

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

PRINTED: 07/12/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2006
NAME OF PROVIDER OR SUPPLIER LOGAN REGIONAL HOSPITAL TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 NORTH 500 EAST LOGAN, UT 84341	
(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 253 SS=B	<p>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: A recertification survey was conducted on 7/5/06.</p> <p>Based on observation it was determined that the facility did not have an effective maintenance system to ensure the resident's environment was maintained in good repair. Specifically, reclining chairs in resident's rooms were observed to have tears in the vinyl surface making it difficult to completely sanitize the chairs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Room 325 - noted tears in the vinyl on the right and left arm rests as well as tears across the top of the recliner chair. Room 322 - noted tears in the vinyl on the right arm rest below the wooden strip of the arm rest of the recliner chair. Additionally, noted two straight back chairs in room 322 which had roughen areas on the right and left legs of the chair just below the seat cushion. Room 321 - noted recliner chair to have two slits in the seat cushion. One of the slits was approximately 12" in length and the second slit approximately 6" in length. There were also multiple small tears in the vinyl on top of the headrest. Room 318 - noted the right and left arm rests 	F 253 <i>8/3/06 Poc acceptable in memorandum completion date 9/20/06 UBusombwe RN</i>	<p>We will replace all of the chairs in TCU by purchasing 3 new chairs every month starting in August. All chairs will be replaced by December, 2006</p> <p>This will be monitored by TCU manager.</p> <p>Utah Department of Health EV JUL 18 2006 7-18-06 Bureau of Health Facility Licensing, Certification and Resident Assessment</p> <p><i>8/3/06 - added with permission in telephone conversation - monitoring rounds are monthly QA committee will meet to discuss Poc. All 4 chairs identified in deficiency will be replaced by completion date of 9/20/06 UBusombwe RN</i></p>

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

TITLE

(X6) DATE

Neil C. Pugh

TCU Administrator

7-18-06

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 253	Continued From page 1 of the recliner chair had tears in the vinyl. 5. Room 317 - noted the right arm rest and the left corner of the upper area of the recliner chair had tears in the vinyl.	F 253		