

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

PRINTED: 01/16/2008
FORM APPROVED
OMB NO. 0938-0391

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|--|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465112 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 11/08/2007 |
| NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF BOUNTIFUL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 460 WEST 2600 SOUTH BOUNTIFUL, UT 84010 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 241 SS=D | <p>483.15(a) DIGNITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility did not promote care for residents in a manner that enhances each resident's dignity. Specifically, not answering call lights in a timely manner. Resident identifiers: Resident 1, 2, and 3.</p> <p>Findings include:</p> <p>On 11/7/07 at 08:51 AM, resident 1's call light was observed to be turned on. Resident 1's call light was answered by a facility CNA at 9:00 AM, 9 minutes later.</p> <p>On 11/8/07 resident 1 was interviewed regarding satisfaction of his call light being answered. Resident 1 stated, "It takes quite a while, sometimes 2 hours."</p> <p>On 11/8/07 resident 2 was interviewed regarding satisfaction of her call light being answered. Resident 2 stated, "Sometimes I wait 15 minutes, It's not improved, Its been discussed at the monthly meeting. It all depends if they're busy or not."</p> <p>On 11/8/07 resident 3 was interviewed regarding satisfaction of her call light being answered. Resident 3 stated, "Sometimes it takes an hour to receive assistance to the bathroom and receiving</p> | F 241 | | 11/30/07 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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| F 241 | <p>Continued From page 1 medications."</p> <p>On 11/7/07, Room 221's call light was observed to be turned on at 3:12 PM. At 3:19 PM, the call light was answered by facility staff. The response time was 7 minutes.</p> <p>On 11/7/07, Room 214's call light was observed to be turned on at 3:12 PM. At 3:21 PM, the call light was answered by facility staff. The response time was 9 minutes.</p> <p>On 11/8/07 the facility resident counsel meeting minutes were reviewed for the past several months. The minutes indicate that timeliness of call lights being answered had improved, the meeting minutes also indicated that timeliness of call lights was still an ongoing concern for residents.</p> <p>On 11/8/07 the facility call light audits, revealed that there has been an improvement in timeliness of call lights being answered, some of the call light responses were lengthy. Call light response times for July, August, September, and October, occasionally were 7-10 minutes.</p> | F 241 | | | |