reviewing the positioning needs of all residents upon admission to the facility. The DNS, in conjunction with the NMT, will also ensure compliance by following the RAI process and establishing residents needs on a quarterly basis. The DNS, in conjunction with the NMT, will also complete ongoing audits to identify any residents change of condition regarding positioning and repositioning needs. Any identified needs regarding positioning will be implemented on the residents activity of daily living (ADL) flow record to ensure staff awareness and compliance with plan of care. The DNS, in conjunction with the Restorative Nurse Manager, will ensure compliance by completing a formal bowel and bladder assessment for all residents upon admission to facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 9 worked with him for strengthening, transfers, getting dressed, and ambulation. Resident 85 stated that he knew that the reason he leaned to the right was because of the Multiple Sclerosis. Resident 85 stated that in the morning when he got up he didn't lean so bad, but as the day progressed he would fatigue and would lean farther and farther to the right and did not have the strength to sit up straight. Resident 85 stated that he had a hard time eating due to the leaning, but managed to get the food to his mouth and he used a straw to drink. Resident 85 was asked if any one in the facility had ever worked with him on the positioning. Resident 85 stated that once a facility nurse tried to prop up his right side with pillows. He stated that it did not work well, the pillows fell off the wheelchair. Resident 85 stated that no one else had tried any other type of support in the wheelchair to assist him with his posture. An interview was held with the Rehab Services Manager on 3/24/04 at 3:00 PM. The manager stated that resident 85 was admitted with a fractured hip and the main focus of the therapy had been centered around strengthening, transfer training, and independent ambulation. The manager stated that resident 85 fatigued easily and was not able to tolerate long periods of exercise. He also stated that he was aware that resident 85 leaned to the right. The manager stated that resident 85 had never been evaluated for an assistive device or a support to place in resident 85's wheelchair, to help resident 85 maintain an upright position.	F 309	The DNS, in conjunction with the Restorative Nurse Manager, will also ensure compliance by following the RAI process and establishing resident needs on a quarterly basis. The DNS will also complete an ongoing audits to assess changes to residents bowel and bladder status which would indicate a change in plan of care. Any identified needs regarding toileting will be implemented on the residents activity of daily living (ADL) flow record to ensure staff awareness and compliance with plan of care. **What plan did the facility develop for ensuring that correction is achieved and sustained?** The DNS, in conjunction with the SDC, inserviced all nursing staff regarding residents toileting needs and plan of care. The DNS, in conjunction with the NMT, will perform compliance rounds on ten residents weekly to ensure compliance regarding toileting needs as per residents plan of care. The SDC will provide ongoing educational inservices to nursing staff regarding outcomes of weekly compliance rounds.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 10	F 312	**Indicate how the facility plans to monitor its performance tomake sure that solution are sustained.**	
F 312 SS=D	483.25(a)(3) QUALITY OF CARE A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and medical records review, it was determined the facility did not provide repositioning and toileting cares for 1 of 23 sample residents who required extensive assistance of staff with toileting cares. (Resident 80) Findings include: Resident 80 was admitted to the facility March 2002, with diagnoses which included cerebral vascular accident, dementia and blindness. On 3/23/04, the medical record for resident 80 was reviewed. The comprehensive Minimal Data Set (MDS) assessment, dated 10/27/03 and the most recent quarterly MDS assessment, dated 1/27/04, documented resident 80 required extensive assistance of for toileting and hygiene cares. Resident 80's current plan of care was updated by the facility on 2/5/04. Problem 6 addressed resident 80's risk for skin impairment due to factors that included incontinence and impaired mobility. Approaches for staff to use in addressing the problem, included putting resident 80 on a toileting program, providing assistance with toileting and repositioning every two hours and as needed, and to provide good peri care	F 312	Findings identified by facility audit tools will be reviewed monthly at the facility's Quality Assurance Committee meeting. The QA committee will evaluate information for compliance and will make recommendations to the DNS and NMT and Restorative Nurse Manager to ensure compliance on an ongoing basis. **Indicate how often the monitoring will be done.** The DNS, in conjunction with the NMT, will monitor toileting compliance for resident 80 daily for 60 days and monthly thereafter. The DNS, in conjunction with the NMT and Restorative Nurse Manager, will monitor compliance for toileting needs for all residents weekly for 60 days and monthly thereafter.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 11 with clean briefs promptly after each episode of incontinence. Resident 80 was observed on 3/22/04. At 6:50 AM, resident 80 was brought in her wheelchair to the nurses' station "safety area". At 7:15 AM, resident 80 was taken, in her wheelchair, to the dining room. At 8:40 AM, resident 80 was taken from the dining room back to the "safety area". At 9:00 AM, resident 80's eyes were closed and the resident remained in front of the nurses' station. At 9:15 AM, resident 80 was fidgeting in the wheelchair, attempting to stand, and was attempting to pull her brief out of the front of her sweat pants. At 9:17 AM, nursing assistant A noticed the resident attempting to stand and encouraged her to sit down so that she wouldn't fall. Nursing assistant A located nursing assistant B, and stated that the resident needed to lay down. At 9:24 AM, after two and a half hours of surveyor observation, nursing assistant B took resident 80 into her room. Nursing assistant B transferred resident 80 into bed and left the room within 60 seconds without having changed the residents brief. At 10:20 AM, resident 80 was observed to be awake, anxious, squirming in the bed, and she had the call light cord tangled up in her hands. The resident was uncovered and the waist band of her sweat pants was around her knees. At 10:50 AM, resident 80 was unclothed from the waist down and resting quietly. The resident's saturated brief, her sweat pants, and her slippers were observed to be near her feet at the bottom of her bed. On 3/24/04 at 7:30 AM, resident 80 was observed to be in her wheelchair in the main dining room. From the dining room, a nursing assistant took resident 80 directly to the "safety area" in front of the nurses' station, where she remained until after	F 312	**~~Indicate who will be responsible for~~ the monitoring of the plan of correction.** The DNS will be responsibility for monitoring the plan of correction daily, weekly and monthly as indicated. The QA committee will also monitor the POC on a monthly basis. The ED will monitor the plan of correction with the Quality Assurance Committee on a monthly basis. **Indicate when the plan of correction was integrated into the facilities Quality Assurance system.** April 12, 2004 **Corrective action will be completed.** April 12, 2004	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 312	Continued From page 12 10:00 AM. At 9:55 AM, resident 80 was restless and pulling the front of her brief. At 10:05 AM, nursing assistant C approached resident 80. In the shower room at 10:10 AM, nursing assistant C assisted resident 80 out of her wheelchair and out of her saturated briefs. Resident 80 sat on the toilet and was able to pass a small amount of stool. On 3/24/04 at 2:10 PM, nursing assistants D and E were interviewed together. Nursing assistants D and E had been assigned to work with resident 80 on the morning shift. Nursing assistant D stated that she had assisted resident 80 up at 6:15 AM on 3/24/04. When asked when the resident had been toileted that morning, nursing assistant D stated that resident 80 was toileted by nursing assistant C at the time the resident was showered. Through observation of the resident and interview with her nursing assistants, it was determined resident 80 had not been toileted for 3 hours and 55 minutes. Nursing assistant D stated that resident 80's toileting program meant the resident was supposed to be assisted with toileting every 2 hours.	F 312	**F329 SS=G** **Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.** Resident CL1-Resident CL1 received immediate medical intervention following report of abnormal lab value. Residents physician was notified of abnormal lab value. Physician ordered stat lab re-draw followed by Vitamin K injection and resident to continue to be monitored for signs and symptom of change in condition. Resident was transferred to Lakeview hospital for further evaluation. **Address how the facility will identify other residents having the potential to be affected by the same deficient practice.** The DNS, in conjunction with the NMT, reviewed all residents on anti-coagulant therapy to ensure compliance to policies and procedures regarding coumadin therapy.	4/12/04
F 329 S=G	483.25(l)(1) QUALITY OF CARE Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. This REQUIREMENT is not met as evidenced	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 13 by: Based on record review and interview, it was determined that the facility did not ensure that 1 of 23 sampled residents received adequate monitoring when receiving Coumadin (a blood thinning medication). Specifically, the facility did not perform a PT/INR (labs obtained to monitor therapeutic ranges of Coumadin therapy) in February 2004, as ordered by the physician. This resulted in over anticoagulation of a resident. (Resident CL1) Coumadin is an oral anticoagulant used to control and prevent clotting disorders. Prescribing the dosage that both avoids bleeding complications and achieves therapeutic range clotting times requires monitoring through laboratory tests. The prothrombin time (PT) is a laboratory test used for monitoring blood clotting time in a specific individual. (Reference Guidance: Brunner and Suddarth's textbook of Medical-Surgical Nursing 8th edition 1996 Lippincott pages 802-803) The International Normalized Ration (INR) is another laboratory test used in conjunction with prothrombin time in determining if therapeutic doses of anticoagulant medication are being administered. (Reference Guidance: Physician's Desk Reference 53 Edition 1999 Medical Economics Company page 932). Findings Include: Resident CL1 was admitted to the facility on 2/26/03 with diagnosis including pulmonary embolism, hypertension, gastro-esophageal reflux disease, diabetes mellitus, hypertension and a history of urinary tract infections. Review of resident CL1's medical record was	F 329	**~~Address what measures will be put~~ into place or systemic changes made to ensure that deficient practice will not recur.** The DNS, in conjunction with the NMT, has implemented a new policy regarding laboratory procedures to ensure all residents are provided with the necessary diagnostic services per physicians orders and to maintain the highest level of physical and mental well being. The DNS, in conjunction with the NMT, will also complete ongoing daily audits of laboratory services to ensure laboratory services compliance. The DNS, in conjunction with Medical Records, will complete daily audits of medication administration records to ensure laboratory services are completed as ordered. The DNS, in conjunction with the NMT, will also ensure all residents on coumadin therapy are monitored to ensure they have routine protime laboratory values as orders by the Residents physician and per policy.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 14 completed on 3/24/04. Review of CL1's recertification orders dated March 2004, documented that resident CL1 was receiving "Warfarin Sodium (Coumadin) 5 mg PO (by mouth) QOD (every other day). Alternate with 5 mg" and "Warfarin Sodium (Coumadin) 7.5 mg PO QOD. Alternate with 7.5 mg". The recertification orders also documented resident CL1 was to receive "Protime q Month". On a care plan for resident CL1, facility staff documented: (1) "Anticoagulation Tx (therapy) secondary to DX (diagnosis): Pulmonary Embolism". Approaches to this care plan problem included: (1) "PT, A/O (as ordered)" and (2) "Monitor for any s/s (signs/symptoms) bleeding, i.e. (such as) hematuria, petechine (sic), bruising, bloody stools and nose bleed". A review of CL1's laboratory results was completed on 3/24/04. There was no evidence that a February 2004, PT/INR, was done as ordered by the primary care physician. An interview was held with the facility director of nursing (DON) on 3/24/04 at 3:45 PM. The facility DON stated that the February 2004 lab was "nonexistent". Further review of resident CL1's laboratory results revealed a PT/INR dated 3/5/04. The laboratory results documented a PT of >100 (per the facility lab, therapeutic range is 10-13.5) and an INR of >10 (therapeutic range 2.0 to 3.0). Review of CL1's nurses' notes and nursing monthly summaries dated 2/15/04 through 3/07/04 was done. The facility nurse's documented the following:	F 329	**What plan did the facility develop for ensuring that correction is achieved and sustained?** The DNS, in conjunction with the NMT and SDC, inserviced all licensed nursing staff regarding needs of residents receiving coumadin therapy. The DNS, in conjunction with the NMT, will audit the coumadin therapy tracking log daily to ensure protime/inr values are completed timely and accurately per physician's orders. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** Findings identified by facility audit tools will be reviewed monthly at the Quality assurance committee. The QA committee will evaluate information for compliance and will make recommendations to the DNS for changes to policy to ensure ongoing compliance. **Indicate how often the monitoring will be done.** The DNS, in conjunction with the NMT, will monitor compliance for daily for 60 days and weekly thereafter. The DNS, in conjunction with the NMT and Medical Records, will also audit the MAR's daily for laboratory completion for 60 days and weekly thereafter.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 15 On 2/15/04, resident CL1's Monthly Summary documented "0 labs". Under the care plan review section it documented, "0 bleeding noted. 0 labs this month". A nurses' note dated 3/05/04 at 10:00 AM, "Lab called to report PT = > 100, INR > 10." At 10:20 AM, "Stat re-draw requested. [resident physician] medical assistant notified. T.O. [telephone order] for stat redraw, also [check Monday. Vit (vitamin) K injection 2.5 mg (pending lab recheck)...". A nurses' note dated 3/05/04 at 12:00 PM, "Lab called re (regarding) Stat Re [check] on PT & INR = same". "[resident physician's] medical assistant notified. Vit K given IM (intramuscular) @ 1230...". A nurses' note dated 3/05/04 at 6:00 PM, "...Coumadin held... Resident is rousable & responsive...SI (slight) epistaxis (nose bleed) noted and easily stopped". On resident CL1's vital sign flow sheet, facility staff documented that resident CL1's vital signs on 3/5/04 were, blood pressure 100/82, pulse 88 and respirations 24. A nurses' note dated 3/06/04 at 10:00 AM, "AOX1 (alert and oriented X1) Disoriented et (and) confused...Sats 92% on 5L 02 (five liters of oxygen) per NC (nasal cannula)...". A nurses' note dated 3/04/04 at 3:00 PM, "Resting in bed @ this time. Sats 94% on 5L 02 per NC...". A nurses' note dated 3/06/07 at 8:00 PM, "Called to res (resident's) room. Has lg (large) bruises	F 329	**Indicate who will be responsible for the monitoring of the plan of correction.** The DNS will be responsible for monitoring the plan of correction daily, weekly, and monthly as indicated. The QA committee will also monitor the plan of correction on a monthly basis. The ED will monitor the plan of correction with the Quality Assurance Committee for compliance eon a monthly basis. **Indicate when the plan of correction was integrated into the facility's quality assurance system.** April 12, 2004 **Corrective action will be completed.** April 12, 2004	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 16 underneath upper rt (right) arm. INR (up) much higher than normal...Will monitor bruise". On resident CL1's vital sign flow sheet, facility staff documented that resident CL1's vital signs on 3/6/04 were, blood pressure 76/51, pulse 78 and respirations 20. No documentation was found in CL's medical record that the resident's primary care physician was notified of the low blood pressure. A nurses' note dated 3/07/04 at 3:00 PM, "full body skin assessment done. This nurse fond (sic), multiple bruisings on different stages on BLE (bilateral lower extremities) - skin discoloration on L outer lower leg massive bruising that measures 22 X 18.6 on R arm upper outer site - bruising next to [mentioned] area that measures (sic) 9 X 9 - also on R arm (upper back of her arm) bruisings on L upper arm 4 of them that measues (sic) 4 X 4 - 4.3 X 4 - 3 X 4 - R arm + L arm bruisings are hard to the touch - also two old bruisings on R side [above] discoloration on R buttocks area...". On resident CL1's vital sign flow sheet, facility staff documented that resident CL1's vital signs on 3/7/04 were, blood pressure 97/67, pulse 98 and respirations 22. A nurse's note dated 3/07/04 at 3:00 PM, "Resident noted pale, sl (slight) epitaxis (sic) noted. Listless, poor appetite/oral intake. BP lower than norm [normal]. Temp 100+... Resident CL1's primary care physician was not available. The physician on-call for the resident's primary care physician was contacted and gave the facility nurse an order to "transport to [hospital] ER"...Resident left building @ approx [approximately] 1530 [3:30 PM]."	F 329	**F460 SS=E** **Address how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.** New privacy curtains have been purchased from Direct Supply to ensure full visual privacy for 21 of 65 resident rooms and 2 shower rooms. The following rooms will have new privacy curtains: Room 104 bed B, room 105 bed B, room 106 bed B, room 109 bed B, room 111 bed B, room 109 bed B, room 114 bed B, room 115 bed B, room 121 bed B, room 122 bed B, room 125 bed B, room 127 bed B, room 130 bed B, room 131 bed B, room 205 bed B, room 205 bed B, room 208 bed B, room 213 bed B, room 214 bed B, room 223 bed B, room 228 bed B, the shower room by the soiled utility room on the east side and the privacy curtain on the 3rd stall in the shower room by the eye wash station.	5/19/04

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 17 A discharge summary was completed by a facility staff nurse on 3/7/04 for resident CL1 and sent to the hospital with resident CL1. The nurse documented, "PT INR back 3/5 = extremelly (sic) [high] T.O. [telephone order] for 2.5 mg Vit K IM [and] re [check] INR Monday. 3/7. Resident noted [with] [increased] confusion....appearance pale, epitaxis (sic) noted part of AM." A review of resident CL1's emergency room records and subsequent hospital admission records were reviewed on 3/23/04. On 3/7/04, resident CL1's laboratory values in the emergency room were documented to be: PT 31 with INR 7.0. Resident CL1's diagnoses at that time included, acute lower GI (gastro-intestinal) bleed, anemia, over anticoagulation, sepsis and renal insufficiency. On 3/07/04 at 6:10 PM, CL1's emergency room nurse documented "Assisted [physician] with rectal exam. Guiac (sic) + [positive for blood]". On 3/07/04 at 6:25 PM, CL1's emergency room nurse further documented "Placed NG (nasogastric) tube to suction. Lavaged with 150 cc NS (normal saline). Faint pink tinge return". Resident CL1 was admitted to the hospital through the emergency room on 3/7/04 at 7:00 PM. Resident CL1's physician was to be the physician on call for resident CL1's primary care physician. The diagnoses for admission included but were not limited to acute lower GI bleed, anemia, and overanticoagulation. On 3/7/04, the on call physician documented in an admission note that resident CL1 was	F 329	**Address how the facility will identify other residents having the potential to be affected by the same deficient practice.** The Director of Plant Operations will complete an audit of all privacy curtains to ensure compliance to this deficiency. **Address what measures will be put into place or systemic changes made to ensure that deficient practice will not recur.** The Director of Plant Operations will complete an ongoing audit of all privacy curtains to ensure compliance on an ongoing basis. **Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.** The Director of Plant Operations will complete an ongoing audit of all privacy curtains to ensure compliance on an ongoing basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 18 overanticoagulated and had a lower GI bleed. The physician documented that resident CL1 had a lower GI bleed due to a questionable source, anemia and overanticoagulation. On 3/7/04 at 8:45 PM, the on call physician documented in resident CL1's physician orders, to transfuse resident CL1 with 4 units of frozen fresh plasma and 2 units of packed red blood cells. The physician also ordered to give vitamin K 10 mg IM and to notify him if resident CL1's blood pressure decreased or if resident CL1 had increased rectal bleeding. On 3/8/04, hospital staff documented that resident CL1 was administered 4 units of fresh frozen plasma and 2 units of packed red blood cells from 12:50 AM to 8:30 AM as per the physicians order. On 3/8/04 at 9:20 AM, resident CL1's primary care physician (the same physician that cared for the resident while at the long term care facility) documented in resident CL1's hospital record progress notes, that resident CL1 was alert and felt better but had some discomfort in her right upper extremity. The physician documented that resident CL1 had a right axillary hematoma and purpura. Some of the diagnoses that the physician listed for resident CL1's diagnoses were lower GI bleed, anemia, coagulopathy, fever unclear source, and hematoma. On 3/8/04 at 9:30 AM, resident CL1's primary care physician documented in the physician orders to administer vitamin K 10 mg IM to resident CL1 on 3/8/04. On 3/9/04 at 6:45 AM, resident CL1's primacy care physician documented in resident CL1's	F 329	**Indicate how often the monitoring will be done.** The Director of Plant Operations will monitor privacy curtains for compliance monthly during room compliance rounds. The Director will also monitor all new privacy curtains purchased to ensure ongoign complaince. **Indicate who will be responsible for the monitoring of the plan of correction.** The Director of Plan Operations will be responsible for monitoring the plan of correction for compliance. The Executive Director and Quality Assurance Committee will monitor for compliance on a monthly basis. **Indicate when the plan of correction was integrated into the facility's Quality Assurance system.** April 12, 2004 **Corrective Action will be completed.** May 19, 2004	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 19 hospital record progress notes that resident CL1 had anemia and lower GI bleed and had been stable for 3 days. On 3/10/04 at 8:305 AM, resident CL1's primary care physician documented in resident CL1's hospital record progress notes that resident CL1 was stable for return to the long term care facility. On 3/10/04, the resident's primary care physician documented on a "Patient Transfer/Assessment Form" that two of the primary diagnoses for resident CL1 were lower gastro-intestinal bleed and anemia. The form was to be sent with resident CL1 back to the long term care facility.	F 329		
F 460 SS=E	483.70(c)(1)(iv&v) PHYSICAL ENVIRONMENT Bedrooms must be designed or equipped to assure full visual privacy for each resident. In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility did not have resident rooms equipped to assure full visual privacy for each resident. There were 21 of 65 occupied resident rooms and 2 shower rooms that did not have privacy curtains which provided residents with full visual privacy. Findings include:	F 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 460	Continued From page 20 Room 104: The privacy curtain on bed B allowed approximately 4 ft. (feet) of visualization of the resident. Room 105: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. Room 106: The privacy curtain on bed B allowed approximately 1 foot of visualization of the resident. Room 109: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. Room 111: The privacy curtain on bed B allowed approximately 1 foot of visualization of the resident. Room 109: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. Room 114: The privacy curtain on bed B allowed approximately 4 ft. of visualization of the resident. Room 115: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. Room 121: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. Room 122: The privacy curtain on bed B allowed approximately 4 ft. of visualization of the resident. Room 125: The privacy curtain on bed B allowed approximately 4 ft. of visualization of the resident. Room 127: Unable to pull the privacy curtain on bed B past the curve due to a screw in the track. Room 130: The privacy curtain on bed B allowed	F 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 460	Continued From page 21 approximately 2 ft. of visualization of the resident. Room 131: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. Unable to pull the privacy curtain on bed A due to a screw in the track. Room 205: The privacy curtain on bed B allowed approximately 2 1/2 ft. of visualization of the resident. Room 205: The privacy curtain on bed B allowed approximately 1 1/2 ft. of visualization of the resident. Room 208: The privacy curtain on bed B allowed approximately 4 ft. of visualization of the resident. Room 213: The privacy curtain on bed B allowed approximately 2 1/2 ft. of visualization of the resident. Room 214: The privacy curtain on bed B allowed approximately 4 ft. of visualization of the resident. Room 223: The privacy curtain on bed B allowed approximately 1 1/2 ft. of visualization of the resident. Room 228: The privacy curtain on bed B allowed approximately 2 ft. of visualization of the resident. The privacy curtains allowed for visualization of the resident, in the shower room by the Soiled Utility room on the East side. The privacy curtain on the 3rd stall in the shower room by the Eye Wash Station, allowed approximately 1 1/2 ft. of visualization of the resident.	F 460		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465112	A. BUILDING _____ B. WING _____	3/24/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CTR OF BOUNTIFUL	460 WEST 2600 SOUTH BOUNTIFUL, UT 84010

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 460	Continued From page 22 On 3/22/04, a confidential resident interview was conducted. The resident stated that he / she would like more privacy in the shower room. The resident stated that the shower curtains were too short to go across the opening and did not ensure visual privacy.	F 460		