

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 5/5/04
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NAME OF PROVIDER OR SUPPLIER  MIDTOWN MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 125 SOUTH 900 WEST SALT LAKE CITY, UT 84104
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 224 483.13(c)(1)(i) STAFF TREATMENT OF RESIDENTS

F 224

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

(Use F224 for deficiencies concerning mistreatment, neglect or misappropriation of resident property.)

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility did not implement their plan of care for resident's with aggressive behaviors, resulting in a situation of neglect. Specifically, two residents with aggressive behaviors were left alone on a patio and resident 1 sustained a serious injury from an altercation with resident 2.

Findings Include:

Resident 1 was admitted to the facility on 3/26/04, with diagnoses which included dementia, Alzheimers type.

Resident 1 had a care plan, dated 4/8/04, which addressed "Physical Aggression." The documented goal was, "[Resident 1] will refrain from any abusive behavior upon redirection from staff as each episode occurs. [Resident 1] will not inflict injury on any resident or staff member thur (sic) next review." The approaches documented included, "...Coordinate care to help [resident 1] maintain control of his behavior...Do not physically subdue [resident 1] unless absolutely unavoidable. Remove [resident 1] from the anxiety-provoking situation whenever possible..."

*Handwritten notes:*  
AB  
5/1/04  
Approved  
6/30/04

The facility has modified the Policy and Procedures which addresses abuse and neglect. An emergency meeting of the Quality Assurance Committee was held to approve these policy and procedure modifications and to implement them. This Policy and Procedure will be reviewed on an ongoing basis at each quarterly Quality Assurance Committee Meeting and updated as necessary to meet the needs of the residents. A copy is attached.

06-30-04

In-services were held by the Administrator, Director of Nursing, and Social Service Director on 04-23-04, 04-30-04, and 05-07-04 to train the staff on the updated Policy and Procedures regarding residents with Aggressive Behaviors.

Resident # 1 is no longer a resident and has expired.

Resident # 2 has been reassessed and a new behavior management program has been developed along with a new plan of care.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John A. Cappadone</i>	TITLE <i>Director</i>	(X6) DATE 5-27-04
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 224	Continued From page 1  Resident 1 had another care plan, dated 4/8/04, which addressed "Wandering." The documented goal was, "[Resident 1] will respond to staff direction to redirect his attention from a potentially problematic situation when any difficult behavior occur, thur (sic) next review." The approaches documented included "...Monitor [resident 1's] whereabouts so his safety is not compromised."  On 4/16/04 at 2:30 PM, a facility nurse documented the following, "pt. found on NSU (nursing secured unit) patio floor - nose bleed noted...assisted to stand [and] sit in w/c. (wheelchair) - had altercation [with]:another, res. (resident) - pushed the other res. to floor [and] they hit each other [and] ended up on the ground able to stop nose bleed [with] gauze - pt (patient) will not open his eyes - abrasion noted above [right] ear - pt (patient) will not answer yes/no or nod re. (regarding) pain/dizziness...."  The emergency room physician diagnosed resident 1 with the following diagnosis, cerebral contusion due to a fall and a subarachnoid bleed due to a fall. The physician documented that resident 1's prognosis was "Poor".  Resident 2 was admitted to the facility on 8/7/01, with diagnoses which included traumatic brain injury and chronic severe deficits with aggressive behaviors.  Resident 2 had a care plan, last revised on 8/10/02 and last reviewed on 2/12/04, which addressed "Physical Aggression." The documented goal was, "[resident 2] will [decrease] physical aggression as evident by having [zero] episodes of physical aggression on a daily basis thur [sic] next review." The	F 224	To alleviate and/or minimize the possibility of this reoccurring with other residents all behavioral plans will be re-evaluated, re-assessed and updated.  Any resident displaying an aggressive behavior will be evaluated and assessed to determine if a behavior plan needs to be initiated and/or revised. Residents that are admitted with a history of aggressive behavior will have a behavior plan in place before general access within the facility is allowed.  In-services will be held with staff members on the implementation of the plan of care for aggressive behaviors. Each staff member will be trained on how to address the resident under their care. New staff will be in-service as part of the hiring process. In-services will be held once each week for one month, then monthly for one quarter, then quarterly there after. These in-services will be accomplished by the Director of Nursing and Social Service Director. The Director of Nursing will be responsible that this training is accomplished per the schedule noted above.  06-30-04

## CENTERS FOR MEDICARE &amp; MEDICAL SERVICES

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  485124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 5/5/04
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F 224	<p>Continued From page 2</p> <p>approaches documented included, "...Provide calm consistent environment...Assist [resident 2] in avoiding residents or situations that may incite outburst/behavior..."</p> <p>On 4/16/04 at 2:15 PM, a facility nurse documented the following, "Pt (patient) involved in an altercation [with] another resident - noted to have dirt on back of shirt - fell down- no apparent injury or any c/o (complaint of) pain..."</p> <p>The facility "Incident Reports" were reviewed on 5/5/04.</p> <p>An "Incident Report" concerning resident 1 was completed on 4/16/04 at 2:15 PM. A facility nurse documented the following, "...Nurse summoned to NSU (nursing secured unit) patio along [with] SSD (social service director), found resident laying on rt (right) side [with] eyes closed [and] [with] nose bleeding...LOC (level of consciousness) [decreased] will not stand when he usually can, will not answer any questions...Resident transported to [local hospital] for further evaluation..."</p> <p>An "Incident Report" concerning resident 2 was completed on 4/16/04 at 2:15 PM. A facility nurse documented the following, "...Pt (patient) involved in an altercation [with] another res (resident) - noted to have dirt on back of his shirt from patio floor- no apparent injury or c/o (complaint of) pain...Pt (patient) counseled not to hit anyone..."</p> <p>There were 7 additional "Incident Reports" involving resident 2 and physical altercations with facility residents. The "Incident Reports" were dated 10/27/03, 11/1/03, 2/10/04, 2/16/04, 2/20/04, 4/7/04 and 4/8/04. The physical altercations on 4/7/04 and 4/8/04 included</p>	F 224	<p>The Quality Assurance Committee will review the ongoing training and compliance along with any proposed improvements not less than quarterly.</p> <p>This plan of correction will be monitored by the Administrator to insure compliance by reviewing with the Quality Assurance Committee that this Plan of Correction is being followed and reviewing the training schedule and attendance.</p>

TN@LB 5-26-04

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

PRINTED: 5/17/04  
FORM APPROVE  
OMB NO. 0938-039

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402126  
MAY 2 2004

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>John R. Cappadonna</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5-25-04</i>
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