DEPARTMENT OF HEALTH AND HUMA CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 761345 AUG 0 9 20mm

PRINTED: 07/27/2006 FORM APPROVED

OMB NO. 0938-0391 (X3) DATE SURVEY (X2) Bureau of Health Facility Licensing, COMPLETED A. Berttitisetion and Resident Assessment B. WING 07/13/2006 STREET ADDRESS, CITY, STATE, ZIP CODE **460 WEST 2600 SOUTH BOUNTIFUL, UT 84010** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY)

NAME OF PROVIDER OR SUPPLIER

AND PLAN OF CORRECTION

(X4) ID

PRÉFIX

TAG

SS=B

LIFE CARE CENTER OF BOUNTIFUL

F 253 483.15(h)(2) HOUSEKEEPING/MAINTENANCE

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

IDENTIFICATION NUMBER:

465112

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

This REQUIREMENT is not met as evidenced

Based on observation it was determined that the facility did not have an effective maintenance system to ensure that the residents' environment was maintained in good repair, specifically for screens that did not fit windows, wall paper that was torn and missing in the main dining room, baseboards that needed paint in the main dining room, tile replacement on the threshold between the main dining room and kitchen and a large stain on the tiles in room 122.

Findings include:

- I. Eleven screens had bent frames and did not fit the windows properly.
- 2. The baseboards in the main dining room were scratched and scuffed and needed to be painted.
- 3. The threshold between the kitchen and main dining room door had missing linoleum tiles and needed to be replaced.
- 4. A large black stain covered multiple tiles in the door area of room 122.
- 5. 2 large (approximately 2 foot by 2 foot) areas of wallpaper were missing on either side of the kitchen door. Wallpaper seams were peeling back and hanging in the same area.

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or the conclusions set forth in the 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.

Please accept this Plan of Correction as our allegation of compliance

F253

STOOL DOON SON THE

HOUSEKEEPING/MAINTENANCE

27 Aug 06

Address how the corrective action will be accomplished for those Residents found to have been affected by the deficient practice.

It was determined that current Residents have the potential for being affected by this deficient practice. Residents benefitted from the corrections set forth:

- 1. Exterior screens were examined and the eleven badly damaged screens were repaired by 31 Jul 2006
- 2. The baseboards in the main dining room are being prepped/repaired for painting. Will be completed by August 18, 2006.
- 3. The threshold between the kitchen and main dining room has been temporarily fixed. A complete replacement and repair will be completed by August 18, 2006.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER

Dhenson, Exec Director 09 Aug 06

TITLE

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 HUM. SERVICES

STATEMENT	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465112				07/13	/2006
	ROVIDER OR SUPPLIER			4	EET ADDRESS, CITY, STATE, ZIP CODE 60 WEST 2600 SOUTH COUNTIFUL, UT 84010	1 3.7.10	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF	i	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 272 SS=E	ASSESSMENTS The facility must of a comprehensive, reproducible asset functional capacity. A facility must material assessment of a respecified by the Structure at least the Identification and Customary routing Cognitive patterns Communication; Vision; Mood and behavior Psychosocial well Physical functions Continence; Disease diagnost Dental and nutritic Skin conditions; Activity pursuit; Medications; Special treatment Discharge potent Documentation of the additional assessing Documentation of the Require of the Structure of the Structure of the Structure of the Structure of the Additional assessing Documentation of the Structure of the Struc	ke a comprehensive resident's needs, using the RAI tate. The assessment must e following: demographic information; e; s; or patterns; I-being; ing and structural problems; is and health conditions; onal status;			F 253 - continued 4. The tiles that have been staine replaced by August 18, 200 5. The two large areas by the kitt were repaired and repapered the survey visit; completed 2006. Address how the facility will in Residents having the potential affected by the same deficient. It was determined that current is the potential for being affected deficient practice. Residents be the corrections set forth. Address what measures will be place or systematic changes in ensure that the deficient practice. An Environment checklist has designed, and will be complete weekly by the Maintenance De Executive Director/designee. To rounds will include interior and common areas that will assure orderly and comfortable environments. What plan did the facility deensuring that correction is as sustained. Environment concerns will be the morning Stand-Up Meeting will be addressed and follow-up will be a	chen door d during the July 13, dentify other to be practice. tesidents have by this mefitted from the put into the will not been d at least partment and The weekly d exterior a sanitary, mment for the velop for chieved and discussed in g; each concern	

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(X3) DATE SURVEY

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE 00/(01/1001/101/	(X3) DATE SUF COMPLET	
		465112	B. WIN	1G		07/13	/2006
	ROVIDER OR SUPPLIER	JNTIFUL		46	EET ADDRESS, CITY, STATE, ZIP CODE 0 WEST 2600 SOUTH OUNTIFUL, UT 84010		
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F 272	comprehensive at Specifically 12 of have complete co (MDS) assessme 5, 6, 7, 8, 9, 11, 7 Findings Include: 1. Resident 1 was 3/1/06 with diagn dysphagias, osterinsomnia. Resident 1's med 7/10/06. Section V of the (MDS) was incorrect to the codes on the ADL (activities of Rehabilitation podid not include direferred to RAP, not include dates referred to RAP; not	ssessment of resident's needs. 21 sample residents did not imprehensive minimum data set ints. Resident identifier 1, 2, 4, 12, 16, 17. Is admitted to the facility on oses that included hemiplegia oarthritis, hypertension, and dical record was reviewed on dical record was reviewed on 13/10/06 initial Minimum Data Set inplete. The Resident tocols (RAPs) for 2. Cognitive B2A1, B41, C61 (which all refer the MDS), 4. Communication, 5. If daily living) Function/ stential, and 12. Nutritional status ates for therapy notes and 17. Psychotropic drug use did is for speech therapy notes and	F	272	Indicate how the facility plans to its performance to make sure that solutions are sustained. The Maintenance Checklist will be the QA Meeting agenda and will be therein monthly until threshold reaperson responsible will be the ED/and Environmental Services Direct Completion Date: August 27, 20 F272 - COMPREHENSIVE ASSESSMENTS Address how the corrective act be accomplished for those resificund to have been affected. Residents 1,2,5,9,16,4,7,12,8,6,1 had the "V" section of the MDS reviewed and documentation is a in the resident medical record. Resident 11 was discharged frofacility on 07/22/06. Address how the facility will is other residents having the pothe affected by the same deficient practice. Residents due for comprehensive Assessments are at risk of being	e added to e discussed sched. The Designee tor. 1006 tion will dents 17 have available available in the dentify ential to ent	27 Aug β6

DEPARTMENT OF HEALTH AND HUM. SERVICES

TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 272	Assessment Proto Loss see NN (nurs Psychosocial and documented, 4. C dates for therapy (C61 (which all refe Mood State, 9. Be Nutritional status, the notation refere documentation. 3. Resident 5 was 3/24/06 with diagrous vascular accident dysphagia and characteristics. Resident 5's med 7/11/06. Section V of the 6 (MDS) was income Assessment Proto Communication (nursing) assessing about communication assessment date	age 3 cols (RAPs) for 2. Cognitive se notes) SS (social services) notes, no dates were ommunication did not include notes and referred to C42, r to the codes on the MDS), 8 havioral Symptoms and 12. did not include dates as part of encing the RAP assessment admitted to the facility on noses that included cerebral, hypertension, depression, ronic hearing loss. Idial record was reviewed on (6/6/06 initial Minimum Data Set inplete. The Resident ocols (RAPs) for 4. India a reference to admit nsgment 5/27/06, no documentation ation skills was found in the de 5/27/06, 12. Nutritional status, ates as part of the notation	F:	272	Address what measures will be place or systematic changes in ensure that deficient practice recur. Residents that have MI assessments completed with se will be reviewed before final cotto ensure all sections, dates, and documentation location are don RAI requirements. Inservice to provided to Inter-disciplinary to members to review completions Summary and specifically date of RAP assessment documentate DON or designee to complete by August 27, 2006. What plan did the facility defining that correction is a and sustained? Random sele and "V" section page will be a MDS coordinator or designee before the MDS assessment is the resident's chart. Audits we monthly until compliance is in Indicate how the facility pla	will not OS ction "V" completion d ne as per o be eam of RAP es, location ation. inservice evelop for chieved cted MDS audited by monthly placed in ill continue naintained.	•
	Resident 9 was diagnoses major moderate-severe	AP assessment documentation. as admitted on 12/20/05 with depressive disorder, recurrent without psychotic feature in post traumatic stress disorder in			monitor its performance to that solutions are sustained. audits will be reviewed by the ED with corrective action tak required. DON/ED will over compliance through monthly Meetings, with this quality in being introduced at the QI me held August 18, 2006.	Results of e DON and en if see QI dicator	

PRINTED: 07/27/2006 DEPARTMENT OF HEALTH AND HUM, FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 465112 07/13/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **460 WEST 2600 SOUTH** LIFE CARE CENTER OF BOUNTIFUL **BOUNTIFUL, UT 84010** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 272 Continued From page 4 F 272 F 272 - continued partial remission. Indicate how often the monitoring will be done and who will be responsible Resident 9's medical record was reviewed on for monitoring the plan of correction. 7/10/06. This monitoring will be done monthly by the Director of Nursing, Executive Section V of the 12/29/05 Annual MDS was not Director, & MDS Coordinator until the completed. The Resident Assessment Protocols threshold for the quality indicator has (RAPs) for 8, Mood State and 15, Dental Care been met. This will also be addressed in did not include dates as part of the notation the OI meeting monthly until the referencing the RAP assessment documentation. threshold has been met. 5. Resident 11 was admitted on 7/15/03 with Indicate when the plan of correction diagnoses of atrial fibrillation, asthma, adjustment was integrated into the facility's disorder with depression and hypertension. quality assurance system. At our next QI meeting on August 18, Resident 11's medical record was reviewed on 2006 this will be integrated into our 7/10/06. quality assurance system and will continue to be addressed monthly until Section V of the 11/28/05 Annual MDS was not the Quality indicator threshold has been completed. The Resident Assessment Protocols met. (RAPS) for 2. Cognitive Loss 5, ADL Function, 6, Urinary Incontinance, 11, Fallls, 14, Dehydration, 16. Pressure Ulcers, and 17, Psychotropic Drugs did not include dates as part of the notation referencing the RAP assessment documentation 6. Resident 16 was admitted on 5/2/06 with diagnoses of congestive heart disease, diabetes, osteoarthritis, coronary artery disease, gout, hypothyroidism, total knee replacement times 3. Resident 16's medical record was reviewed on

Section V of the 11/28/05 Annual MDS was not completed. The Resident Assessment Protocols (RAPS) for 5, ADL Function, 12, Nutritional Status and 14, Dehydration did not include dates as part

7/12/06

CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB NO	0938-0391
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F 272	Continued From pof the notation reference	age 5 erencing the RAP assessment	F:	272			
	diagnoses that inconsteoporosis, eso bladder and anxio	s admitted in 3/15/02 with cluded multiple sclerosis (MS), phogeal reflux, neurogenic ous features related to MS. ical record was reviewed on					
	Set (MDS) was in Assessment Prot Loss, 4. Commun Behavioral Symp part of the notation assessment docu Communication of	11/14/05 annual Minimum Data accomplete. The Resident ocols (RAPs) for 2. Cognitive nication, 8. Mood State and 9. toms did not include dates as on referencing the RAP amentation. As well 4. did not reference assessment RAP, RAP SUMMARY."					
	diagnoses that in	as admitted 8/10/90 with cluded Anemia, colonic polyps, ptic ulcer, and macular					
	07/11/06. Section V of the	dical record was reviewed on 05/08/06 annual MDS was RAPs for 2. Cognitive Loss, 7.					

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F 272	Psychosocial Well-Behavioral Symptodid not include date referencing the RA 9. Resident 12 wadiagnoses that incurrence thromboembolus, Resident 12's med 07/12/06. Section V of the 00 was incomplete. 8. Mood State and include dates as puthe RAP assessmination of the RAP assessmination of the Aminimum Data Section V of the Aminimum Data Sect	age 6 -being, 8. Mood State, 9. oms and 12. Nutritional status es as part of the notation AP assessment documentation. as admitted in 7/14/04 with luded multiple sclerosis, and seizure disorder. Sical record was reviewed on 6/12/06 significant change MDS The RAPs for 2. Cognitive Loss, I 12. Nutritional Status did not eart of the notation referencing ent documentation. as admitted to the facility on gnoses that included tro esophageal reflux disease, ania, anemia and morbid fical record was reviewed on 6/28/06 significant change et (MDS) was not completed. Sessment Protocols (RAP) for 8. 12. Nutritional Status, were not date of the RAP assessment as admitted to the facility on noses that included multiple es, hypercholesterolemia,	F	272			

DEPARTMENT OF HEALTH AND HUM. CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING

PRINTED: 07/27/2006 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED B. WING 465112 07/13/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **460 WEST 2600 SOUTH** LIFE CARE CENTER OF BOUNTIFUL **BOUNTIFUL, UT 84010** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 272 F 272 Continued From page 7 esophagus reflux, dementia, constipation and herpes. Resident 6's medical record was reviewed on 7/11/06. Section V of the 4/06/06 significant change MDS was not completed. The RAP for 4. Communication, 6. Urinary Incontinence, 12. Nutritional Status, and 17. Psychotropic Drug Use were not marked as to the date of the RAP assessment documentation. 12. Resident 17 was admitted to the facility on 10/21/05 with diagnoses that included osteoarthritis, hypertension, sleep apnea,

dementia, hearing loss, hypercholesterolemia, congestive heart failure and constipation.

Resident 17's medical record was reviewed on 7/11/06.

Section V of the 11/01/05 significant change MDS was not completed. The RAP for 2. Cognitive Loss, 8. Mood State, 9. Behavioral Symptoms, 10. Activities, 15. Dental Care 16. Pressure Ulcers, and 17. Psychotropic Drug Use were not marked as to the date of the RAP assessment documentation.

DEPARTMENT OF HEALTH AND HUM SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	LE CONSTRUCTION	(X3) DATE S COMPLE	
			A. BUILDING B. WING		·	
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,,,,,,	ROVIDER OR SUPPLIER	NTIFUL	46	EET ADDRESS, CITY, STATE, ZIP CODE SO WEST 2600 SOUTH OUNTIFUL, UT 84010		
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F 279 SS=E	1	k)(1) COMPREHENSIVE	F 279	F 279 COMPREHENSIVE C PLANS	ARE	27 Aug 06
	to develop, review comprehensive plan for each residual plan for each plan muto be furnished to highest practicable psychosocial wellion sychosocial wellion psychosocial wellion psychoso	develop a comprehensive care dent that includes measurable etables to meet a resident's and mental and psychosocial entified in the comprehensive st describe the services that are attain or maintain the resident's e physical, mental, and being as required under services that would otherwise §483.25 but are not provided oft's exercise of rights under gothe right to refuse treatment		Address how the corrective as will be accomplished for those residents found to have been affected by the deficient prace Resident 1 Resident 1 has a care plan in hi under the care plan section, dat 06/05/06, stating "Alteration in comfort related to pain secondary osteoarthritis, hemiplegia, PU with applicable interventions. Resident 19 Resident 19 is no longer at the due to being discharged on 07/therefore we are unable to upd care plan. Resident 7 Care plans dated 7 /19/06 are in chart under the care plan sections stating, "Potential for powerle resident is accustomed to mak	tice. s chart ed ary to to heel", facility 06/06, ate his n her ton, ssness r/t	
	by: Based on medica was determined t the facility did not plans for each re needs identified t identifiers 1, 7, 16 Findings included 1. Resident 1 was 3/1/06 with diagn	Il record review and interview, it hat for 5 of 21 sample residents, to develop comprehensive care sident based on their individual by the facility staff. Resident 0, 17, 19.		decisions and setting own goal modified decision making abilinew situations" and "Alteration behaviors r/t dementia m/b resto cares and refuses meds at the Address how the facility will other residents having the p to be affected by the same depractice. Current residents at the facility the potential to be affected by practice.	ls m/b lity in on in sistance mes." l identify otential eficient y have	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE S COMPL	
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F 279	Continued From pa	age 9	F 279	F 279 - continued		1
	7/10/06. Resident 1 had red 2006, for Lortab (p (one to two tabs powhen necessary). Record (MAR) dod 2006 that resident Resident 1's quart (MDS), dated 6/5/J Health Condition daily) and b/2, interested to the condition daily and b/2, interested to the condition daily and b/2, interested to the condition daily) and b/2, interested to the condition daily and b/2	cal record was reviewed on certification orders, dated July pain medication) 5/500 1-2 PO er mouth) every 4 hours PRN (The Medication Administration cumented for June and July of a 1 took Lortab almost daily. Sterly Minimum Data Sheet 06, documented under section in, pain 2, a/2, frequency (pain ensity (moderate pain). The did not address resident 1's		Address what measures into place or systemic ch to ensure that deficient p not recur. MDS Coordinator or designed in the medical records staff will weekly audits of residents MDS assessments during assure that each resident's comprehensive care plant reviewed and revised whe applicable. What plan did the facilit for ensuring that correct achieved and sustained? MDS Coordinator or designed in the medical records staff will weekly audits of residents MDS assessments during	anges made oractice will gnee and perform s receiving the week, to s has been ere ty develop tion is gnee and perform s receiving	
	diagnoses that ind ascites, hepatitis, pulmonale and pulmo	admitted on 6/20/06 with cluded congestive heart failure, anemia, sleep apnea, corulmonary hypertension. dical rocord was reviewed on recertification orders, dated sycontin 40 mg. by mouth three am, 12 noon and 6 pm. The the medication as recorded on administration Record (MAR) ne 28. The resident was also ne HCL 7.5 1-2 tabs PO four ecessary and Percocet 7/325 1-2		assure that each resident's comprehensive care plan reviewed and revised who until threshold has been raill be done and who is for monitoring the POC. The weekly audits of resireceiving MDS assessme week, to assure that each comprehensive care plan reviewed and revised who until threshold has been a monitored weekly by the Coordinator, and the ED.	has been ere applicable met. monitoring responsible dents ents during the resident's has been ere applicable met, will be DON, MDS	

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(X3) DATE SURVEY

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F 279	every 4 hours as neceived those med MAR from June 28 Resident 19's sign 6/27/06, document Condition, pain 2. b/2, intensity (most plan did not address of the second of th	eccessary. The resident edications as recorded on the 3-June 30. Inificant change MDS, dated ted under section J Health a/2 frequency (pain daily and derate pain). The current care iss resident 19's pain. Is admitted on 8/10/90 with cluded Anemia, colonic polyps, otic ulcer, and macular Ical record was reviewed on usal MDS, dated 5/8/06, section V the following RAP (Resident ocol) problem areas: 2. In Visual Function, 5. ADL of Visual Function, 5. ADL or Incontinence and Indwelling chosocial Well-being, 8. Mood or Industrial Symptoms and 12. Nutritional occumentation indicated that care the conducted for each of the Incontinence and Industrial Symptoms and I		279	Indicate when the plan of corre was integrated into the facility's quality assurance system. At our next QI meeting on August 2006 this will be integrated into continue to be addressed monthly the Quality indicator threshold habeen met. Completion date: 27 Aug 2006	st 18, our l / until	
	found for 2. Cog	nitive Loss or 9. Behavioral					

CENTER	<u>IS FOR MEDICARE</u>	& MEDICAID SERVICES				ON GIVID	. 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE S COMPLI	
		465112	B. WI	NG .		07/1	3/2006
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F 279	07/12/06 at 8:35 A there was no care was unable to find	staff MDS nurse took place on M. The MDS nurse stated that plan for cognitive loss, as she it on the resident's chart. The no mention of the care plan for	F	27	79		
	6/1/06 and readmi which included, ch disease, congestive insufficiency, hypo- schizophrenia, hypo- respiratory distres	•					
	07/11/06. Resident 10's phy administration reciving Chl mg (milligrams) b	dical record was reviewed on sician orders and medication cord showed that resident 10 orpromazine hydrochloride 100 y mouth, twice a day, for hlorpromazine hydrochloride is drug.					
	6/8/06. Resident medications was No care plan was medical record for antipsychotic medical	s developed or found in the or use of resident 10's dication.					
	5. Resident 17 w	as admitted on 10/21/05 with					İ

Event ID: BGM011

PRINTED: 07/27/2006

FORM APPROVED

DEPARTMENT OF HEALTH AND HUM. SERVICES

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M			(X3) DATE SUF COMPLET	
		465112	B. WIN			07/13/	/2006
	ROVIDER OR SUPPLIER		. 1	46	EET ADDRESS, CITY, STATE, ZIP CODE 0 WEST 2600 SOUTH OUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 281 SS=E	hypertension, kidn congestive heart for Resident 17's med 07/11/06. Resident 17's phy June and July of 2 17 was receiving of (microgram per how 17/06. Resident 17's quat 4/17/06. Resident 17's quat	duded osteoarthritis, ey disorder, sleep apnea, and ailure. dical record was reviewed on sician orders and MAR, for 1006, documented that resident duragesic patch 25MCG/HR our) topically every 72 hours. Arterly MDS was completed on the 17's pain was not triggered. Arterly MDS was completed on the pain of the pain was not triggered. Arterly MDS was completed on the pain serviews and interview, it was the facility did not meet dards of quality. Specifically for esidents documentation of pain son for administration of the pain the results. Resident identifier 1,	F	279	F281 COMPREHENSIVE CARE PL Address how the corrective acti accomplished for those Residen have been affected by the defici practice. Due to our corporate and state gu we are unable to go back and cord documentation errors after 48 hot elapsed. Therefore, the MAR's f 1,2,4,6,8,11,16, and 17 are unable adjusted to reflect the reason for administration of the pain medica the results of that medication.	ion will be its found to ent idelines, rect urs have for residents e to be	27 Aug 06
	Findings include:						!

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		E CONSTRUCTION	COMPLET	
		465112	B. WIN	1G		07/13	/2006
	ROVIDER OR SUPPLIER	NTIFUL		46	EET ADDRESS, CITY, STATE, ZIP CODE 50 WEST 2600 SOUTH OUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ΙX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 281	1. Resident 1 was 3/1/06 with diagnodysphagias, osteorinsomnia. Resident 1's medic 7/10/06. Resident 1 had received for Lortab (processed). The Medication And documented resided during June 2006 notes documented medication was good July 1 to July 11, with only 1 documented resident and in the medication was good 2. Resident 2 was 10/16/05 with diagnostic hypertension, arth vascular accident Resident 2's med 7/10/06. Resident 2 had received for Lortab (one tab per mouneeded).	age 13 s admitted to the facility on ses that included hemiplegia arthritis, hypertension, and cal record was reviewed on certification orders, dated July pain medication) 5/500 1-2 PO er mouth) every 4 hours PRN dministration Record (MAR) lent 1 received Lortab 36 times 6, the MAR nurses's medication d only 14 times as to why the iven and what the results were. 2006 Lortab was given 9 times inentation as to why the iven and what the result was. It is admitted to the facility on gnoses that included diabetes, nortis, dementia, cerebral to the facility on gnoses that included diabetes, and depression. Itical record was reviewed on ecertification orders, dated July (pain medication) 7.5/500 1 PO outh) every 4 hours PRN (as		281	Address how the facility will ide other Residents having the pote affected by the same deficient processed by the same deficient practice. Address what measures will be place or systematic changes may ensure that the deficient practice of the place of systematic changes may ensure that the deficient practice of the pain medications, reason for the admit the pain medication and the result addition, the LPNs and RNs will instructed in the importance of a monitoring of this documentation shift end. What plan did the facility devensuring that correction is act sustained. The DON or designee will perform a process of the point of the process of	put into the to be put into the to put into the to ce will not ed by SDC, 2006 to the of pain inistration of lts. In l be lishift on prior to elop for hieved and orm weekly are en quarterly met. Any	
	8 times during N	May 2006, the MAR nurses's solutions documented only 1 time as to					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		LE CONSTRUCTION	COMPLET	
		465112	B. WI	1G		07/13	/2006
	ROVIDER OR SUPPLIER	NTIFUL	•	46	EET ADDRESS, CITY, STATE, ZIP CODE 0 WEST 2600 SOUTH DUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 281	results were. Duri	age 14 n was given and what the ng June 2006, Lortab was n only 2 documentation's as to	F	281	F 281 - continued Indicate how the facility plans its performance to make sure t solutions are sustained.		
	why the medication results were.	n was given and what the			Nursing Medical Practices Commonitor compliance via quality is until threshold is met. The Execution DON and Medical Records Directoresponsible for assuring that solusustained.	ndicator Director, ctor are	
	diagnoses of atria	admitted on 7/15/03 with I fibrillation, asthma, adjustment ession and hypertension.			Date of completion: 27 th Aug	2006	
<u> </u>	The resident's me 7/10/03.	dical record was reviewed on					
	by mouth three tir administered on J Only two out of 14	AR indicated that Lortab 5/500 1 nes daily as necessary was luly 1, 2, 3 4, 8, 9, 10 and 11. I times described why the iven and it's effectiveness					
	diagnoses of con osteoarthritis, cor	admitted on 5/2/06 with gestive heart failure, diabetes, onary artery disease, gout, nd total knee replacement times					
	The resident's me 7/12/06.	edical record was reviewed on					
	was to receive O by mouth four time	AR indicated that the resident xycodone HCL 5/325 mg, 2 tabs nes daily, may take 2 doses for in as necessary and was					

	MENT OF HEALTH	·				FORM	0. 07/27/2006 1 APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465112	B. WI	NG		07/	13/2006
	ROVIDER OR SUPPLIER	NTICIII	STREET ADDRESS, CITY, STATE, ZIP C 460 WEST 2600 SOUTH			***	
LIFE CAI	RE CENTER OF BOO	NIIFOL			BOUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	FIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOTO CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 281	Continued From page	age 15	F	28	31		i
	times. Documenta	uly 1-July 11, a total of 15 ation for reasons given and edication was noted only 3					
	diagnoses that incosteoporosis, esop	s admitted on 3/15/02 with luded multiple sclerosis (MS), phogeal reflux, neurogenic us features related to MS.					
	Resident 4's medi 07/10/06.	cal record was reviewed on					
	to receive Roxinal hours PRN (as ne was noted on the 03, 04, 05, 08, and	indicated that the resident was 0.25 ml (milliters) every 4 eded) for pain. The medication MAR as being given on 07/02, d 07/09/06. Only the 07/03/06 cumentation of the reason the iven, and results.					
	was to receive Lo (by mouth) four til anxious features. the MAR as being 07/09/06. No doc	also indicated that the resident razepam 0.5 mg (milligrams) pomes daily PRN (as needed) for The medication was noted on given on 07/02, 04, 08, and cumentation of the reason for tion or results of the medication					
	diagnoses that in disease, small bo	dmitted on 10/20/05 with cluded gastric esophageal reflux wel obstruction, depression, a and morbid obesity.					

PRINTED: 07/27/2006

PRINTED: 07/27/2006 DEPARTMENT OF HEALTH AND HUMA FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 465112 07/13/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **460 WEST 2600 SOUTH** LIFE CARE CENTER OF BOUNTIFUL **BOUNTIFUL, UT 84010** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ΙĎ (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 281 Continued From page 16 F 281 Resident 8's medical record was reviewed on 07/10/06. Resident 8's MAR indicated that the resident was to receive Lortab 5 mg (milligrams) every 4-6 hours PRN (as needed) for pain. The medication was noted on the MAR as being given on 07/01. 02, 03, 04, 05, 08, 09, and 07/10/06. Only the 07/01, 05, and 07/09/06 doses included documentation of the reason the medication was given, and results. Resident 6 was admitted on 12/6/02 with diagnoses that included multiple sclerosis, diabetes, dementia, and herpes. Resident 6's medical record was reviewed on 07/10/06 Resident 6's MAR indicated that the resident was to receive Lortab 750 mg (milligrams) 1-2 4 times daily PRN (as needed) for pain. The medication was noted on the MAR as being given on 07/03, 10, and 07/11/06. The 07/03/06 dose included documentation of the reason the medication was given, and results.

Resident 6's MAR also indicated that the resident was to receive Ultracet 37.5 mg (milligrams) 3 times daily PRN (as needed) for pain. The medication was noted on the MAR as being given on 07/05, and 07/11/06. The documentation of the reason the medication was given, and results

could not be located on the MAR.

Resident 17 was admitted on 10/21/05 with diagnoses that included osteoarthritis,

PRINTED: 07/27/2006 DEPARTMENT OF HEALTH AND HUM, FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 465112 07/13/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **460 WEST 2600 SOUTH** LIFE CARE CENTER OF BOUNTIFUL **BOUNTIFUL, UT 84010** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) 1D (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 281 F 281 Continued From page 17 hypertension, kidney disorder, sleep apnea, and congestive heart failure. Resident 17's medical record was reviewed on 07/10/06. Resident 17's MAR indicated that the resident was to receive Percocet 325 mg (milligrams) 4-6 hours PRN (as needed) for pain. The medication was noted on the MAR as being given on 06/17, 19, 20, 25 and 06/29/06. Only the 06/17, and 6/25/06 dose included documentation of the reason the medication was given, and results. Reference: Lippincott, Seventh Edition, Textbook of Basic Nursing, Caroline Bunker Rosdahl. Chapter 63, Pg. 749, Administration Of Medications. "An important part of medication administration is documentation or charting...Proper documentation communicates to other members of the healthcare team which medications you administered and when. If a medication is PRN or a first-time administration, your documentation will further relay the medication's effect".

	MENT OF HEALTH	AND HUM. SERVICES & MEDICAID SERVICES				FORM A	07/27/2006 APPROVED 0938-0391
STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465112	B. WI	NG		07/13	3/2006
NAME OF PI	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
LIFE CAF	RE CENTER OF BOU	NTIFUL		46	60 WEST 2600 SOUTH COUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309 SS=D	483.25 QUALITY C	DF CARE	F	309	F309 – QUALITY OF CARE		27 Aug 06
	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.				Address how the corrective actions be accomplished for those reside found to have been affected by the deficient practice. Resident 5 Resident received pneumovax on 12, 2006 per documentation on M.	nts he July AR.	
	by: Based on medical was determined the necessary care maintain the higher being for 3 of 21 states physician orders were sident immunizated work was not com 6, 17. Findings include: 1. Resident 5 was 3/24/06 with diagrous vascular accident, dysphagia and children.	-			Residents received PPD tuberculing on July 12, 2006 with results (Negbeing read on July 15, 2006. Resident 6 Resident 6 had a lipid panel drawn 07/11/06 with results in the chart of 07/12/06. Resident 17 Resident 17 was offered a TB/PPI on 7/12/06 three different times. It refused this each time it was offer stating, "you just came to bother in Provided information regarding Provided Information Resident Provided Information Reside	on o	
ĺ	Resident 5's medi	cal record was reviewed on			1		

Resident 5's admission telephone orders

and record results in 72 hours. May have

pneumovax if not received in last 5 years.

There was no documentation in resident 5's

documented, "May have TB/PPD (Tuberculin skin

test), upon admit and annually thereafter, read

7/11/06.

practice.

Address how the facility will identify other residents having the potential to

be affected by the same deficient

affected by this practice.

Residents admitted to the facility and

current residents have the potential to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					LE CONSTRUCTION	COMPLETED	
		465112	B. WIN	IG		07/1	3/2006
	ROVIDER OR SUPPLIER	NTIFUL		46	EET ADDRESS, CITY, STATE, ZIP CODE 0 WEST 2600 SOUTH DUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	Continued From pa	age 19	F	309	F 309 - continued		
	medical record that a TB/PPD skin test was given or read or that the resident had the pneumovax in the past 5 years. In an interview with the Director of Nursing, on 7/12/06 at 1:30 PM, she said she had talked to the nurses and the resident had not had a PPD skin test and they do not know about the pneumovax, whether the resident had it or not.				Address what measures will be into place or systemic changes ensure that deficient practice werecur. Upon admission to the facility, the admitting licensed nurse will conchecklist verifying the admit ord been carried out to completion. DON or designee will audit new charts within 48 hours of admiss the facility to assure physician of have been followed and carried DON or designee will randomly orders and results weekly to assure	made to vill not ne nplete a ers have The admit ion to rders out. The audit lab	
	2. Resident 6 was admitted to the facility on 12/6/02 with diagnoses that included multiple sclerosis, diabetes, hypercholesterolemia, esophagus reflux, dementia, constipation and herpes. Resident 6's medical record was reviewed on 7/10/06. Resident 6 had a physician's order for Lab test to be drawn in June, the tests requested were, lipid panel and CMP (comprehensive metabolic panel). The lipid panel was not in resident 6's medical record. The Assistant Health Services Director (AHSD) was interviewed on 7/10/06 at 4:10 PM. The ASHD stated that the lipid panel was not drawn and that she would contact the doctor today. 3. Resident 17 was admitted on 10/21/05 with				physician's orders have been fol Provide inservice to licensed nu regarding TB screening and foll physician's orders by August 27. Indicate how the facility plans monitor its performance to m that solutions are sustained. The DON or designee will audi admit charts within 48 hours of admission to the facility to assu compliance. The DON or designed audit randomly lab orders and a weekly to assure compliance. results will be addressed month the QI committee.	llowed. rses owing 7, 2006. s to ake sure t new are gnee will results The audit	

PRINTED: 07/27/2006 DEPARTMENT OF HEALTH AND HUM. FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 465112 07/13/2006 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **460 WEST 2600 SOUTH** LIFE CARE CENTER OF BOUNTIFUL **BOUNTIFUL, UT 84010** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) 1D (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 F 309 F 309 continued Continued From page 20 hypertension, kidney disorder, sleep apnea, and Indicate how the facility plans to congestive heart failure. monitor its performance to make sure that solutions are sustained. Resident 17's medical record was reviewed on The DON or designee will audit new 7/11/06. admit charts within 48 hours of admission to the facility to assure Resident 17 had a physician's order dated compliance. The DON or designee will 11/11/05 to have a TB/PPD (Tuberculin skin test) audit randomly lab orders and results on admission, annually thereafter. The TB/PPD weekly to assure compliance. The audit results were not in resident 17's medical record. results will be addressed monthly with the QI committee. The Assistant Health Services Director (AHSD) was interviewed on 7/12/06 at 3:15 PM. The Indicate how often the monitoring will ASHD stated that she could not find be done. documentation that the TB/PPD had been given The DON or designee will audit new as ordered. admit charts within 48 hours of admission to the facility to assure F 514 compliance. The DON or designee will 483.75(I)(1) CLINICAL RECORDS audit randomly lab orders and results SS=D The facility must maintain clinical records on each weekly to assure compliance. resident in accordance with accepted professional Indicate who will be responsible for standards and practices that are complete; the monitoring of the plan of accurately documented; readily accessible; and correction and when the plan of systematically organized. correction was integrated into the facility's quality assurance system.

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

and progress notes.

by:

The clinical record must contain sufficient

services provided; the results of any

resident's assessments; the plan of care and

information to identify the resident; a record of the

preadmission screening conducted by the State;

This REQUIREMENT is not met as evidenced

Based on medical record review and interview, it was determined that the facility did not maintain

The DON and the ED are responsible for

monitoring the plan of correction. The

audit results will be addressed monthly

meeting beginning August 18, 2006.

with the QI committee at the monthly QI

STATEMENT OF DEFICIENCIES (SIND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		465112	B. WIN	IG		07/13	/2006
	ROVIDER OR SUPPLIER	NTIFUL		46	EET ADDRESS, CITY, STATE, ZIP CODE 50 WEST 2600 SOUTH OUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 514	accurate medical residents. Specific missing a lab result for 2 resident were Resident identifier. Findings include: 1. Resident 2 was 10/16/05 with diag hypertension, arth vascular accident. Resident 2's medi 7/10/06. Resident 2 had re 2006, that docum follows; Novalog subcutar 0-200 0 units 201-300 4 units 301-400 8 units 351-400 14 units Over 400, call MI On 7/12/06 at 10 Director of Nursir sliding scale for I DON stated "the with the physician 1. Resident 8 was 10/20/05 with dial hypertension, ga	ecords for 3 of 21 sample cally the medical record was it for one resident and orders it transcribed incorrectly. S. 2, 8, 11. Is admitted to the facility on inoses that included diabetes, ritis, dementia, cerebral, and depression. Ical record was reviewed on ecertification orders, dated July ent Sliding scale insulin as the medical record was reviewed on the conflict of the same of the conflict in the ang (DON) the conflict in the order should have been clarified		514	Address how the corrective actio accomplished for those residents have been affected by the deficient Resident 2—has a clarification or 07/12/06 stating, "Sliding Scale Not insulin for Blood sugar 0-200 = 201-300 = 4 units 301-350 = 8 units 351-400 = 14 units over 400 = Call MD" Resident 8—has a clarification or 07/10/06 stating, "Pepcid 20 mg P Prilosec OTC 20 mg PO every mo GERD, Gastric Ulcers." Resident 6—has a clarification or 07/12/06 stating, "2.0 kcal supple 120 mL TID between meals, chart consumed." Resident 11—was discharged from 7/22/06. Address how the facility will ide residents having the potential to by the same deficient practice. Current residents have the potential affected by this practice.	n will be found to nt practice. der dated ovalog of units der dated O BID, and rning for dx: der dated ment give on the facility other be affected	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		465112	B. WIN	1G _		07/13	/2006	
	RE CENTER OF BOL		. 1.	٠	REET ADDRESS, CITY, STATE, ZIP COD 460 WEST 2600 SOUTH BOUNTIFUL, UT 84010			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEEDED BY FULL	ID PREF TAG	IX	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 514	Continued From p	age 22	F	514	4 F 514 - continued			
	It was documented (medication admiresident was to be the counter) 20 m mouth every more. An order for Prilocurrent physician 8. On 7/11/06 at 4:1 Nursing (ADON) found an order for dated 6/26/06. The was the current of physician's order contact the doctor of the physician verto be continued. 2. Resident 6 was 12/6/02 with diag sclerosis, diabet herpes. On 7/10/06 a review of the physician was documented the documented was documented was documented.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 besity. On 7/10/06 a review of resident 8's medical ecord was completed. It was documented in resident 8's MAR medication administration record) that the esident was to be administered Prilosec otc (over he counter) 20 mg (milligrams) P.O. Q AM (per mouth every morning). An order for Prilosec could not be found on the current physicians order dated 7/6/06 for resident 3. On 7/11/06 at 4:15 PM the Assistant Director of Nursing (ADON) was interviewed. The ADON found an order for Prilosec on a physician's order dated 6/26/06. The ADON was asked which order was the current order and she stated the physician's order dated 7/6/06 and that she would contact the doctor to clarify the order for Prilosec. The physician verified the order for Prilosec was to be continued. 2. Resident 6 was admitted to the facility on 12/6/02 with diagnosis that include multiple sclerosis, diabetes, dementia, constipation, and			Address what measures will be or systemic changes made to endeficient practice will not reculinservice on August 15, 2006 to educating on read back and verification or early and orders and orders that appear to contradictory and regarding properties or month physician order rand MAR double checking, also importance of following physicial ordered. DON and Staff Coord responsible for this inservice. What plan did the facility devensuring that correction is act sustained? Medical records staff and or the designee will perform monthly of recertification of physician of MAR's until threshold for the Creached. Indicate how the facility plan performance to make sure the sustained. Medical records staff and or the designee will perform monthly of recertification of physician of MAR's until threshold for the creached. The audit results will monthly in the QI meeting.	licensed nurses by telephone be per procedures ecertifications regarding an orders as inator elop for nieved and DON or random audits rders and OI has been e DON or random audits rders and OI has been		

	TMENT OF HEALTH	I AND HUM. SERVICES				FORM /	07/27/2006 APPROVED 0938-0391	
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SU COMPLE	SURVEY	
	<u> </u>	465112	B. WIN	1G _		07/13	3/2006	
	ROVIDER OR SUPPLIER RE CENTER OF BOUI SUMMARY STA	TEMENT OF DEFICIENCIES	ID	46	REET ADDRESS, CITY, STATE, ZIP CODE 60 WEST 2600 SOUTH BOUNTIFUL, UT 84010 PROVIDER'S PLAN OF CORRECT			
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 514	It was also docume 6 has received 2.0 29 times since 07/0 A review of the phy reveled the order w supplement 90 ml t meals. On 7/11/06 at 4:15 interviewed. The Alfor 90 ml and she withe order. Resident 11 was ac diagnoses of atrial disorder with depre. A lab for Protime (Pphysician monthly, on resident 11's means.)	ented on the MAR that resident K cal supplement, at 120 ml, 21/06. sicians order dated 07/07/06 as written for 20 K cal three times daily between PM the ADON was DON stated that the order was would call the doctor to clarify dmitted on 7/15/03 with fibrillation, asthma, adjustment assion and hypertension. PT) was ordered by the May's results were not found edical record. The DON on 7/12/006 at 3 PM ocated the lab results on	F	514	Indicate how the monitoring will The results of the audits of the phy recertifications and MAR's done be records staff and or the DON or de be presented at the monthly QI med the threshold for the QI has been re Indicate who will be responsible monitoring of the plan of correct The Executive director and the director and the director and the director and the plan of correct integrated into the facility's qual assurance system and when the caction will be completed. The plan of correction will be integour quality assurance system at the to be held on August 18, 2006 with completion date being August 27, 22 Completion date: 27 Aug 2006	sician order y medical signee will eting until eached. for the ion. ector of rrection. tion was ity corrective grated into QI meeting the plan's		

DEPARTMENT OF HEALTH AND HUM. SERVICES