

COMPLAINT
NUMBER. 6547

P. 03

AUG-16-2002 04:13 PM S.O.F.C.

0014795253

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 7/16/20
FORM APPROVE
2567

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 7/10/2002
NAME OF PROVIDER OR SUPPLIER SOUTH OGDEN REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SOUTH WASATCH DRIVE OGDEN, UT 84403		
(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) COMPLETE DATE
F 323 SS=0	<p>483.25(h)(1) QUALITY OF CARE</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a medical record review, resident interviews, and observations, it was determined the facility did not ensure that the residents' environment was free of accident hazards. Specifically, one resident fell outside into a sunken area of grass which staff identified as an old fish pond. (Resident 1) In addition, the facility had not repaired ripped floor coverings that could cause residents to fall. The facility did not have a door that locked to one of the rooms on the special needs unit which the residents could have access to paint and various tools.</p> <p>Findings include:</p> <p>1. Sunken area in the grass:</p> <p>The facility smoking area was observed on 7/9/02 at 2:30 PM. There was a large sunken area in the grass that measured approximately 20 foot (ft) by 8 ft. The hole was approximately 2 ft deep. The facility had no out door lights which would illuminate the smoking area or the sunken area at night. The nearest light was approximately 50 feet away and was located outside of the fenced area.</p> <p>A confidential interview with a resident was held on 7/10/02 at approximately 2:30 PM. The resident stated that there was no light out by the smoking area. The residents depend on the street light outside of the fenced area to see the smoking area at night.</p> <p>Resident 1 was admitted to the facility on 3/10/95 with diagnoses of diabetes, hyperglycemia, manic</p>	F 323	<p><u>F323 Quality Of Care</u></p> <p><u>Resident affected by deficient practice</u> 1. Resident 1 was treated for pain within the facility. No other residents or staff were affected by this practice. 2.No specific resident was identified. 3.No specific resident was identified.</p> <p><u>Residents with the potential to be affected</u> 1-3.All residents have the potential to be affected.</p> <p><u>Measures to Prevent Reoccurrence</u> 1.Maintenance has put up a construction fence around the sunken area to make residents and staff aware of the area on 7/19/02. A light was placed near the area on 7/31/02 to help with illumination. 2.The facility's beauty shop's linoleum was replaced on 8/6/02 with new carpet and tiles. The carpet in the facility's dining room corridor was repaired on 7/15/02. The carpet in the 100 hall corridor was replaced on 8/10/02. The carpet in the entrance of the 300 hall corridor will be replaced by 9/8/02. 3.The contents that were placed in the Suite in the special needs unit were removed on 7/11/02.</p> <p><u>Monitoring corrective action</u> Administration (Any department head member) will conduct a walk through of and around the facility at least once a day, to verify that the facility is in quality, functioning order. This will be documented starting 8/16/02. This walk through will ensure that the residents' environment is free of accident hazards.</p>	

ACCEPTED
8/19/02
Sharon Jones

9/8/02
8/19/02
9:40
AMEND TO ALL TO CARES

WILL REVIEW IN QA MEETING

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [Signature] TITLE Administrator (X6) DATE 8-15-02

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is 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 323	<p>Continued From page 1 depression and gastric upset.</p> <p>Resident 1 was interviewed on 7/10/02 at 2:40 PM. Resident 1 stated she had fallen into the hole during the winter time and had cracked some of her ribs. She further stated that she knew of one other resident who fell and one employee who fell into the hole.</p> <p>A review of resident 1's medical record was done on 7/9/02.</p> <p>A quarterly Minimum Data Set (MDS) assessment was completed by facility staff on 10/11/01 and annual MDS dated 6/18/02 documented that resident 1 was moderately cognitively impaired. The facility staff assessed resident 1 as being able to walk in the corridor and room independently and needed supervision when out of the facility.</p> <p>A nurse's note dated 10/2/01 at 9:15 PM stated "Res [resident] came in from 9:00 PM smoke and stated that she fell into a large hole in the grass onto her front side. 0 [zero] injuries. Res c/o [complains] b [bilateral] leg pain. Able to bear weight and walk OK. Lortab given.</p> <p>A nurse's note dated 10/3/01 stated "...complains of rt [right] hip pain..."</p> <p>A nurse's note dated 10/4/02 stated "a couple small bruises on R [right] upper arm and other apparent adverse effects from fall."</p> <p>An nurse's note dated 10/11/01 stated "IDT [interdisciplinary team] held. Resident has had one fall but smoking."</p> <p>A nurse's note dated 10/17/02 at 2:00 PM stated "the</p>	F 323		
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F 323	<p>Continued From page 2 physician) was in the facility and the resident complained of rib pain. New order written for rib belt for rib spleen."</p> <p>A facility staff nurse was interviewed on 7/9/02 at 12:45 PM. During that time she was asked to identify residents who were alert and oriented. She had identified resident 1 as a alert and oriented.</p> <p>The facility's Direct of Nursing (DON) was interviewed at approximately 3:30 PM. She was asked to obtain all incident reports regarding resident 1 from October 2001 to the current date. A review of the incident reports documented that there was no incident report for resident 1's fall that had occurred on 10/2/02.</p> <p>2. Other ripped floor coverings:</p> <p>The following observations were made on 7/10/02 between 12:00 PM through 3:30 PM.</p> <p>The facility's beauty shop was observed to have approximately 4 ft by 6 ft area in the linoleum that was cracked and wrinkled.</p> <p>The corridor to the facility's dining room was observed to have an area of carpet approximately 12 inch by 12 inch that was cut out and loose.</p> <p>The 100 hall corridor was observed to have and area of carpet approximately 14 inch by 14 inch that was cut out and loose.</p> <p>The entrance into the 300 hall corridor was observed to have a 4 ft by 4 ft split in the carpet. The edge of carpet was observe to be lifting away from the floor. Several areas along the split the carpet was threadbare.</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>The 300 hall corridor was observed to have two areas in the carpet that were threadbare that measured approximately 6 inches by 1 foot .</p> <p>3. The unlocked room in the special needs unit (SNU):</p> <p>The isolation room (IS02) in the special needs unit was observed to be under major renovation and had a door that did not lock. A can of paint and various tools such as a saw and a hammer were observed to be in the unlocked room.</p>	F 323		
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