HEALTH CARE FINANCING ADMINISTRATION JAN SERVICES

FORM APPROVED

AND	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPL	ER/CLIA	(Y2) MI	TIDLE CONSTRU		2 67	
	THE ST CORRECTION	IDENTIFICATION N	JMBER:	A. BUIL	LTIPLE CONSTRUCTION	(X3) DATE	SURVEY	
		4680 50		B. WINC		COMPL	ETED	
NAM	E OF PROVIDER OR SUPPLIE	465069				1/13/0	<u>, </u>	
MTO	GDEN NURSING & REH	IARII ITATION	STREET AL	DRESS, CITY,	STATE, ZIP CODE	1,15,0		
		MAILMANDA	OGDEN.	Г 5350 SOUT UT 84405	'H			
(X4)!	D SUMMARY ST	ATEMENT OF DEFICIENCIE		1 04403				
PREF	X (EACH DEFICIENCY	MUST BE PRECEPDED BY	/ ET 11 1	ID	PRO VIDER'S PLAN OF CORE	ECTION	7	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	ATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S	/E ACTION SHOULD BE COI		
F 000) ·				CROSS-REFERENCED TO THE AIDEFICIENCY	PROPRIATE	DATE	
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	Memo			ļ	Poc accepted	^		
	INITIAL COMMEN	TS			3-9-00 bes	571	:	
		plaint survey was comp				4	:	
	: 410 (actiffy off 10/27/	99. The allegations wa			Poc accepted 3-9-00 by a hast completion do	le 5-24-0	<i>i</i> 2 <i>i</i> 3	
	and two) deficiencies wara unit	- T.		1			
	1 - 207 was written at	2 SCORE and severing las	al aciri					
	and rag 1 -5 14 Was Wi	Iffen at a scope and car					1	
	resident.	stituted actual harm to	one					
	resident.					; 		
	On 11-18/99, the facil	lity submitted a CAC al	lasi				I	
	rati compilance on 12	.27.99. The following	ta the					
	combiguit 201450 91 1	U. 2 99 was performed						
	simultaneously with th	1€ annual recertification	survey					
	$r_{1,2,00}$ curonal [13] 0	 On 1.13.00 it was: 				:		
	F-314 that was clear	cility had failed to corre	ect tag	1				
	survey and had not fol	during the 10/27,99 con lowed their plan of con	nplaint					
	y and that hot to	lowed their plan of con	rection.	į				
	Specific information o	n deficient practices an	d how	f				
	me plan of correction	Was not followed are to	catad				1	
	" " " " are repeat citing	10ftag F-314 The ren	221	:				
	derictency was cited at	A scope and severing la	عہ امی	į				
	'G' which constituted a identified	ctual harm to the reside	nts					
F 157			ļ	i				
S=G	483.10(b)(11) Required	ment	j	F 157		:		
	NOTIFICATION OF F A facility must immedi	OUHIS AND SERVIC	CES	Λ İ		1		
	consult with the resider	IIS physician and if be		610				
	notify the resident's legal representative or an interested family member when there is an acciding involving the resident, which results in injury and				2 271 147 9	67		
						1		
					MR = b			
	me potential for requiring physician intercention				142 - 6 03-03-200	H7 :		
	significant change in the resident's physical, ment or psychosocial status (i.e., a deterioration in hea mental, or psychosocial status in either life threatening conditions or clinical complications);				<i>U3</i>	j		
		a cinical complication	is); a	İ				
			!	!		İ	1 }	

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an esterisk (*) 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.

STATEMENT OF DEFICIENCIES (X1) PRO VIDER/ SUPPLIER/ CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SUR VE A. BUILDING COMPLETED B. WING 465069 NAME OF PROVIDER OR SUPPLIER 1/13/00 STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL ID PREFIX (k3) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 157 Continued From page 1 F 157 F157 need to alter treatment significantly (i.e., a need to 1) Resident 43's physician will be discontinue an existing form of treatment due to notified of the resident's stage 2 adverse consequences, or to commence a new form pressure sore to the coccyx. The of treatment); or a decision to transfer or discharge the resident from the facility as specified in nurse will obtain an order to treat W483.12(a), the stage 2 pressure sore to the coccyx. The facility must also promptly notify the resident and, if known, the resident's legal representative or 2) On February 10, 2000 the interested family member when there is a change in room or roommate assignment as specified in Director of Nursing will conduct W483.15(e)(2): or a change in resident rights under an inservice for our Nurses. Federal or State law or regulations as specified in This inservice will include proper paragraph (b)(1) of this section. assessment of residents, following physician orders, and notifying The facility must record and periodically update the address and phone number of the resident's legal the physician within one hour of representative or interested family member. any significant changes in the residents condition. This This Requirement is not met as evidenced by: notification will be noted in the Based on observation, interview and review of a nurses notes, and on the 24 medical record, it was determined that for 1 of the 15 sample focus, the facility did not immediately inform hour report. or consult with the resident's physician when there was a significant change in the resident's physical 3) The Attending Nurse, or status with a need to alter treatment significantly. member of the Nurse Manage-Resident identifier: 43. ment team will notify the physician of any significant Findings include: change to the resident within Resident 43 was a 45 year old male who was admitted one hour. If known, will also to the facility on 5.23 97 with the diagnoses of attempt to notify the residents multiple sclerosis, unspecified protein-calorie legal representative within 12 malnutrition, chronic obstructive pulmonary disease, hours. This information will paralytic syndrome, and cauda equise syndrome with be noted in the nursing notes, neurogenic bladder. as well as the 24 hour report. Resident 43 was found to have a stage 2 pressure sore The Assistant Director of

FORM APP

STATEMENT OF DEFICIENCIES X 1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SUR VE A. BUILDING COMPLETED B. WING_ 465069 NAME OF PROVIDER OR SUPPLIER 1/13/00 STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** SUMMARY STATEMENT OF DEFICIENCIES (X4) (D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (K5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 157 Continued From page 3 F 157 Nursing will review this report daily to ensure that this is different days the pressure sore was observed (1/4/00 being done properly. at 2:15PM, 1/5.00 at approximately 10:10 AM, She will sign and date the 1/12/00 at 2:00 PM and 1-13/00 at approximately 3:30 PM), the pressure sore to the coccyx of resident bottom of the report to indicate 43 had a dressing on it only one day (1/5/00). The that follow through is being pressure sore was not observed to have protective completed. The Director of cream on it during any of the four days of observation. Nursing will review the 24 hour reports on a weekly basis to On 1/3/00, a facility nurse had documented on the weekly skin monitoring sheets that resident 43 had a ensure compliance. stage 1 red pressure area to his coccyx which measured 1.4 cm. 4) Medical Records will also be given a copy of the 24 hour On 1.4.00, the registered nurse surveyor and a facility report. Weekly, She will audit registered nurse performed a skin check of resident 43. Resident 43 was found to have a stage 2 pressure each chart which has been sore on his coccyx which measured approximately .25 identified as having a significant cm by .25 cm. The 300 hall nurse, who had change to see that the physician documented the presence of the red pressure area the orders have been signed and returned. day before, was asked if she was aware that the This will be done until a 95% pressure sore had progressed and was now open at a success has been achieved. At this stage 2. The 300 hall nurse replied that she was not aware that the wound was a stage 2 and stated that she time, this audit will be reduced to would "take care of it." once a month On 1/5/00, the registered nurse surveyor checked the 5) The Director of Nursing and chart of resident 43. The nurse's notes, dated 1/4/00, Administrator will be responsible documented "Pt. (patient) has DQ (decubitus ulcer/pressure sore) $1/4~\mathrm{X}$ (by) 1/4 in circumference to ensure compliance. Dr. (resident's physician) Notified - See Orders -Duoderm applied - tx (treatment) to chg (change) q (every) 3rd day until resolved." Upon review of the medical record of resident 43 on 1/5,00, the surveyor observed that there were no orders from the physician regarding the pressure sore. However, within the 300 hall treatment book on a

AND PLA	TATEMENT OF DEFICIENCIES (X1) PRO AND PLAN OF CORRECTION IDEN		ER/ CLIA JMBER:	A. BUILDE	TPLE CONSTRUCTION	(X3) DATE COMP	2)67- E SUR VEY PLETED
		465069		B. WING		. [
NAME O	F PROVIDER OR SUPPLI		STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	1/13/	00
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F 157	Continued From page	ge 2		F 157			
	the stage 2 pressure	.00. The facility was no sore to the coccyx of red by the registered nurse	sident 43				
	the stage 2 pressure until 1/13/00, nine d Facility staff did not 2 pressure sore to th 1/13/00, nine days a physician was not m pressure sore until 1	notify resident 43's physore to the coccyx of reays after they became a obtain an order to treat e coccyx of resident 43 fter they became aware ade aware of resident 4, 12,00 when the register to discuss the resident.	sident 43 ware of it. the stage until of it. The				
	During a telephone interview with the physician of resident 43 (also the facility's medical director) on 1/12/00 at 2:00 PM, the physician was asked if he was aware that resident 43 had a stage 2 pressure ulcer on his coccyx. The physician stated that he was "not aware", that he "had not been told" of the pressure sore to the coccyx of resident 43. When the physician was asked if her had ordered anything to treat the pressure sore, the physician stated, "no". The physician was informed that a nurse's note in the chart of resident 43 stated that he had been notified on 1/4/00 and orders for duoderm had been received. The physician stated that possibly the nurse had notified his office. The RN surveyor asked if his office would have given orders to treat the pressure sore. The physician stated, "no".						
	From the first observation of the pressure sore by the RN surveyor on 1/4.00 to the last observation performed prior to exit on 1/13.00, the stage 2 pressure sore had increased in size from .25 cm (centimeter) by .25 cm to 1 cm by .5 cm. Of the four						

AND PLAT	NO CORRECTION	(X1) PRO VIDER: SUPPL	IER/CLIA	[32) \ 277	TINI 8 0		2	567
14.0	ND PLAN OF CORRECTION IAME OF PROVIDER OR SUPPLIE	I DENTIFICATION N	UMBER:	A. BUILDI	TIPLE CONSTRUCTION	(X3) DAT	E SUR VE	7
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		IABILITATION	OGDEN.	Г 5350 SOUTH UT 84405	Ī			
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F 157	Continued From pag				DEFICIENCY		1	
				F 157				
page designated solely for resident 43. was written "1-4-00 Duoderm chg (cha 3rd day and PRN (as necessary) until respectively.		ly for resident 43, the f	ollowing	!			i	
		Duoderm cha (change)	a (august)				!	
	area identified for the	is treatment was about	ed." The					
	area identified for this treatment was		cyx.	}			İ	
	During the mini exit	on 1/5/00, the Director	of Nurses					
	(DON) and the Admi	inistrator were notified	that a					
	physician's order for the treatment of the							
,	pressure sore to the coccyx of resident 4 found in the resident's chart.		uld not be				}	
	tound in the resident's chart.						:	
	On 1/12/00, another s	skin check was perform	ed on					
	resident 45 with a fac	ility nurse. It was obse	med that	į				
	the 25 cm by 25 cm	ore had increased in siz	e, from				:	
	The stage 2 pressure	on 1 4 00, to 1 cm by sore was not covered by	25 cm.	1			:	
;	uressing nor did it have	ve any protection cream	On it				į	
	Out is injust, another s	Kin check of resident at	3'0					
	coccyx was performed	I with a facility aide. To	was					
	from L cm by 25 cm.	e 2 pressure sore had in on 1 12 00, to 1 cm by .	icreased,	:				
	appeared to be branch	on 1-12-00, to 1cm by . ling off in two additions	o and	!				
	The pressure sore was	again observed withou	t a	!			:	
	dressing or protective	cream.		;				
	During interview with	45-300 L U					i	
	approximately 3:00 P	the 300 hall nurse on 1 M. she was asked if she	/12/00 at					
	resident 43 scheduled	for a dressing that day.	nad The					
	nurse replied that she i	did not because there w	ere no					
	orgers to treat the pres	sure sore. The nurse of	ated that				1	
	and was doing to coura	ICI the resident's physici	an and				·	
	get orders for the press	sure sore.	ļ	Ì				
	Review of the medical	record of resident 43 o	n :					
;	1/13/00 revealed that t	here continued to be no	orders					
τ	o treat the stage 2 pres	sure sore to his enceys	The	İ				
Į	DON was made aware	that there continued to	he no					

SIMILEME	INT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ED/CLIA	1			2 50
AND PLA	NOF CORRECTION	IDENTIFICATION NU	IMBED		LTIPLE CONSTRUCTION	(X3) DATE	SURVEY
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	——————————————————————————————————————	ABILITATION	OGDEN,	' 5350 SOUT UT 84405	Н		
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F 157					DEFICIENCY)		T``
r (3/	Continued From pag	e 5		F 157	F-241		
	Ordans to Sandal						
	DON confirmed the	ssure sore on resident	43. The				
	treat the current stage	she, too, could not find	orders to				:
	in the the current stage	2 pressure sore.			1) On February 10, 2000) an in	
	The pressure sore ha	d increased in size for	- 26				3·2H-
	The pressure sore had increased in size fr by .25 cm on 1/4/00 to 1 cm by .5 cm on 1				service will be given to t		
	without the facility notifying the resid		3/00 hygiolog		and Certified Nursing A		
F 241			nysician.		by the Director of Nursi		
SS=E				F 241	placement of the call ligh	,	1
	The facility must promote care for residents		!		answering them with a fi	irst contact	
	The facility must promote care for residents in manner and in an				should be done within a		
	environment that main	ntains or enhances eacl	;		time not exceeding 5 min	•	
	resident's dignity and	respect in full recognit	ion of	2	8		
	his or her individualit	ty.			2) The Director of Staff	Davelon	
			:	1			
	This Requirement is t	not met as evidenced by	r:		ment will monitor the po		
	Based on a confident	ial group interview, co	nfidential	j	and answering of the cal		:
	resident interviews, a	contidential family inn	erview		by conducting a random		
	an interview with the (Ombudsman, and obser	vations		which will be done no le		
	it was determined that	call lights were not ans	swered in	!	twice a week. This audi	t tool will	
	a timely fashion.		:		detail room numbers, da	tes, and	
	Findings include:				times. She will also sign		
	· mamgs merade.				of this form. A percentage		
	1. In a confidential of	roup meeting held 01/0) ((OO		compliance will also be o		
	10:45 AM, 10 of 11 re	esidents reported that c	14/UU, at		at the bottom of each sur		
	were not answered in a	timely manner. Resid	ente		will be done for a period	-	
	stated: "They come wi	hen they want to " "Sor	netimes				
	wait about an hour," "I	f I do need assistance	it's	į	month. At the end of tha		
	wait about an hour." "If I do need assistance, it's anywhere from 45 minutes to an hour." "Ten or 15				of time, if the success rat	•	
	minutes because we have no help," and, "I have to				is reached, this survey w		
	wait about 1/2 hour. I think they don't have enough				conducted no less than o		
	help."				month. Results of this m	onitoring	
	7 In a confidencial and a second				will be reported to the Q		
	2. In a confidential resident interview held 01/04, at 9:40 AM, the resident stated, "I can't reach my confident stated at 9:40 AM, the resident stated at 9:4				mittee, as well as Resident's		
	at 7.70 Aivi, the resider	nt stated, "I can't reach	stated, "I can't reach my call Council				

AND PLA	NOF CORRECTION	(X1) PROVIDER/ SUPPLI IDENTIFICATION NU	ER/CLIA JMBER:	(X2) MUI A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE S	
		465069		B. WING		ľ	
	F PROVIDER OR SUPPLIE DEN NURSING & REH	R	1	5350 SOUT	STATE, ZIP CODE H	1/13/00	2
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	full	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE EAPPROPRIATE	(K5) COMPL DATE
F 241	light. I have waited up to 4 hours. I call and it usually takes about an hour." In another confidential resident interview held 01/04/00, at 1:45 PM, the resident stated, "It takes an hour to an hour and one half to answer call lights. Sometimes they have someone else to take care of." 3. During a confidential family interview on 01/5/00, the family member stated that he had "quit using the call light" to get help for his loved one. The family member stated that "sometimes it can take up to 3 or 4 hours to get help, and by that time, she's been lying in that soiled diaper for hours. They just don't have enough help." The family member stated that lately he had been going to the nurses station to get help for his loved one.			F 241	3) In addition, a family see conducted by the receive each month. She will surthan 9 family members a Information from the surdeal with how we are reto call lights. 4) A Resident Survey will conducted by Social Servill survey no less than 9 each month. Again, quefrom the survey will deal response time to call light Written results from both surveys will be presented QA meeting.	entry will eptionist rvey no less month. rvey will sponding Ill also be vices. She P Residents stions with tts. h of these	
	4. On 1/4 00 at 11:00 AM, during a confidential interview with a resident's family, the family member reported, "There is never enough staff, but I guess that's the same everywhere". The family member reported observing an episode where the resident's roommate called for assistance to the bathroom. The roommate waited 30 minutes before the call light was answered. The family member stated, "It's a real emergency (when a resident needs assist to toilet)". The family member said, "They (residents) have to wear diapers, so they (the staff) say it's okay, but people don't want to do that (use the briefs instead of the toilet)." 5. In an interview with the Ombudsman held on 01/12/00, held at 9:00 AM, the surveyor was given a note from a personal planner page for November 2, 1999. The note stated, "Spoke with her about cares."				5) The Director of Staff ment, and Administrator responsible to ensure cor	will be	

DEPARTMENT OF HEALTH AND MAN SERVICES HEALTH CARE FINANCING ADMINISTRATION FORM APP STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 465069 1/13/00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 241 Continued From page 7 F 241 Her issue was insufficient staff to toilet her. Said when she rings bell there is usually 15 - 20 minute wait. Sometimes has accidents, Sunday and Monday of this week. Says she wears disposable briefs to help if she doesn't get to the toilet in time. Said staff is always busy. Just need more help." 6. On 1/5/00 at 8:35 AM, a surveyor observed the call light to room 302 for 6 minutes before it was answered. While the call light was on, 3 aides and 2 other staff members were observed in the hallway. Two aides were observed, at different times, to walk past room 302 without acknowledging the call light. 7. On 01/11/00 the call light for room 302 was activated from 11:37 AM to 11:45 AM. This was a time span of eight minutes. 8. Resident 37 stated, "Often after meals I don't feel good and need to lie down. All the aides are often in the dining room. Sometimes I feel they are ignoring me. I have to wait 20 minutes to an hour." 9. Resident 37 had her call light between the sheets of her bed that had been made up for the day. This resident has restricted range of motion and could not reach the call light. 10. In the resident council minutes of July 1999, it

F 252 SS=E

483.15(h)(1) Requirement

ENVIRONMENT

often."

The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to

states, "Lights are slow to be answered." In the minutes for April, it states, "Call lights in reach more

F 252

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVE AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 465069 1/13/00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** (X4) (D SUMMARY STATEMENT OF DEFICIENCIES ID PRO VIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 252 Continued From page 8 F-252 F 252 use his or her personal belongings to the extent possible. 1) The Maintenance Supervisor This Requirement is not-met as evidenced by: will repair torn or unglued seams Based on observations made 01/05/00, from 9:15 AM at the threshold to the bathrooms through 3:00 PM, it was determined that the facility in the residents rooms 100, 101. had not provided residents with a safe and clean 103, 105, 203, 209, 211, 302, 307, environment in 14 of 40 resident bathrooms. Rooms 308, 310, 312, 313, and 316. 100, 101, 103, 105, 203, 209, 211, 302, 307, 308, 310, 312, 313, 316. Other rooms were dirty or in In room 202, he will repair the need of repair. (Rooms 102, 107, 202, 206, 210, 212, plaster above the rubber glove 317, 400, 503, 506, and 507). holder. In room 212, he will replace the missing bolt cover on Findings include: the base of the toilet. In room 503, he will replace the plaster on the 1. Fourteen of 40 bathrooms had a common problem. The seams at the threshold to the bathroom wall dividing the toilet and the were torn or unglued. They stuck up into the air and shower. In room 506, he will presented a potential hazard for a resident to stumble repair a chest of drawers which on them. has it's handles missing, and hook the drapes. In room 507, he will 2. Other rooms were dirty or in need of repair. Room 102 had debris in the corner of the room and a repair the missing floor cover at buildup of dirt at the metal strip that covered the the threshold to the bathroom. threshold seam. Room 107 had two pieces of urinal deodorant bar melting on the floor behind the toilet. 2) The Housekeeping Supervisor Room 202 had plaster smears about one foot square will clean resident rooms 102, 107, above the rubber glove holder. It needed sanding and paint. Room 206, at the toilet base, there was a brown 206, 210, 317, and 400. stain vertical from the top of the toilet base to the bottom. Room 210 had two tissues behind the toilet 3) On February 10, 2000 the Houseon the floor. Room 212 was missing a bolt cover on keeping Supervisor will conduct an the base of the toilet presenting a hazard. Room 317 inservice for the housekeepers. She had a rubber glove on the floor and dirt particles on the tub floor. Room 400 had a water spill on the floor will educate them in the proper way under the sink and holes in the East wall. Room 503 to clean a residents room. She will had plaster off the wall dividing the toilet and shower. present the housekeepers with a Room 506 had a chest of drawers with handles cleaning room checklist.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVI A. BUILDING . COMPLETED B. WING 465069 NAME OF PROVIDER OR SUPPLIER 1/13/00 STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH OGDEN, UT 84405 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 252 Continued From page 9 F 252 4) The Housekeeping Supervisor, and/or Maintenance Supervisor missing. The drapes were unhooked, and a recliner had dirty arms with mats of dried food, spots and will monitor, by way of written debris on it. There was a rust color buildup in the audit tool. This audit will check corner of the room. Room 507 had the floor cover for cleanliness, as well as items missing at the threshold to the bathroom. which need to be repaired. F 254 483.15(h)(3) Requirement Items which need to be repaired F 254 SS=E **ENVIRONMENT** will be corrected by Maintenance. The facility must provide a clean bed and bath linens This audit will detail dates, and that are in good condition. times, as well as signed by the This Requirement is not met as evidenced by: person conducting the survey. Based on observation, a confidential group interview, Rooms found to be unsatisfactorily and a family interview, it was determined the facility cleaned, will be cleaned by the did not provide clean bed linens that were in good Housekeeping supervisor. This condition. audit will be completed weekly for a period of one month, Findings include: consisting of one wing per week. 1. On 01/04/00 at 10:45 AM, a confidential group At that time, the audit will be meeting was held. In this meeting, it was reported by done no less than once a month. 6 of 11 residents that bed linens do not get changed on Results of this audit will be the days of their bath schedule. Facility policy is to reported at the QA meeting. change linens on the days residents bathe and as needed. 5) The Housekeeping Supervisor 2. On 01/3/00 at 1:15 PM, a family member stated and the Administrator will be that the resident's bed linens don't get changed. The responsible to ensure compliance. family member lifted a quilted pad that she had placed on the bed to cover a 5 inch diameter brown stain near the center of the bedspread. A 3 inch diameter brown stain was observed to be near the foot of the bedspread. On 01 5,99, at 8:23 AM, the same markings were observed to be on the bedspread and pad on the resident's bed. On 01/6/00 at 9:00 AM, the same bedspread and pad were observed to be on the resident's bed.

(X3) DATE SURVE

STATEMENT OF DEFICIENCIES (X1) PRO VIDER/ SUPPLIER/ CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 465069 1/13/00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 254 Continued From page 10 F 254 F- 254 3. On 01/5/00 at 8:50 AM, resident 50's bedspread was observed to be stained. The bedding was pulled 1) On February 10, 2000, the back to reveal dark brown crumbs on the bottom sheet 3-2H-00 Director of Nursing will conduct and a brown smear on the quilted pad in the bed. an inservice for the Certified Nursing Assistants. She will 4. On 01/05/00 at 11:50 AM, both residents 44 and 45 were observed to have large stains on their bed educate the C.N.A.'s to change spreads. residents bedding on their bath 5. The bed linens of resident 53 were observed days, or if it is dirty. 01 4:00 and 01:5 00. The sheets had 15 or more dried brownish colored streaks on them during both days. 2) The Assistant Director of F 312 483.25(a)(3) Requirement F 312 SS=E Nursing will conduct a weekly QUALITY OF CARE A resident who is unable to carry out activities of written audit, to determine daily living receives the necessary services to the cleanliness of the Resident's maintain good nutrition, grooming, and personal and linen. This audit will be random, oral hygiene. and include no less than 12 rooms. This audit will be dated, as well This Requirement is not met as evidenced by: Based on observation, a confidential group interview, as indicate the time which it was completed. The ADON will review of the aides flow sheets for the month of December 1999, and review of the aides flow sheets also sign the bottom of the audit for 6 of 18 sample residents, it was determined that tool. Findings of this survey will the facility failed to carry out the bath schedules for be reported at the bottom of the residents and failed to provide necessary services for form by way of %. When the eating and "cares every shift". Residents: 4, 10, 29, goal of 95% has been reached, 43, 53, 66 and 71. this audit will be completed no Findings include: less than one time per month. Results of this audit will be 1. In a confidential group meeting held 01/04/00, at shared each month with the OA 10:45 AM, 6 of 11 residents reported that they didn't committee. receive a bath when it was scheduled. 2. A review of 27 aide flow sheets, at random, for

AND PLAN	NI OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER SUPPLI	ER/CLIA	(X2) MI	JLTIPLE CONSTRUCTION	(X3) DATE SURVE	2 67
		IDENTIFICATION NU	MBER:	A. BUIL	.DING ^	. COMPLETED	Ξ ή
		465069		B. WIN	G		
NAME O	F PROVIDER OR SUPPLIE		STREET AN	DRESS CITY		1/13/00	.
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			OGDEN, I	UT 84405	tn.		
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIE	ς .	j	200		
PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY	FILL	ID PREFIX	PRO VIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	CTION	(X5) MILET
TAG F 312		SC IDENTIFYING INFORMA	TION)	TAG	CROSS-REFERENCED TO THE APP DEFICIENCY)	'ROPRIATE	MPLET
1 312	Communications page 11			F 312	3) The Housekeeping Supervill audit the condition of	ervisor	
the month of December 1999, where th			h schadula		1		
	and the recording of baths appear, bath				residents bedding weekly, of a written audit tool. Th	by way	
	were missed as tollow	ws: -			will detail the date, and tim		
	a. Missed 3 to 5 til b. Missed 6 to 8 til	mes = 3 residents			the audit, and signed by the	le or	
	c. Missed 9 or mor	re times = 9 residents			Housekeeping Supervisor.	Teaha	
		, stantes y residents			bedding is in poor conditio	ii the	
	Only 3 of 27 were ba	athed on schedule.			she will immediately replace	II,	
	3 Parian - Cal				Bedding that is in poor con	dition	
	residents where the h	es flow sheets for 4 sam	ple		will be discarded by the lau		
	of baths appear, bath	oath schedule and the re schedules were missed	cording		staff, and new bedding will		
	follows:		4.5		ordered by the Housekeepi		
	n Darid III II		į		Supervisor to replace it. A	,	
	coccy during this time	Stage II skin breakdow	n on her		inservice by the Housekeep		
	(CT) on Thursdays.	ne, was to have a whirlp Resident 4 missed one b	ool bath		Supervisor will be held on	5	
	each of September, O	ctober, and November	1999		February 10, 2000 for all o	fthe	
	Missing of one bath n	neant this resident went	without		laundry staff to educate the		
	a bath for two weeks.		1		on this process. Totals of c		
	b. Resident 10 with a	a Stage II skin breakdov	en on Ein II		pliance will be calculated at		
	coccyx during this tim	ie, was to have a "CT e	vii on nis Verv dav i		bottom of this audit tool. V		
	until healed before tre	atment". Resident 10-	missed 5		a success rate of 95% has b	i i	
	of 12 from January 1-	12, 2000; missed at leas	t 16 in		achieved this audit will ther	ı be	
:	missed 9 in October 1	sed 3 in November, 199	9;		completed no less than once		
:	1999: missed 12 in Au	1999; missed 7 in Septe igust, 1999; and missed	mber,		month. The results of this a	udit	
	11 in July, 1999. Bath	igust, 1999, and missed is were missed I to 6 da	at least		will be shared with the QA		
11 in July, 1999. Baths were missed 1 to 6 days in a row.			iys ur a		committee.	•	
c. Resident 29 was scheduled to bathe on Monday, Wednesday, and Friday. Resident 29: missed 6 times in December, 1999, and went 7 to 8 days between bathing; missed one in New York 2009.			6 times		4) The Housekeeping Super and Administrator will be responsible to ensure sometime.	>-	
	bathing; missed one in November, 1999; and missed four in October, 1999.				sponsible to ensure complia	nce.	

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPL	TD/CLL	· —			¥56
AND PLAT	ND PLAN OF CORRECTION	IDENTIFICATION N	EK/CLIA IMRED:		LTIPLE CONSTRUCTION	(X3) DATE SURVE	F
	•		WIDER.	A. BUILI		COMPLETED	1
		465069		B. WING		4.00	
NAME O	F PROVIDER OR SUPPLIE	ER	STREET AD	DRESS CITY	STATE, ZIP CODE	1/13/00	╀
MT OGI	DEN NURSING & REH	<u> </u>	375 EAST OGDEN, 1	5350 SOUT UT 84405			
(X1) ID	SUMMARY ST	TATEMENT OF DEFICIENCI	S	ID	PRO VIDER'S PLAN OF CORRECT	HON	丄
PREFIX TAG	RECH DEFICIENC	Y MUST BE PRECEEDED B	/ FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	ULD BE CON	(\$5)
	HEGGERTORT ORT	LSC IDENTIFYING INFORMA	ATION)	TAG	CROSS-REFERENCED TO THE APPRO	OPRIATE D	ĮΈ
F 312	Continued From pag	ge 12		E 210	DEFICIENCY)		╄
	, and the same of	5~ 1~		F 312	F-312	0 7	٦,
						56	-{}-
	d. Resident 71, due to skin grafts on her legs was to have a bed bath on Monday. Wednesday, and Friday. Resident 71 missed three baths in November, 1999, and one bath was a day late. She missed a bed bath six days in a row from 11/23 through 11/29/00					;	
					1) On February 10, 2000 an is	n-	ı
					service will be given by the		
					Director of Nursing to the		
	six days in a row from 11/23 through 11/28/99. 4. Review of the aides flow sheets revealed two pages				Certified Nursing Assistants.		ı
					Following Resident bath		ı
	where the aides docu	imented information P	age one		schedules, proper charting		ı
	identified specific care areas and page two may				in the C.N.A. flow sheets, and		ı
	identity more specifi	Cicare areas, depending	upon the		turning and repositioning our	ı	ı
	"Cares a shift" O- 1	is well as a section entit	led,		Residents will be discussed.		
	an aide she stated the	1/25 00, during an inter at "cares q shift" includ	iew with		residents will be discussed.		
	specific mentioned ca	ares identified on page	ed the		2) On Fohmen 25th 2000		
	the other cares a resid	dent needed but were no	t and an		2) On February 25 th , 2000 an		
	specifically identified	d on page one. The aids	further		inservice will be conducted by	:	ı
	stated that this section	n must always be compi	eted even		the D.S.D. and Administrator		
	included the second	itation on page one sinc	e it		to discuss peri care, oral care,		
	stated that "cares o sh	t specifically mentioned	. She		nail care, shaving, hair care,		
	care, pericare nail ca	nift" included items such ire, shaving for both me	as oral		and assistance with meals.		
	women, combing of h	nair, assisting with make	n and		A > — — — — — — — — — — — — — — — — — — —		
	washing out eyes in th	he morning, etc. On 1/2	5/00	!	3) For Residents 4, 10, 29, 43,	,	ı
	during an interview w	ith the nursing staff in o	harge of		53, 66, and 71, as well as all		ı
	the aides, this staff pe	rson stated that each so	ecific		other residents, the Director		ı
	care was to be initially	ed (on page one) and th	at the		of Staff Development will be	; ;	ı
	The section "Coss a S	e two) was to also be in	itialled.		responsible for monitoring	· :	
	initials of the aide res	Shift" was specifically for ponsible for providing t	r the		the Certified Nursing Assistant	· :	ı
	to that resident since t	polisione for providing there was not space available.	lable by		flow sheets weekly to ensure	i	
	each of the specific ca	are areas on the flow she	et for	1	that the baths, as well as		
	the aide's initials. She stated, "If the initials are not		ļ	personal care as detailed above	<u>:</u>		
there, assume the cares are not done. If not signed				have been completed. To indica) ate	1	
(documented), not done." Review of the aides flow			į	monitoring, the D.S.D.	110		
	sheets and the section entitled, "Cares q (every) shift"				will sign, as well as note	j	
	and the recording of cares being done for 4 of 18				Aim 1 1		1

sample residents, revealed the following:

time and date, those flow

STATEME: AND PLAN	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/ SUPPL IDENTIFICATION N	IER/CLIA UMBER:	A. BUILD		(X3) DATI	E SURVEY PLETED	<u> </u>
		465069	,	B. WING			•	l
NAME OF	PROVIDER OR SUPPLIE			NDESS CITY	STATE ZIR CORE	1/13/	00	L
	EN NURSING & REH		Ľ	5350 SOUT	STATE, ZIP CODE			ı
		A DIETIATIO		UT 84405	11			l
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCE	ES .	ID	PRO VIDER'S PLAN OF CO	RRECTION		L
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEEDED B SC IDENTIFYING INFORM	Y FULL IATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	COMP DA	ΈE
F 312	b. Resident 10: mis 01/01-12/00; missed 1999, with 1-3 days by any shift; missed with up to 5 days in a any shift; missed 40 of 90 7 days in a row and shift: missed 40 of 90 7 days in a row and 1 day with missed 36 of 93 in A a row and 1 day with missed 36 of 93 in Jurow and 3 days without c. Resident 29: mis with 1-3 days in a row October, 1999, with d. Resident 71: mis	sed 29 of 90 "cares q slissed 28 of 93 in Octobrin September, 1999. ssed 9 of 36 between at least 33 of 93 in Dein a row and 1 day with 33 of 90 in November, a row and 4 days without cares of 10 in September, 1999, and 1 day without cares by any shift; and the sed 12 of 93 in December, 1999, with up to 3 out cares by any shift. ssed 12 of 93 in December, and missed 15 of 93 in 1-3 days in a row.	beer, 1999, becember, hout cares, 1999, but cares by yo, with up by any with up to y any shift; o 4 days in and days in a beer, 1999, in	F 312	sheets as detailed above. audit will continue until success can be determine the QA committee, at w time will be reduced to a a month audit. 4) The Director of Staff ment will monitor, by w written audit tool, to see personal cares as detailed are being completed. The will be completed week will include a random sat least 20 residents. We success of 95% has been this audit will be reduced a month. When substant results are noticed, the of Staff Development we mediately review proper techniques with the results.	This a 95% ed by hich a once Develop- ay of e that the ed above his audit ly, and ample of hen a n reached, ed to once hadrd Director vill im- er care ponsible		
	with from 1 to 7, 8, a without cares by any	and 9 days in a row, an shift.	d 6 days		Certified Nursing Assis Results of this audit wil	ll be	; 	
	residents' abilities to practicable level of fi 5. Resident 66 was diagnoses of dementi Service Supervisor's	s a 99 year old female ia and arthritis. The Fo annual weight tracking 66's last weight to be	r highest with ood z record		shared with the Q.A. C 5) The Administrator a Director of Nursing wi responsible to ensure compliance.	nd		

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPL	IER/CLIA	200			2	67
AND PLA	NAME OF PROVIDER OR SUPPLIER	IDENTIFICATION N	UMBER:	A. BUILDI	TIPLE CONSTRUCTION	(X3) DAT	E SURVEY	
	•			B. WING	NG	- СОМІ	PLETED	
		465069)	D. WING_				
			STREET A	DDRESS CITY S	TATE, ZIP CODE	1/13/	00	
MT OG	DEN NURSING & REH	IABILITATION	375 EAS	T 5350 SOUTH				
			OGDEN,	UT 84405				
(X1) ID	SUMMARYST	ATEMENT OF DEFICIENCE	ES	ID '	PROVIDENS OF ALL OF S			
PREFIX TAG	REGITATORY OR	Y MUST BE PRECEEDED B	Y FULL	PREFIX	PRO VIDER'S PLAN OF C (EACH CORRECTIVE ACTION	OKRECTION ON SHOLL ID BE	COW	5)
170	REGULATORY OR L	SC IDENTIFYING INFORM	ATION)	TAG	CROSS-REFERENCED TO TH	(E APPROPRIATE	DA	LET
F 312	Consider			 	DEFICIENCY			_
1 312	Continued From pag	ge 14		F 312				
	The resident was ide	ntified on her Minimu	D					
	: (MDS) dated 10/33/9	99, as needing total ass	n Data Set					
	eating. The MDS al	so identified resident 6	6 ac				Ì	
	having limited range	of motion to her arms	o as and handa					
	having limited range of motion to her arms and bilaterally, full loss of voluntary movement to arms, and partial loss of voluntary movement hands.		to her					
			nt to her					
	Resident 66's plan of any day 1 and							
	Resident 66's plan of care dated 10 21/99, problem #2, addressed "chewing and swallowing difficulties							
							·	
	with need for mechanically altered foods". The care							
	plan goal was that res	sident 66 "will have no	choking					
	were identified as:	interventions for prob	lem #2					
	I. Pureed diet							
		and swallowing abiliti						
	3. Monitor dietary it	and swanowing ability	es					
	4. Monitor weight q	(every) month					:	
	5. IBW (ideal body	weight) 115, usual 100	admit				!	
	2.96 = 89, 4.97 = 90,	3.98 = 88.2.99 = 92	, admit	:				
	6. Snacks 10-2-HS (Bedtime)		:				
	7. HN (nutritional su	ipplement) qid (four tir	nes daily)					
	Problem #3 of the san	ne care plan identified.	resident					
	as totally dependent o	in staff for eating. The	goal was				1	
	for the resident's weig	tht not to decrease belo	w 80				:	
:	pounds.							
:	Daddcc							
	through 8-17 AND A	rved. on 01/5 00 from	8:05 AM				İ	
	Observed sleeping in h	8:05 AM the resident	was				!	
	both sides. A regular	ner bed with full side ra	uls up on					
	her bed on her overha	textured breakfast tray d table. At 8:13 AM, a	was near	; }				
1	aide was observed to b	oring a second tray of b	nurse	i !			.	
•	and pureed food into	he room. No attempt w	everages	ļ				
	to waken or to feed the	e resident at that time.	Nas made	j			, I	
	the time period between	en 8:05 AM and 8:47 A	M the				j	
•	aide was observed to r	remain in resident 66's	room for				ļ I	
	. =		· COM IOI	l l			;	

AND PLA	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVID	ER/ SUPPLINICATION NU	ER/CLIA MBER:	(X2) MULT A. BUILDI B. WING	TIPLE CONSTRUCTION NG		LETED
NAME O	F PROVIDER OR SUPPLIE	ER		STREET ADI	ORESS, CITY, ST	TATE, ZIP CODE	1/13/	<u> </u>
MT OGI	DEN NURSING & REH	IABILITATIO)N		5350 SOUTH			
(X4) ID	SUMMARYST	ATEMENT OF	EFICIENCIE	S	ID	PRO VIDER'S PLAN OF C	ORRECTION	 -
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR I	Y MUST BE PRE	CEEDED BY G INFORMA	TFULL TION)	PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE LE APPROPRIATE	COMPLET DATE
F 312	Continued From pag	ge 15			F 312			
	2 minutes prior to re 8:47 AM.	moving the fi	ıll breakfa:	st tray at				
	An interview was co pool nurse aides (ten responsible for the h Both nurse aides stat the residents before, they received before hall was, "Who gets to get up, and who ne about it". A confidential interview with a nurse aide. Sh work the 300 hall becusually short". On 1.5/00 at 10:17 delivered to the hall the	nporary contrall on which red that they he They stated to working with up themselves eeds 2-person iew was conducted the "cause that is was also which resident which resident which resident and the stated the "cause that is was also which resident which resident which resident which resident which resident which resident which resident which resident which resident which resident which resident was also with the stated that is was also with the sident was also was also with the sident was al	acted staff, resident 66 ad not work the reside so who nee assist, and ucted on 0 pool aides where they all supplement 66 res	resided. rked with lentation ints on the ds assist d thats				
	11:07, resident 66's of supplement was obseunopened. At 1:00 P was observed to be used t	arton of Resorved to be at l M. the same of	urce nutrit her bedsid carton of R	tional e, Resource				
	6. Resident 43 was a 45 year old male vadmitted to the facility on 5.23.97 with to final multiple sclerosis, unspecified protein malnutrition, chronic obstructive pulmon paralytic syndrome, and cauda equise synneurogenic bladder.		with the dirotein-cald ulmonary	iagnoses orie disease.				
	The MDS (minimum mandatory compreher completed by qualifier and 12/17/99, document	nsive assessm ed facility staf	ent of the T. dated 9/	resident				

. HEAL!	TMENT OF HEALTH H CARE FINANCING MT OF DEFICIENCIES	JADMINISTRAT	ION			FORM	ATO APPROVE 2567-
AND PLAI	NOF CORRECTION	(X1) PROVIDER SU IDENTIFICATIO	PPLIER/CLIA N NUMBER:	A. BUILDI	TPLE CONSTRUCTION NG	(X3) DATE COMP	SURVEY LETED
		465	069	B. WING_	<u> </u>		.
NAME O	F PROVIDER OR SUPPLIE	ER	STREET A	DDRESS, CITY, SI	TATE, ZIP CODE	1/13/	00
MT OGI	DEN NURSING & REH	IABILITATION	375 EAS	T 5350 SOUTH , UT 84405			
(X4) ID	SUMMARYST	ATEMENT OF DEFICIE	NCIES	ID	PRO VIDER'S PLAN OF COI	30 FORMA	
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR I	Y MUST BE PRECEEDE SC IDENTIFYING INFO	D BY FULL RMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(7.5) COMPLETI DATE
F 312	Continued From pag	ge 16		F 312	DEFICIENCY)		
	- needed extensive a	ssistance with bed n	nobility (how				
	the resident moves to side to side, and pos	o and from Iving po	sition turns				
	- was totally depende (how the resident mo	ves between surfac	es - to/from·				
	bed, chair, wheelchair, standing position)						
	- was totally dependent upon staff for toilet use, bathing, dressing and personal hygiene		ilet use,				
	- was not verbally or socially inappropriate	physically abusive, e and did not resist	was not care				
	During interview wit that resident 43 had r when she had offered	never refused to rum), she stated t or reposition				
	During an interview of the aide stated that he over 8 months. The a	sishe had worked at hide stated that there	the facility was				: :
	"definitely a problem were "many times we	with lack of staff"; haven't been able t	and that there o do baths				: :
	change briefs (incont and repositioning due specifically about res	to lack of staff." V	Vhen asked				:
	there "were times who repositioned like he s	en he wasn't change hould have been - s	d or ometimes for				
	resident 43 had "neve	The aide continued r refused to be repo	to state that				1
	turned", "never refuse his bed" and was "usu put in bed or reposition	ally the one who re	n his chair to quests to be				
	During another interv	iew with a facility a	ide on				
-	I/13/00, the aide state facility over 6 months	d that he/she had w The aide stated th	orked at the lat "there				

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F 312 Continued From page 17				F 312	DEFICIENCY)			_	
	When the aide was provided in the faci able to get to turnin incontinence care at care." When asked aide stated that there or change him becare The aide stated that or reposition." Observation of the initial to have up of yellow and brown to have up of yellow and brown to have up of yellow and brown to have up of yellow and brown to have up of yellow and brown to have up of yellow and brown to have up of yellow and brown to have up of yellow and brown to have the provided him to have up of yellow and brown to have the provided him to have	been many times we've been short staffed." In the aide was asked how this affected the care rided in the facility, the aide stated, "not being to get to turning and repositioning or ntinence care and hardly ever getting to oral." When asked specifically about resident 43, the stated that there were times they "didn't turn him nange him because there wasn't enough help." aide stated that resident 43 "doesn't refuse to turn position." Pervation of the inner mouth of resident 43 on 12,00 and 1/13/00 aled him to have very red gums with a large build f yellow and brown plaque-like material on his and a bad breath odor.							
	Review of the Octobresident 43 revealed that month. Baths o to occur every Tueso Resident 43 should in October 1999, no	per 1999 Flow that he receive n the Flow She day. Thursday have received	ed a total of the second secon	of 4 baths cheduled day.					
	resident 43 revealed that month. Baths o to occur every Tueso Resident 43 should in November 1999, Review of the Decer	ew of the November Flow Sheet record for ent 43 revealed that he received a total of 5 bath month. Baths on the Flow Sheet were scheduled cur every Tuesday. Thursday and Saturday. dent 43 should have received a total of 13 baths ovember 1999, not 5. ew of the December 1999 Flow Sheet record for ent 43 revealed that he received a total of 6 bath		of 5 baths cheduled day. 3 baths					
:	that month. Baths o to occur every Tuesd Resident 43 should l in December 1999, r	n the Flow She day, Thursday nave received a	et were so and Satur	heduled day.					

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F 312	Continued From pa	ge 18		F 312			
F 314 SS=G	During interview with confirmed that he discheduled. When as ever refused to turn staff. When asked it as often as he needed 7. Resident 53 was admitted to the facility dressing, toilet use, Observation of resident as he was totally dressing, toilet use, Observation of resident and a bad breamade at various times everal times before resident 53. Observatively revealed resifingernails with dried 483.25(c) Requirem QUALITY OF CAR Based on the compresident, the facility with the	id not receive baths sked, resident 43 de or reposition when f he was turned and id to be, resident 43 a 92 year old femality on 7 6.95. Int 53, dated 11 5 99 dependent upon staff personal hygiene and dependent upon staff personal hygiene and dent 53 on 1/4/00, 1/13/10 revealed hod and plaque-like in thodor. These obsees during the days of breakfast had been ations made these sident 53 to have long the days of breakfast had been ations made these sident 53 to have long id brownish material sent 8E ehensive assessmen must ensure that a rithout pressure sore res unless the individues that they were g pressure sores rect and services to pro	as they were nied that he requested by repositioned stated, "no." e who was 9. documented of for eating, ad bathing. (5/00, 1/6/00, her to have a material on her ervations were f survey, served to ame days of g, chipped l under them. It of a resident who is does not idual's clinical unavoidable; teives mote healing,	F 314			

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	This Requirement is	not met as ev	ridenced by	/ :		F-314		27/1	ω
	This is a repeat defice abbreviated complain	iency from th nt survey.	e 10/27/99					029	
	Based on observation medical records, and correction for the 10 that the facility did not that the facility did not that the facility without pressure sore and did not ensure the sores receives necessing promote healing. Refindings include: 1. Resident 43 was a admitted to the facility of multiple sclerosis, malnutrition, chronic paralytic syndrome, a neurogenic bladder.	n, interviews, review of the /27:99 survey, of follow their of that for 2 of did not ensures did not deveat a resident hary treatment esident identification of 5:23:97 unspecified probstructive pure obstructive pure of the following of the foll	facility's particle facility's particle facility's particle facility facili	lan of ermined errection. e focus sident re sores sure es to d 26.		1) On February 10,2000 and inswill be given to the Nurses and Certified Nursing Assistants by Director of Nursing. She will d DQ staging and wound care. 2) For Residents 26 and 43, a complete skin integrity check whe preformed weekly by the Car Plan Coordinator. This will be be way of a written tool, signed and dated. This weekly/monthly more will be in addition to the weekly checks preformed by the nurses. Information will be reported to a nurse caring for these residents,	the the liscuss ill re nitoring skin the as		
	Resident 43 was found to his coccyx on 1/4/0 the stage 2 pressure so until it was identified on 1/4/00. Facility staff did not not the stage 2 pressure so until 1/13/00, nine day Facility staff did not on 2 pressure sore to the column of the stage 1/13/00, nine days after physician was not mad pressure sore until 1/13/100.	O. The facility ore to the cocc by the register of the cocc is after they be been an order coccyx of resident they became they became they ware of resident	y was not a yx of resided red nurse signs 43's physic yx of resided ecame awa to treat the dent 43 units aware of sident 43's	ent 43 urveyor cian of ent 43 re of it. e stage til it. The		well as the wound care team who meets no less than once a month Physician notification and orders be given to treat these DQs, and ordered, pressure reliving device be used. Turning and positioning sheets will be filled out for reside 26 and 43 by the Certified Nursin Assistants.	s will if es will gents		

Mt. Ogden Nursing & Rehab Wound & Skin Assessments Policy & Procedures For Assessing Wounds & Skin

Basic Responsibility: Licensed Nurse Procedure Performed By: R.N., L.P.N.

Purpose:

1. To promote skin integrity.

- 2. To prevent wounds and skin breakdown.
- 3. To promote healing of existing wounds.
- 4. To seek treatment as soon as possible.

Procedure:

- 1. Braden Risk Assessment: To be completed on all new admissions within 24 hours, then monthly if compromised in skin integrity. Then placed on skin flow sheet to be checked no less than once a week. The Assistant Director of Nursing will be responsible to see that these are complete.
- 2. Wound and High Risk Residents: When the resident scores 14 or less on the Braden Scale, or if they have a pressure ulcer or other wound, the Nurse will fill out the Wound Team Evaluation Request form and turn it into the Director of Nursing. The Director of Nursing will notify the Dietary Manager so that the nutritional needs can be adjusted if necessary.
- 3. Wound Care Team: Consisting of the Director of Nursing, Assistant Director of Nursing, Care Plan Coordinator, Dietary Manager, Dietary Consultant. This team will perform an evaluation of the wound, and recommend a course of treatment within 48 hours of their meeting.
- 4. The D.O.N., and Dietary Manager will receive copies of these recommendations.
- 5. Contacting the Physician: The nurse caring for the resident will contact the resident's physician regarding the wound team's recommendations if changes are necessary. If there has been significant change, a family member shall also be called. New orders, if any, shall be followed. No treatment changes will be made without consulting with the Wound Care Team, unless specific orders are given by the attending physician.
- 6. Treatment and Dressing Changes: Will be performed by the attending Nurse.
- 7. Weekly Skin Assessments: Will be performed by the nurse no less than every 3 months, and placed in their chart.
- 8. Physical Therapy will assess and evaluate the need for pressure relieving devices, as well as disbursement. They will also initiate the telephone order implication, and follow through.
- 9. When the wound is not healing properly, or if any other significant changes occur, the Wound Care Team will reevaluate the wound, notify the physician for possible new orders.

- 10. Refer to "Smith and Nephew Pharmaceutical Wound Care Protocol" for staging & interventions of D.Q.'s.
- 11. The Nurse should complete the documentation as outlined on the skin care and pressure record, as defined by Smith and Nephew.
- 12. Skin breakdown referrals from the nursing staff will be evaluated during the following Wound Care meeting. However, should the nurse feel that a quicker response is necessary, an immediate call can be made to the physician.
- 13. The Wound Care team will make recommendations, via the nurse, to the Physician regarding pressure relieving devices if appropriate.

STATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER/CLIA (X3) DATE SURVE (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465069 1/13/00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLET PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F314 Continued From page 20 F 314 3) The Wound and Skin Committee surveyor called him to discuss the resident. During the telephone interview with the physician on 1/12/00, will make recommendation for the the physician denied knowing of a pressure sore to the above residents, as well as other coccyx of residents, and follow up information resident 43. The physician also denied giving the will be given to the attending nurse order for "duoderm" which was found on the January for follow up with the physician. 2000 treatment record for resident 43. When the Wound Care Tem has Facility staff were not consistently providing determined that the skin integrity treatment and services to promote healing of the has been restored with these two pressure sore. residents, their audit will be changed to once a month. From the first observation of the pressure sore by the RN surveyor on 1/4/00 to the last observation performed prior to exit on 1/13/00, the stage 2 4) Our facility will follow the pressure sore had increased in size from .25 cm "Wound and Skin Assessments" (centimeter) by .25 cm to 1 cm by .5 cm. Of the four policy and procedures for different days the pressure sore was observed (1/4/00). assessing wounds and skin. 1/5/00, 1/12/00 and 1/13/00), the pressure sore to the (See enclosed.) coccyx of resident 43 had a dressing on it only one day (1/5/00). The pressure sore was not observed to have protective cream on it during any of the four 5) The Care Plan Coordinator days of observation. and the Administrator will be responsible to ensure compliance. The MDS (minimum data set) for resident 43, a mandatory comprehensive assessment of the resident completed by qualified facility staff, dated 9/22/99 and 12/17/99, documented that resident 43: - needed extensive assistance with bed mobility (how the resident moves to and from lying position, turns side to side, and positions body while in bed) - was totally dependent upon staff for transferring (how the resident moves between surfaces - to/from: bed, chair, wheelchair, standing position)

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	- was totally dependent for toilet use and personal hygiene - had no ulcers (either pressure or stasis) - was not verbally or physically abusive, was not socially inappropriate and did not resist care On 1/3/00, a facility nurse had documented on the weekly skin monitoring sheets that resident 43 had a stage 1 red pressure area to his coccyx which measured 1/4 cm.		rsonal				
			s not				
			43 had a				
	registered nurse perf 43. Resident 43 was sore on his coccyx w	ered nurse surveyor and ormed a skin check of r found to have a stage 2 hich measured approxim	esident pressure mately .25				
	cm by .25 cm. The 300 hall nurse, who had documented the presence of the red pressure are day before, was asked if she was aware that the pressure sore had progressed and was now ope stage 2. The 300 hall nurse replied that she was aware that the wound was a stage 2 and stated the stage 2.		area the the pen at a was not	:			
	would "take care of i						:
	On 1/5/00, the registered nurse surveyor checked the chart of resident 43. The nurse's notes, dated 1/4/00, documented "Pt. (patient) has DQ (decubitus ulcer'pressure sore) 1/4 X (by) 1.4 in circumference Dr. (resident's physician) Notified - See Orders - Duoderm applied - tx (treatment) to chg (change) q (every) 3rd day until resolved."		d 1/4/00, s iference - ers -				
	Upon review of the medical record of resident 43, the surveyor observed that there were no orders from the physician regarding the pressure sore. However, within the 300 hall treatment book on a page						

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1/13/00

465069

(X1) PRO VIDER/ SUPPLIER/ CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING

COMPLETED

NAME OF PROVIDER OR SUPPLIER

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F 314	Continued From page 22	F	7314		
	designated solely for resident 43, the followritten "1-4-00 Duoderm chg (change) q day and PRN (as necessary) until resolved identified for this treatment was the coccy Observation of resident 43's coccyx area of revealed that it was covered by a duoderm but that the dressing was rolling back upon causing an additional area of pressure to the skin.	(every) 3rd d." The area x. on 1/5/00, dressing			
	During the mini exit on 1/5.00, the Directo (DON) and the Administrator were notifie physician's order for the treatment of the spressure sore to the coccyx of resident 43 found in the resident's chart.	d that a			
:	On 1/12/00, another skin check was perfor resident 43 with a facility nurse. It was ob the stage 2 pressure sore had increased in sthe .25 cm by .25 cm on 1 4 00, to 1 cm by The stage 2 pressure sore was not covered dressing nor did it have any protection creater.	served that size, from 7.25 cm.			
	The resident had some fecal material withing luteal fold near the open pressure area. The dressing on the pressure sore of resident 43 confirmed with the facility nurse.	n his he lack of a			
	On 1/12.00, the January 2000 treatment recresident 43 was reviewed. The dressing of the coccyx of resident 43 had been schedul nursing staff to be performed on 1/4.00, 1/1/10/00. The scheduled changes on 1/4/00 1/7/00 had been signed as having been performed.	nanges to ed by 7/00, and) and			
:	The scheduled change for 1/10,00 had not signed as having been performed. Resident was alert and oriented, was interviewed reg pressure sore to his coccyx and was asked to	t 43, who arding the			

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F 314	Continued From pa	ge 23		F 314				
	last had a dressing on it. Resident 43 replied, "There hasn't been a dressing on-it for days and days." When asked if staff had applied any protective cream to his coccyx, resident 43 replied, "maybe once". During a telephone interview with the physician of resident 43 (also the facility's medical director) on 1/12/00 at 2:00 PM, the physician was asked if he was aware that resident 43 had a stage 2 pressure ulcer on his coccyx. The physician stated that he was "not aware", that he "had not been told" of the pressure sore to the coccyx of resident 43. When the physician was asked if her had ordered anything to treat the pressure sore, the physician stated, "no". The physician was informed that a nurse's note in the chart of resident 43 stated that he had been notified on 1/4/00 and orders for duoderm had been received. The physician stated that possibly the nurse had notified his office. The RN surveyor asked if his office would have given orders to treat the pressure sore. The physician stated. "no". During interview with the 300 hall nurse on 1/12/00 at approximately 3:00 PM, she was asked if she had resident 43 scheduled for a dressing that day. The nurse replied that she did not because there were no orders to treat the pressure sore. The nurse stated that she was going to contact the resident's physician and get orders for the pressure sore.							
			e had The were no stated that					
:	On 1 13,00, another skin check of resident 43's coccyx was performed with a facility aide. It was observed that the stage 2 pressure sore had increased, from 1 cm by .25 cm on 1 12.00, to 1 cm by .5 and appeared to be branching off in two additional areas. The pressure sore was again observed without a dressing or protective cream. Review of the medical							

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	continued to be no or sore to his coccyx. If there continued to be sore on resident 43 too, could not find or pressure sore. During interview with approximately 2:00 Fithe physician of residereat the stage 2 pressproceeding to do the Lack of services to promote healing of the During interview with	treatment. revent pressure sores are existing pressure so h a nurse on 1/12/00, seever refused to turn o	2 pressure ware that pressure that she, int stage 2 in 1/13/00 at a had called orders to a and was and re:				
	the aide stated that he over 8 months. The a "definitely a problem	with lack of staff" and haven't been able to dinence pads) or provide to lack of staff." White did not be to lack of staff." White did not also to lack of staff." White did not also to lack of staff and to lack of staff and to lack of to be reposited to be moved from hally the one who required to with lack of the staff.	e facility vas d that there do baths, le turning en asked ed that or netimes for e state that cioned or us chair to				

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	During another interview with a facility aided 1/13.00, the aide stated that he she had work facility over 6 months. The aide stated that have been many times we've been short staff. When the aide was asked how this affected to provided in the facility, the aide stated, "not able to get to turning and repositioning or incontinence care and hardly ever getting to care." When asked specifically about reside aide stated that there were times they "didn't or change him because there wasn't enough! The aide stated that resident 43 "doesn't refur or reposition." Review of the December 1999 Flow Sheet reresident 43 revealed that he received a total of that month. Baths on the Flow Sheet were so to occur every Tuesday. Thursday and Satura Resident 43 should have received a total of I in December 1999, not 6. During interview with resident 43 on 1/12/00 confirmed that he did not receive baths as the scheduled. When asked, resident 43 denied the ever refused to turn or reposition when requestaff. When asked if he was turned and repositant of the needed to be, resident 43 states.		red at the "there fed." he care being oral nt 43, the turn him help." se to turn cord for of 6 baths cheduled day. 3 baths he y were hat he sted by sittoned					
	on 1/13/00. The care	lent 43 was reviewed se y process, with the last plan for resident 43 inc	review luded the					
	which had not been up breakdown from 11/7.	for Alteration in Skin II dated to reflect the acti 99 to 11/24/99 or the acted and 14/00. Several of	ntegrity" 1al skin ctual					

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	 Notify MD with que Treatment per order 	stions and concerns.					1	ı
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	prevent development	ovide treatment and se	rvices to	1				ı
	2 pressure sore on the	coccy of resident 42	ine stage				İ	ı
	facility did not follow	the care plan for "Does	ine					ı
	Alteration in Skin Inte	gritt." The facility di	nual for					ı
	notify the MD with qu	estions and concern re	a tiot					ı
	the stage 2 pressure so	re to the coccyy of res	ident 13	•				ı
	tor a days after they be	ecame aware of ir. The	a					ı
	physician only became	aware of the stage 2 -	TEACELIES .					ı
	sore on 1.12,00 because	se the RN surveyor cal	led him					ı
	to inquire about reside	$\mathfrak{n}\mathfrak{t}$ 43 . The facility did	BOL	j				ı
	obtain orders to treat th	te stage 2 pressure con	e to the	į				ı
	coccyx or resident 43 f	intil l. 13.00: 9 days at	ter they	;				ı
	occarrie aware of the pr	ressure sore - Rosed or	,	:				ı
	observation of resident	43 on 1/4:00 and 1/5/	00 soiled					ı
	with teces, interview w	ith two nurse aides in	terview .	i				ı
	with resident 43 and re-	view of the 12 99 flow	sheet					ı
	record for resident 43,	the facility did not kee	p the					ı
	resident clean and dry a	is written in the care p	lan.	:				ı
	Based on interviews wi	th resident 43 and 3 fa	cility					ı
	staff, the facility did no	t provide turning and	į			i		ı
	repositioning every 2 he written in the care plan.	ours and as necessary	as			:		ı
	witten in the care plan.					1		ı
	2. Resident 26 was a 9.	Trage ald founts 1				:		1
	readmitted to the facility	on 2.6 00 minute who	was			:		1
	of cerebrovascular disea	y on Joyy with the di	agnoses			1		1
	disease, coronary artery	disease by marks ''	tinson's			i		1
	sick sinus syndrome wit	h a nacemakee	sm, and	}		:		1
•	syndrome wit	п а рассшакег.		1		•		1
	The MDS (minimum da	ta set) accesses and de-						1
	11/11/99 documented th	nat resident 26 had dag	reloned					١

STATEME AND PLAI	MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER SUPPLIE IDENTIFICATION NUM 465069 OF PROVIDER OR SUPPLIER GDEN NURSING & REHABILITATION			A. BUILDIN	IPLE CONSTRUCTION	(X3) DAT	A APPROVE 2:67- E SURVEY PLETED
·				B. WING_		1/12	,,,
			STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	1/13/	00
MT OGI	DEN NURSING & REH.	ABILITATION		5350 SOUTH			
(X4) (D	SUMMARYST	ATEMENT OF DEFICIENCE	S	ID	PRO VIDER'S PLAN OF CO	PRECTION	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	(FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLET DATE
F 314	Continued From pag	e 27		F 314	DIJ N. (ENC.)		
	Resident 26 was ident Stage II pressure ulce 24-hour nursing report sheets, and nurses' profollowing: 01 02/00 - resident 26 "split" Stage II pressus shift nurse on the writt provided to the Direct shift nurse wrote that call the physician on 0 for 01/02/00 indicated	cer. The treatment recommented the Stage II pass being healed on 11/11/24/99, identified restrick for pressure ulcers tified on 01/02/00 as acron her coccyx. A revolution of his correction of the coccy of the correction of the coccy of the correction of the coccy of the correction of the coccy of the correction of th	oressure 5/99. The ident 66 cquiring a riew of the reatment the ng a the day ch was The day a nurse ress notes				
	6:50 PM documented nurse aide) states oper shift nurse to assess.	gress notes dated 01/3/ the following: "CNA (a area on coccyx. Noc AM nurse of (off) duty loc shift nurse will asse	(night)				
	01/03/00 - A physician's telephone order was obtained 01/03/00 at 8:00 PM for "Duoderm to Stage II skin breakdown on coccyx - change q (every) 3 days and pm (as needed) until healed - monitor daily". There were 25 hours between the time the 1/2/00 day nurse identified the pressure ulcer on the 24-hour report until the night nurse notified the physician and obtained a treatment order on 1/3/00.						

AND PLA	NOF CORRECTION	(X1) PROVIDER: SUPPLI	ER/CLIA JMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DAT	E SUR VE	567 Y
			B. WING		COM	LETED		
NA 15 0		465069				1/13/	00	
			STREET AD	DRESS, CITY, S	TATE, ZIP CODE		00	├
MT OGI	DEN NURSING & REI	HABILITATION		5350 SOUTH				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCE	S	ID I	PRO VIDER'S PLAN OF			
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	Y FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACT. CROSS-REFERENCED TO TI	ION SHOULD BE HE APPROPRIATE	COM	K5) PLET ATE
F 314	Continued From pa	ge 28		F 314		-		
	01.05/00 - Nurses' progress note dated 01.05/00 at 11:00 PM documented 2 new skin problems of .25 cm reddened circular areas on resident 26's right outer heel and on her mid left heel. The nurse noted the resident's heels were elevated off the bed and lotion was applied. She also documented the resident's hands were examined with no-redness nor open areas found.							
	01/06/00 - Observation of resident 26 at 10:30 AM by facility nurse and 2 nurse surveyors revealed a 1 cm x .3 cm Stage II pressure ulcer in the gluteal fold at her coccyx. On her right heel there was a 4 cm diameter red Stage I pressure ulcer with a 2 cm x 1.5 cm white inner circle with a darkened center. On her left heel was 3.5 cm x 4 cm reddened area with a .5 cm x .3 cm. grayish area at the center. A .25 cm open linear lesion within a .5 cm reddened area was observed on the second knuckle of her left ring finger. Observation on 01 06:00 revealed that there was no pressure relieving device on her bed.		la I cm x old at her diameter cm white left heel m x .3 in linear erved on					
	telephone order to " heel protectors on at theraboot to be order	M on 01-06-00, a nurse I) turn q 2 hours while i all times - suspended he ed, 3) gel mattress, 4) horative therapy aide)".	n bed, 2)					
	Failure to Follow the Plan of Correction:						i	
	The facility alleged stong term care regula	ubstantial compliance w tions on 12.27 99.	ith the	 - 			: :	
	The follow-up to the abbreviated complaint survey of 10/27/99 and the annual recertification survey were completed simultaneously from 1/3/00 through 1/13/00.		v were					

STATEM	TH CARE FINANCING ENT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N	IER/ CLIA	A. BUILDE	TPLE CONSTRUCTION		A APPROVEC 2567-L E SURVEY
		46506	3	B. WING_			
NAME C	F PROVIDER OR SUPPLIE			DORESS, CITY, 5	TATE ZID GO	1/13/	00
	DEN NURSING & REH		375 EAS	T 5350 SOUTH . UT 84405			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENC	ES .	10 1	PROTUDENE NA TANA		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED B SC IDENTIFYING INFORM	YELL	PREFIX TAG	PRO VIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X:) COMPLETE DATE
F 314	Continued From pag	e 29		F 314	DEFICIENCY)		
	The facility did not 6	alla water a language					
	the 10/27/99 survey b	oilow their plan of cor pased on the following	rection for				
	Paragraph I of the pl	an of correction stated	,				
	form. That will determoderate, or low risk Plan Coordinator will determine if it needs to	mine if the resident is for pressure sores. T gather the information	e Risk' a high, 'he Care				
	During interview with on 1/11/00 at 3:16 PM	 she stated that as ne 	r facility				
	policy, "upon admissi-	on" means within 24 h	ours.				
	Three residents were a facility claimed compl	admitted to the facility liance on 12 27 99.	after the	<u> </u> 			
	Resident 11 was admit Scale assessment was	tted on 12.31 99. A E completed on 12/31/9	Iraden 9.				<u>:</u>
	Resident 91 was admit on 1/8/00. Resident 9 pressure sores, some a assessment was not coshe died. This was corare plan coordinator of	I was admitted with me t stage 4. A Braden S mpleted for resident 9 afirmed with the DON	iultiple cale skin 1 before				
	Resident 7 was admitted of 1/11/00, the facility Braden Scale skin asseplan of correction. On coordinator reported to Scale skin assessment	had not yet completed ssment as mentioned 1/12/00, the care plat the surveyor that the	d a in the 1 Braden				

FORM APPR DVE

STATEME	TATEMENT OF DEFICIENCIES X11 PROVIDER, SI	VI DOUVIDED SIMPLE	57.611				1			
AND PLA	ND PLAN OF CORRECTION I	IDENTIFICATION NU			IPLE CONSTRUCTION	(X3) DAT	E SUR VE	-		
			WELK.	A. BUILDI	NG	СОМ	PLETED			
		465069		B. WING _						
NAME C	F PROVIDER OR SUPPLIE		STREET ADI	STREET ADDRESS, CITY, STATE, ZIP CODE						
	DEN NURSING & REH			5350 SOUTH						
	The state of the s	ADILITATION	OGDEN, U							
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIE	!		200172777			L		
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEEDED BY	FULL	ID PREFIX	PRO VIDER'S PLAN OF C (EACH CORRECTIVE ACTI	ORRECTION	COM	(5)		
TAG	REGULATORY OR I	SC IDENTIFYING INFORMA	ATION)	TAG	CROSS-REFERENCED TO TH	ON SHOULD BE	D	PLE		
					DEFICIENCY					
F 314	 Continued From page 	ge 30		F 314			1	_		
				j						
	completed by the		1				i			
	completed by her.			1						
	The Care Plan Coor	dinafar did nor corbos sh	- (D 4.	i						
	The Care Plan Coordinator did not gather the (Braden Scale) information to determine if needs would be addressed on the plan of care because nursing did not complete the Braden Scale skin assessments for 2 of the 3 admissions. Paragragh 2 of the plan of correction stated,		e (Braden				į			
			uid be	İ						
			for 2 of				1			
			101 2 01				:			
				1			!			
			1				1			
				i i						
	Pield form will be gr	- For Predicting Pressur	e Sore	·						
	Cuartarly and if the	led out by nursing on r	esidents ¦							
	condition. The Care	is a significant change Plan Coordinator will	ın	•			*			
	from that form if any	changes need to be ma	assess							
	residents plan of care	, ", cuauses need to be wa	de to the							
	plan of care	••					1			
	The 15 current medic	cal records of the focus	sample				i			
	were reviewed for qu	arterly Braden Scale sk	in	•						
	assessments. Two of	the 15 records (residen	its 40 and	:						
	53) did not have the	quarterly Braden Scale	skin :	i						
	assessments complete	ed as per the plan of cor	Tection.	•						
	Davidan to Late									
	Resident 40 had beer	admitted to the facility	on							
	6.3/99. A Braden Sc	ale skin assessment for	n was	i						
		record of resident 40.					:			
	by pursing eta 65 mas	sessment had not been o	ompleted	ļ						
	sides of the form A	not dated, and was blan Braden Scale skin asses	k on both	į			1			
	Was not performed or	on admission. There w	sment				:			
	other Braden Scale el	cin assessments for resid	dent 40	i :						
	A quarterly assessme	nt for resident 40 should	d have	;						
	been performed on I	1/3/99. As of 1/5/00, re	sident 40	!			ı			
	had a stage 2 pressure	e sore.		İ			i			
			İ				1			
	Resident 53 was adm	itted to the facility on 7.	/6/95. As				!			
	of 1/5/00, during obse	ervation of resident 53,	she had 3	!						

THEALI	TMENT OF HEALTH H CARE FINANCING	AND HUMAN SERV ADMINISTRATION	ICES			·	FORM A	ATG PPROVEL
AND FLANOF CORRECTION IDENTIFICATION		(X1) PRO VIDER/ SUPPLIE I DENTIFICATION NU	ER/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			X3) DATE SL COMPLET	2:67-I
		465069					1/13/00	
	F PROVIDER OR SUPPLIEF		STREET AD	DRESS, CITY.	STATE, ZIP CODE		1/13/00	
MT OGI	DEN NURSING & REHA	ABILITATION	•	5350 SOUT				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	S	ΙD	PROVIDER'S PLA	N OF CORRECTIO	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEEDED			PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCED	E ACTION SHOUL	D BE	(X3) COMPLETE DATE
F 314	Continued From page	:31		F 314		-reiscri		
	Braden Scale skin ass 53 was dated 8,28,99, assessment should have of correction, on 11/2 Paragraph 3 of the pla	sure ulcer assessment ch resident weekly. The A) if there is any negrity or B) for pressurent would include size granulation, and if the Director of Nursing its weekly and note any the residents. Significated on to the Care Planter Disciplinary Team	will be hat loticeable less site, wound would changes and					
	The 15 current medica and all treatment book skin care and pressure 15 residents (residents weekly skin care and per the plan of correction on the weekly skin care.	s were reviewed for woulder assessments. Tw 26 and 39) did not rec ressure ulcer assessme on.	eekly vo of the eive ents as					
	On the weekly skin car resident 26, it was door pressure sore which reswere performed on res. 11/14/99, 11/17/99, 12 No skin checks were debetween 12/15/99 and When a skin care and performed on 1.3 00, n	umented that she had a solved on 11.7.99. Sk ident 26, by nursing states 99, 12/12.99 and 12 ocumented as being per 1/3.00, a total of 18 dapters sure ulcer assessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as seessmented as sees as sees as sees as sees as sees as sees as sees as sees as sees as sees as sees as sees as seed as	stage 2 in checks aff, on 2/15/99. rformed bys.					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		1		· · · · · · · · · · · · · · · · · · ·	2:	6
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:			TPLE CONSTRUCTION	(X3) DATI	(X3) DATE SURVEY	
			WIDER.	A. BUILDI	NG	COM	LETED	ĺ
		465069		B. WING _		.]		ı
NAME OF P	ROVIDER OR SUPPLI		STREET .	200500 5500		1/13/	00	ı
	N NURSING & REF			DDRESS, CITY, ST				Γ
	TORSING & REP	tabilitation	OGDEN,	T 5350 SOUTH UT 84405				
(X4) (D	SUMMARYST	TATEMENT OF DEFICIENCIE	s ·	ID· I	PRO VIDER'S PLAN OF C	OPPECTION		L
PREFIX :	(EACH DEFICIENC	Y MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTI	ON SHOULD BE	COME	(م
TAG	KEGOLATORY OR I	LSC IDENTIFYING INFORMA	(TION)	TAG	CROSS-REFERENCED TO TH	IE APPROPRIATE	DA	
F314 : (C				DEFICIENCY	<u> </u>		L
1 314 - 1	Continued From pag	ge 32		F 314			:	
ī	resident 26 had a sta	age 2 pressure sore on h	er coccyx.					
: 1	who ha	d a recent history of a p	ressure					ı
sore to his buttocks, last received a skin care and pressure ulcer assessment on 12/27/99. The next							i	İ
F	veekly assessment o	ment on 12/27/99. The	e next				1	ı
weekly assessment should have been performed on 1/3/00, but was not.							1	i
: "	in 5, 50, out was not.	•						i
P	Paragraph 4 of the p	lan of correction stated,						
	"On November 24.	1999 an inservice will b	a divanta					
N	sursing Staff. This	syember 24, 1999 an inservice will be given to Staff. This will be given by the Care Plan						i
C	Coordinator and the	Staff Coordinator. The	tonic will					ı
it	nclude necessary cal	re and services related	opic will					ı
pressure sores to improve quality of care. The Care								i
P	'lan Coordinator wil	lleducate staff about pr	essure				1	i
' Se	ores on the care plai	n and the interventions t	hat are				:	
11	icluded on a proble	em on a resident care pla	in. This					
W	ould include, but no	ot be limited to: Medica	ition as	i :				ı
0	rdered. Turn and re	position every 2 hours.		1				i
(hanging of incontin	ence pad of briefs wher	soiled.	!				i
;V	tonitor for signs and	d symptoms of skin brea	kdown.					i
E	ncourage rest perior	d out of wheelchair dur	ing					ı
W	aking nours. Notify	y M.D. Duoderm. Pres	sure					ı
re in	neving devices. If	ne inservice would expl	ain the					ı
:-	uportance of nursing	g staff following the	_				;	ı
ju 111	iterventions on the c itegrity."	care plan to improve sk	in				1	
•••	· 3· · · · ·			Ì				
W	then the DON was i	interviewed on 1/4/00 re	garding					
th	ie inservice on press	sure sores mentioned in	the plan					
01	f correction, she pre	sented four pressure sor	e				;	
in	iservices that had be	en given dated 10/28/99).				i	
1.	2/9/99, 12/10/99 and	d 12.23/99. A list of nu	rses who					
ha	ad worked in the fac	ility during November a	und !					
D	ecember 1999 was o	obtained from the facili	у					
pe	ersonnel department	t. After reviewing all of	the				1	1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PRO VIDER/ SUPPLIER/ CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN B. WING	(X3) DAT	E SURVEY PLETED	
		465069		B. WING_		1/13/	_{/00}
NAME O	F PROVIDER OR SUPPLI	ER	STREET ADI	DRESS, CITY, SI	TATE, ZIP CODE	1,13,	
MT OGI	DEN NURSING & REF	HABILITATION	1	5350 SOUTH			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIE	S	ID	PRO VIDER'S PLAN OF O	ORRECTION	
PREFIX TAG	REGULATORY OR	Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	Y FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	COMPLE DATE
F 314	Continued From page 33			F 314			!
	participants from the four pressure sore inservices and then reviewing the list of nurses from personnel, it was determined that 1 of the 5 registered nurses and 6 of the 11 licensed practical nurses had not attended any of the four inservices. (Nurses 3, 6, 9, 10, 12, 15 and 16) When interviewed on 1/6/00 at 9:47 AM, nurse 16 stated that she had been hired "near the second week in November (1999)" and had "not attended any inservices as of yet." Paragraph 5 of the plan of correction stated, "The Staff Coordinator will continue to monitor, educate, and train staff weekly on proper skills to improve skin integrity and quality of care. Results of this monitoring will be brought up at monthly Quality Assurance meetings." The Staff Coordinator was interviewed 1/13/00 at 3:00 PM. She stated that she had taken over the position of Staff Coordinator "about 12/12/99". When asked to show documentation on how she had been monitoring, educating and training staff weekly on proper skills to improve skin integrity and quality of care, she stated that she was "not aware this was my						
	responsibility." Who position of staff coor	en asked if, upon accept rdinator, she had been to plan of correction, she st	ing the				: :
	Paragraph 6 of the plan of correction stated,						
	weekly to make sure integrity such as turn	nator will monitor Reside procedures dealing with thing and positioning and or briefs when soiled a	skin changing				

AND PLAN	NT OF DEFICIENCIES FOF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(X2) MUI A. BUILD	TIPLE CONSTRUCTION	(X3) DATI	E SURVEY PLETED	<u>/</u> :
		465069		B. WING		1/17/		
NAME O	F PROVIDER OR SUPPLIE		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	1/13/	00	
MT OGI	DEN NURSING & REH	IABILITATION	i	5350 SOUT				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PRO VIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5 COMPL DAT	
F 314	Continued From page	ge 34		F 314				
F 325 SS=D	documentation to she resident 1 as require Staff Coordinator state had been made my resident 1 as require QU'ALITY OF CAR Based on a resident's facility must ensure acceptable parameter body weight and proclinical condition depossible. This Requirement is Based on observation medical records, it we focus sample, the fact maintained acceptable such as body weight. Findings include: 1. Resident 53 was a admitted to the facility of blindness, organic fluid, electrolyte and depletion. As of sur resident 53 had 3 president 53 lost 14.5 months going from 1 pounds on 1/3/00.	ement Es comprehensive assess that a resident maintain ers of nutritional status, atein levels, unless the remonstrates that this is smot met as evidenced by an interview and review was determined that for itsility did not ensure the le parameters of nutrition. Resident identifier: 5 as 92 year old female whity on 7 6,95 with the distribution by 1 3 00 through 1/13 unit as 2 00 through 1/13 on the comprehensive of the distribution of the comprehensive of the comprehe	ment, the such as esident's not of the 18 resident onal status, 3. o was agnoses sorders of volume 1/00, in 5 o 88 servations,	F 325	1) On February 10, 2000 service will be given to the and Certified Nursing Assembly the Director of Nursing loss, prompting, and offer substitute meals when Respective to eat will be discustive to eat will be given to CNA's by the Administration Details include: Inviting the eat in the dining room for meals. If refused, to proper position her for her meal, rolling her bed up to a sitt position, or assisting her in her chair. Prepare her mean explaining what is being on Assist her in eating if accellate If after several prompts sharefuses, come back in several minutes and offer anything she desires to eat. If she refused to eat.	e Nurses sistants g. Weight ing sidents ssed. ding o the for. er to her erly either ing nto l, ffered. pted. ve meal. e stal g that efuses,	3-24	-(

STATEME	NT OF DEFICIENCIES						24
AND PLA	OF CORRECTION	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MUI	LTIPLE CONSTRUCTION	(X3) DATE	7 D) D:
•	,	IDENTIFICATION NU	MBER:	A. BUILD		COMPL	ELEP SOKAEA
				B. WING			-120
NAMEO		465069				1/13/00	o l
	F PROVIDER OR SUPPLIE		STREET AL	DDRESS, CITY,	STATE, ZIP CODE		
MT OG	DEN NURSING & REH.	ABILITATION		T 5350 SOUT UT 84405	Н		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIE	s	ID	PRO VIDER'S PLAN OF CO)PRECTION	
PREFIX TAG	EACH DEFICIENCY	MUST BE PRECEEDED BY	FULL	PREFIX	(EACH CORRECTIVE ACTIO	N SHOULD BE	COMP
	·	SC IDENTIFYING INFORMA	TION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	DA
F 325	Continued From page	e 35		F 325		· · · · · · · · · · · · · · · · · · ·	:
					2) For Posiders 52	* 1	
	againe.				2) For Resident 53, a w		
	assistance and time n	ecessary to ensure that	resident		will be kept by the atten		;
	33 maintain acceptab	le parameters of nutriti	on.	j	regarding dates and time	es that	
	· The Hill · · ·	•			reminding prompts were		
	The "Weight Loss Report" located in the medical record of resident 53 documented the following: - 8/18/99 103 pounds - 9/6/99 94 pounds - 10/23/99 94 pounds		dical		to eat. The plan which is		
			ing:		above will be followed to		!
					This information will be	ojuos ta	
					Alaman and the termination will be	given to	
					the weight loss committ		
	- 11/6/99 93 pound				they meet for evaluation		
	- 11/15/99 92 pound				has been successful. Th	ose successful	
	- 12:3:99 91 pound				prompts noted will be pa	assed along to	
	- 12:16/99 90.5 pou				the CNA's by the Direct		
	- 12.23/99 89 pound				Development. Weights f		
	- 1/3/2000 88 pound				53 will be done weekly.		<u>:</u>
	The diet order for resi	dent 53 was for puree,			Manager will monitor he	er weight	: :
	as tolerated with healt	h shakes six times a da	texture	Í	weekly to check progres	SS.	
	During interview with	the food service super	y. visor on	:	, ,		
	1/12/00, she stated tha	it the health shakes wer	*1301 011 e.d		3) The Weight-Loss con	nmittaa	
	ounces each providing	: 190 calories (a total o	f 1 1 1 0				
	calories for all 6 health	h shakes) and 7 grams	of	!	will audit the CNA flow		
	protein.				once a month. Those re		
					who are refusing to eat f		
	A dietary note, dated I	L.2.99, documented "I	Resident		or have weight loss in ex	ccess of	
1	continues with a m/s (r	mechanical soft) diet ar	nd		5% or greater in the last		
1	tolerates it well at this	time, generally greater	than or		or 10% in the last 180 da		
	equal to 75% at meals.	Will take house nour	ishment		be reviewed, and specific		
	X 6 qd (everyday) = I(00° o. Needs to receive	them	1			
	consistently between meals" During an additional interview with the food service supervisor on 1/12/00, she confirmed that resident 53 will drink 100% of her	litional		will be given to the nursi			
		1/12/00,		for follow-up. These she			
		% of her		be signed my a member of			
	supplement when offer	red.		!	committee and dated wh	en	
	The MIDO () :				reviewed.		
	The MDS (minimum d	ata set) for resident 53	, a			į	
	mandatory comprehens	sive assessment of the i	esident				
	completed by facility s	tarr, dated 8/27/99, doc	cuments				

	NTOF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO. 465069	JMBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMP	ETED
NAME OF	PROVIDER OR SUPPLI	~ 		DRESS CITY	STATE, ZIP CODE	1/13/0	0
	DEN NURSING & REF		1	5350 SOUT			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PRO VIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLET DATE
F 325	making were severe severely impaired, a assistance with eating The MDS for resident that resident 53 had staff to eat and drink. Based on the follow as aggressively as plosing a significant a. It was observed to resident 53 was one 300 hall to be served breakfast had been sminutes before it was assisting the resident the surveyor she had days. Resident 53 was slig was facing away frostanding. The aide prior to feeding resident of the bed or hostion to make the more pleasant for the for 7 minutes feeding than 10%. b. It was observed to resident 53 was the served her tray and been sitting in the history assisting in the history.	gnitive skills for daily of ly impaired, her vision and she needed extensivents. and 53, dated 11/5/99, do become totally dependent. ing, the facility did not ossible for this resident	was e cocumented ent upon intervene who was ast that s on the ident 53's er 30 he aide g and told ility a few with the degrees. side which was i's food vate the o a better er and ent a total 53 ate less fast, that hall to be kfast had when it	F 325	4) Each resident will be we no less than once a month, otherwise noted by the weiloss committee. Those residetermined by the weight less committee as being high risor greater weight loss in the 30 days, 10% or greater weight loss in the past 180 days, sl breakdown, frequently refut to eat, decrease in food into will be weighed no less that times a month. Recomment for those residents will be gat that time. The Dietary Manager will be responsible ensure that those recommendations from the weight loss committee are implemented. 5) Our staff will follow the weight loss policy and process. 6) The Dietary Manager and Administrator will be response to ensure compliance.	unless ight dents oss sk, 5% e past eight kin sing ake, n 2 dations given e to ad- facility's edure.	

AND PLA	ENT OF DEFICIENCIES	XII PROVIDER/SUPPI IDENTIFICATION N	IER/CLIA UMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATI	APPROVEE 2567-I SURVEY
			_	B. WING		COM	LETED
NAME C	OF PROVIDER OR SUPPLIE	46506	· · · · · · · · · · · · · · · · · · ·			1/13/	00
	DEN NURSING & REH			DDRESS, CITY, ST			
_	DEN NORSING & REH.	ABILITATION		T 5350 SOUTH UT 84405			
(X4) ID	SUMMARY ST.	TEMENT OF DEFICIENC	ES.	ID i	PROJECT BY AN OF SEC		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED B C IDENTIFYING INFORM	YETITI	PREFIX TAG	PRO VIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X:) COMPLETE DATE
F 325	Continued From page	37	-	F 325	DEFICIENCY)		+
	hall cart, the surveyor resident 53's breakfas	observed all the item t tray.	is on				
	At 8:20 AM, an aide of with her breakfast tray bed, with the head of degrees, and her body (facing the wall). At 8:23 and 30 second resident 53 with the broack on the hall cart a was observed that residents of the aide entering the the hall cart and observed that resident and observed tray was still 100% received anything off the At 8:26 AM, the surve	y. Resident 53 was sliper bed at approximal turned slightly to the distribution that the reakfast tray, placed the reakfast tray, placed the dent 53 was in bed wexact position she was room. The surveyor ved resident 53's breatfafull, resident 53 had the tray.	room of he tray duties. It ith her went to kfast tray.				
	with resident 53. The morning". When askersaid, "Oh, yes." When something, resident 53 breakfast?"	resident responded v d if she was hungry, r i asked if she could ea	vith "Good esident 53 it				: :
	c. When the DON was 3 and 1/2 minutes with resident had not receive the DON requested a rekitchen. The replacem house supplement of w 100% when offered.	resident 53 and that ed any portion of her eplacement tray from ent tray did not inclu-	the breakfast, the de the				
	d. Resident 53 had a p 8/25/99 and other press during the 10/27/99 cor	sure sores which were	observed				

STATEM	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPL	(ED/CLIA	T			2:	\$67-1
AND PLA	NOF CORRECTION	IDENTIFICATION N	IEW CLIA	(X2) MULT	TPLE CONSTRUCTION	(X3) DATE	SURVEY	
			O IVED CIK.	A. BUILDIN B. WING	NG	COMPL	ETED	۱.
		465069)	B. WING _				
NAME (F PROVIDER OR SUPPLIE	ER		DDRESS, CITY, ST	FATE ZIR CORE	1/13/0	0	L
	DEN NURSING & REH		375 EAS'					
				UT 84405				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCE	ES	ID	PRO VIDER'S PLAN OF C	YOR ECTION	-,	<u> </u>
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEEDED B	Y FULL	PREFIX	(EACH CORRECTIVE ACTION	ONRECTION	COMP	\$)
TAG	KEUCEATORY OR I	LSC IDENTIFYING INFORM	ATION)	TAG	CROSS-REFERENCED TO TH	IE APPROPRIATE	DA	LE FELE
F 325	Continued From	- 20			DEFICIENCY	`}		<u> </u>
	Continued From pag	ge 38		F 325				
	also had a significan	it loss from 8.18.99 to	10/23/99					
	I he facility dietitian	i did not recommend "N	(VI					
	📑 (multivitamin) with i	minerals and zinc to he	lo with	l i			İ	
	skin integrity" until	12/28.99, over two mor	ths after				į	
	had not implemented	nt loss. As of 1/5/00, the dietitian's recomm	e facility					
	of the multivitamin	with minerals and zinc.	endation	[
	no documentation to	evidence why this	The was					
	recommendation had	i not been implemented					:	
	The first day of surve	ev. 1 3 00. resident 53 :	weighed	į				
	The first day of survey, 1 3 00, resident 53 weighed 88 pounds. During the five additional meal							
	observations of resid	lent 53, from lunch on 1	/5/00 to					
	breakfast on 1/13/00.	, the resident was obser	ved to				:	
	receive greater assist	ance at meal times. Fo	r at least					
	one on one. At other	nurse was feeding res	ident 53				!	
	provide one on one fi	times, an aide was obseeding to resident 53.	erved to				1	
	1/13/00, the day of e	xit, the surveyor asked	∪II that					
	resident 53 be weigh:	ed. The restorative aid	e reported	•			'	
	that resident 53 was "	"90 pounds", an increa	se of two					
F 125	pounds from the day							
F 327 SS≃D	483.25(j) Requirement			F 327				
00 0	QUALITY OF CARE			1			:	
	 the facility must pro- sufficient fluid intake 	vide each resident with to maintain proper hy	1	ab			-	
	and health.	to mannain proper ny	aration					
	·						! !	
		not met as evidenced b						
	Based on observation	i, individual resident in	terview,				i !	
	facility did	entation, it was determi	ned the					
	fluid intake to mainto	le each resident with su	tricient			i		
	Resident 52.	in proper hydration and	i neaith.	İ			 	
		esident 32.					 	
	Findings include:					ļ		
				1		!		•

STATEM	IN CARE FINANCING	(X1) PROVIDER/ SUPPLI		-		FORM	APPROVE
AND PLA	NOF CORRECTION	IDENTIFICATION NO	EK/ CLIA JMRFR	(X2) Mt	JLTIPLE CONSTRUCTION	(X3) DATE	2567.
	•		MUZIK.	A. BUIL		COMPL	ETED
		465069		B. WIN	G	İ	
	F PROVIDER OR SUPPLIE		STREET AT	DRESS CITY	, STATE, ZIP CODE	1/13/0	0
MT OG	DEN NURSING & REH.	ABILITATION	375 EAST	Γ 5350 SOU"	, SIAIC, ZIP CODE		
			OGDEN,	UT 84405	ın		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIE	-	ID	PPOVIDERS BLAVIOR CORRE		
TAG	REGULATORY OR O	MUST BE PRECEEDED BY	FULL	PREFIX	PRO VIDER'S PLAN OF CORRECTIVE ACTION SHO	TION	(X5) COMPLET
	MEGOLATOR: OR L.	SC IDENTIFYING INFORMA	TION)	TAG	CROSS-REFERENCED TO THE APPL	SUBBIATE Subbiate	DATE
F 327	Continued F	20			DEFICIENCY)		DATE
	Continued From page	e 39		F 327			
				1	F-327		!
				<u> </u>			
	1. Resident 52 was o	bserved approximately	20 timas				
	over the days of 01/0	4/UG-01/05/00 and 01/	06/00		1) On February 10, 2000 an i	noonico	ا مارم
	During these observat	tions, resident 52's call	light was	İ	will be given to the Nurses ar	11SCI VICE	3-24-0
	incated at the bead of	the bed and outside of	tha		ified Nursing Assistants L.	iu Cen-	į
	nandrail, out of reach	Of the resident. Her wi	ater		ified Nursing Assistants by th	e ·	
	pitcher was on the bed	dside table which was			Director of Nursing. Hydratic	on,	
	reach of the resident	eet from the resident, a	nd out of		offering frequent verbal ques	to drink,	
	revealed that the word	Observation of the resi	dent		keeping water fresh and avail	able, as	`
	flaky, and her tongue	oxygen, her lips were was caked with a thick,	dry and		well as keeping call lights wit	hin	
	saliva. When resident	52 spoke, her tongue v	gummy		reach will be discussed.		
	stick to the roof of her	mouth.	*Ould				
					2) For resident 52, the Certification	ed	
	During the morning	g of 01 06/00, resident	52 was		Nursing Assistants will keep a)	
	interviewed. When as	ked how she got water	racidona		written log of dates and result	r re	
	of responded, "They o	IVe it to me". When as	ked if		which liquid was offered to he	· ·	
	she said "No" The	ten enough to meet her	needs.		each day. Her call light, and h	71 07	
	If she was thirst now	rveyor then asked residand the resident said."	dent 52		bed tray containing her water,	EI	
	The surveyor asked ho	w resident 52 contacted	Yes".		will be within her reach when		
	racinty statt. Resident	32 said. "My bell (call	light\"		she is in her had. The Co.		
	Coservation at this time	e revealed resident 52's	call		she is in her bed. The Care Pla	in	
	light was out of reach of	of the resident.	, 00,11	į	Coordinator will monitor her		
			ĺ	J i	fluid intake weekly to see that		
	3. Review of the Week	dy Evaluation sheets fo	r		it is within the guidelines giver	1	
	resident 52 where intak	e and output are record	led,		by the Dietary Manager, using	,	
	revealed the documenta	ition for intake was not			the fluid requirement formula.	;	
	complete for 10,99, 11, of the intake recorded r	ツァ 1499, and 1700, R	eview	ļ		•	
	01.03-09/00: 6 of 7 day	evealey. Ve with an involve accord					
	Total cc's (cubic centim	ra mili an intake amou: leters) for these days	Πζ.	į			
	000 (2 days), 720, 1360), and 1600.		i		•	
	12.99 5 of 11 days ide	ntified for recording in	take				
	amount nad amounts lis	ted. Total cc's for these	e days	ĺ]	
	were 600, 1130, 60, 214	‡5. and 580.	,-			;	
	11.99 13 of 16 days id	entified for recording :				;	

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	EDICLIA				25	57-L
AND PLA	N OF CORRECTION	IDENTIFICATION N		A. BUILD B. WING		(X3) DATE S COMPLE	UR VEY	•
		465069		B. WING		1/13/00	、 I	
NAME C	F PROVIDER OR SUPPLIE	ER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1/13/00	'	
MT OG	DEN NURSING & REH	HABILITATION	1	5350 SOUT				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B' LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PRO VIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRICTENCY)	OULD BE	(X: COMPI DAT) ETE E
F 327	Continued From page	ge 40		F 327		-		
F 353 SS=E	were 1320, 1070, 12 1200, 1440, 1200, 7 10/99 24 of 29 day intake amounts rang were less than 1000c The Consultant Diet pg. 6, Dr. Trish Well elderly, recommenda replace insensible lo good skin turgor, ran (cc = cubic centimete If one used the gener baseline daily fluid in resident's weight in k minimum fluid requi her weight during sur would be 1664cc per For 45 of the 48 days October, November, January, 2000, resid which is the minimum for a person weighing 483.30(a)(1)&(2) Re NURSING SERVICE The facility must hav provide nursing and maintain the highest	s had documentation. It defrom 340cc to 1320cc intake per day. itian, Winter 1998, Vol. Ch. reads "When working attions concerning fluid sases, maintain renal funding from 1500cc to 250 ers) ral guideline for formulation from the same for resident 52 rements for resident 52 revey of 122 pounds (55 day. s of documentation reviand December 1999, and December 1999, and the same for resident 52 received less that in recommendation of fing 122 pounds. quirement ES re sufficient nursing star related services to attain practicable physical, in	or and or	F 353	3) Upon admission to the fact the Dietary Manager will assisted fluid requirements needed for resident. The formula used (weight divided by 2.2 times. This will also be done for all residents within the facility, results placed on the closet of the Residents rooms. The Residents who have been de by the Dietary Manager as "Risk" will have a picture of a of liquid hung upon their was This will que the Certified N Assistants to offer liquid free when they are in the Resider. 4) The Care Plan Coordinate Administrator will be responsensure compliance.	sess the or that will be 30.) of the and the doors ose termined High a glass III. fursing quently outs room.		
	determined by reside plans of care.	II-being of each resider ent assessments and ind vide services by suffici	ividual			 		
				1				

If continuation sheet 42 df 60

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SUR VE IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 465069 1/13/00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MT OGDEN NURSING & REHABILITATION 375 EAST 5350 SOUTH **OGDEN, UT 84405** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PRO VIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (\$5) COMPLET PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 353 Continued From page 41 F-353 F 353 1) This plan of correction is detailed numbers of each of the following types of personnel in the insert titled, "F353 Nursing on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Services Staffing". Except when waived under paragraph (c) of this 2) When a staff member is used from section, licensed nurses; and other nursing personnel. another section of our company, or a pool nurse, they will be given a written orientation form to review Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to with the nurse who is responsible for serve as a charge nurse on each tour of duty. the hall that they have been assigned to. This Orientation form will be This Requirement is not met as evidenced by: signed by the staff member, and Based on interviews with a resident group, individual given to the Director of Nursing. residents, family members, the Ombudsman, and staff, it was determined that the facility did not have sufficient staff to provide the needed services for 3) Each Week, the Administrator. residents as required. and Nurse Management Team will review the staffing for the week. Findings include: Full staff is determined by obtaining a 95% compliancy of the company's I. Complaints of short staffing. Nursing budget guideline of 2.8 p.p.d.. In a confidential group interview held 01/04/00, Until this is obtained, recruiting efforts at 10:45 AM, 8 of 11 alert and oriented residents will continue as detailed in the plan reported that the facility was often short staffed. One mentioned in "Nursing Services Staffing". resident stated, "Didn't get bathed Saturday because only two people (staff) on the hall." Another resident stated, "I get bathed when there's enough people to 4) The Administrator will meet with bathe me." Another resident stated, "Fifteen to 20 the residents in Resident Council minutes (answering call lights), because we have no monthly. This information, as well help." Another resident stated, "They're supposed to as Resident and Family Member have two people watch me in the bathroom and they survey results mentioned in F-241 said they had other things to do." Yet another resident stated, "When they call trays are ready for the 300 will also assist in determining if hall, I have timed it and it's an hour before I get my the facility is properly staffed. tray." 5) The Administrator and Director of Staff Development will be responsible

to ensure compliance.

STATEM	TH CARE FINANCING ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/ SUPPLIDENTIFICATION N	IER/CLIA	(X2) MUL	TIPLE CONSTRUCTION		M APPRO 2. E SURVEY	₽6 7-1
		465069		A. BUILDI B. WING	NG	СОМ	PLETED	
NAME O	F PROVIDER OR SUPPLIER	3	STREET A	DOPESS CITY &	TATE, ZIP CODE	1/13/	/00	
	DEN NURSING & REHA	_	375 EAS' OGDEN,	T 5350 SOUTH UT 84405	I ATE, ZIP CODE			
(X4) ID PREFIX	SUMMARYSTA	TEMENT OF DEFICIENCIE	S	ID	PPO MOCHE NA ANDRE	<u> </u>		
TAG	REGULATORY OR LS	MUST BE PRECEEDED BY C IDENTIFYING INFORMA	(FULL ATION)	PREFIX TAG	PRO VIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE APPROPRIATE	COMP DA	5) LETE TE
F 353	Continued From page	: 42		F 353	DEFICIENCY)			
	b. In a confidential restated, "On the 1st the on the hall. The aide wand go away". c. On 01/03/00 at 1: interview, a family meday, reported the facilitime". The family menthe resident they visit whad his/her bath" when a special dinner. The fistaff explained the bath short on help". d. In a confidential in AM, a family member renough staff". He/she swait a long time to get freported observing a resminutes to get help to the	are was only one person will say you're not my life say you're not my life say you're not my life say you're not my life was "shorthanded and the reported an incid was "dirty and filthy are brought to the dining family member said the wasn't given because life wasn't given beca	al y other II the ent when nd hadn't room for e facility , "We're					
	e. On 01/03/00 at 10:1 interview, a family mem they visit, "Went severated me that they were seaturday". f. On 01/05/00, a staff is a heavy care wing and on their call lights. Pool through a contract agence because that's where its a staff member said the ha with 4 or 5 aides and is reserved.	30 AM, in a confidention stated that the result all days without a bath, hort of help last Tuesch member said, "The 30 they're (the residents) I aides (temporary helpsy) are always assigned always short staffed". If had previously heen	They lay and O hall always o hired there The staffed aides.					

TICITE	TMENT OF HEALTH H CARE FINANCING INTOFDEFICIENCIES	ADMINISTRATIO	N			FORM	ATG 1 APPROVE
AND PLA	NOF CORRECTION	(X1) PRO VIDER/ SUPP IDENTIFICATION (LIER/ CLIA NUMBER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION .	(X3) DAT	2567-i E SUR VEY PLETED
MAMEO	C DD O1/17-77-	46506				1/13/	00
	F PROVIDER OR SUPPLIEDEN NURSING & REH		375 EAS	DDRESS, CITY, ST T 5350 SOUTH , UT 84405			
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENC		U1 044U5			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEEDED I	TETT V	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMFLETE DATE
F 353	Continued From pag	e 43		F 353	DEFIGENCY)_		
	staff member said the "Medicare hall" had "usually" been running with 3 aides, but they "have had 2 for the past couple months".		"usually" had 2 for				
	h. On 01/04/00, durinterview, the residen nurse aides during the but mostly during the	t stated there was a si holidays, occasional	ortage of				, ,
	i. On 01/11/00, during a confidential resident interview, the resident stated that she had no set schedule for being turned and that the staff turn her "Just when they are not busy".		o set				
	j. On 01/11/00, during interview, the resident "When they're not bus	t stated that she was n	al resident urned,				
	k. On 01/12/00, during the facility staff stated the needs of the reside are only three aides we staff further stated that consistently working of the Christmas and Newwere two aides working and the consistently working of the Christmas and Newwere two aides working the consistent of the christmas and Newwere two aides working the christmas are designed.	that it was very hard into on the 300 hall working on the hall. The there are three aides on the 300 hall and the Year's holiday season the 300 hall. Ar	to meet then there ne facility at during on, there				: :
	residents and delivery	met included turning of snacks.	of the				! ! !
:	I. During survey and interview, the facility sholiday season there we on three halls and that these residents. When not get met when there aides (during the day sloof 4 whirlpool baths (C	taff stated that during ere two aides for 41 r all the cares were not asked what resident o was an insufficient n hift), the facility staff	the esidents done for cares do umber of stated.				

AND PLA	NT OF DEFICIENCIES NOF CORRECTION	(X I) PROVIDER/SUPPLI IDENTIFICATION NO		(X2) MULT	TPLE CONSTRUCTION	(X3) DATE	2567. Survey	-
				B. WING_		СОМР	LETED	
NAMEO	F PROVIDER OR SUPPLI	465069				1/13/0	00	
	PEN NURSING & REF				TATE, ZIP CODE			-
	THE RESIDENCE REP	ABILITATION	OGDEN,	C 5350 SOUTH UT 84405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PRO VIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO TI	ION SHOULD BE HE APPROPRIATE	COMPLET DATE	E
F 353	Continued From pa	ge 44		F 353	— DEFICIENCE	0		_
	are not given; residents are not given; residents who are not incontinent by the till them lay down. The residents who are us dining room aren't g dining room, the aid Some of these residents who are they are fed one at a having cold food. In During an inter 1.712.00, the aide star facility over 8 month definitely a problem were "many times were "many times were"	sitioned; residents are goot shaved; occasionally of the showers are missed; at the left to lay down be me the aides have time to facility staff also stated ually assisted with eatinotten up in time to go to es must feed them in the ents then have cold food time. Those who wait eview with a facility aide ted that he she had work is. The aide stated that the with lack of staff" and the haven't been able to definence pads) or provide to lack of staff."	oral cares and come to help I that if g in the the ir rooms. because end up e on ed at the there was that there					
	1/13.00, the aide stat facility over 6 month have been many time. When the aide was as provided in the facility able to get to turning incontinence care and care." o. During a confide the family member stated to 3 or 4 hours to get.	nterview with a facility a ed that he she had works. The aide stated that "s we've been short staffe sked how this affected the ty, the aide stated, "not learned repositioning or it hardly ever getting to contact that he she had "quelp for his her loved one that "sometimes it can thelp, and by that time, saper for hours. They justice that he she had "quelp for his her loved one that "sometimes it can thelp, and by that time, saper for hours. They justice that he she had "quelp for hours. They justice that he she had by that time, saper for hours. They justice that he she had by that time, saper for hours. They justice that he she had by that time, saper for hours.	ed at the there ed." ne care being oral n 1/5/00, it using e. The take up the speen					

STATELLE	H CARE FINANCING					FORM	APPROVED
AND PLAS	NT OF DEFICIENCIES VOF CORRECTION	(X1) PROVIDER/SUR IDENTIFICATION	NUMBER:	(X2) MULT A. BUILDIN B. WING	TPLE CONSTRUCTION NG	(X3) DAT	2567-I E SURVEY PLETED
N/43/15 0	5.00.00.00	4650	169			1/13/	/00
	F PROVIDER OR SUPPLIE		STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		"
MIT OGI	DEN NURSING & REH.	ABILITATION	375 EAS' OGDEN,	T 5350 SOUTH UT 84405	ſ		
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIEN	CIES	ID	PRO VIDER'S PLAN OF C	OBBECTION	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEEDED SC IDENTIFYING INFOR	BY FULL RMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X3) COMPLETE DATE
F 353	Continued From page	÷ 45		F 353	DEFIGENCY	()	+
:	have enough help." I lately he/she had beer get help for his her lo 2. Call lights. a. In a confidential of 10:40 AM, 10 of 11 rewere not answered time b. One family intervanswered timely. In a interview, it was stated it (call light) because to c. Surveyor observatights were not answered. On 01/04/00, durinterview, the resident 15 minutes for staff to resident needed to use not always able to wait in incontinence.	group meeting held esidents reported the hely iew stated call light another confidential d. "I have seen there they don't have time they don't have time they don't have time they don't have time they don't have time they don't have time at time to a timely. The stated that it takes answer call lights the bathroom, the reservoir in the stated that it takes answer call lights.	01/04/00, at nat call lights as were not family in just ignore and verify call resident up to 10 to When the resident was				
i	3. Bath schedules.						:
	a. In a confidential g at 10:40 AM, 6 of 11 getting baths that were b. A random review that only 3 of 27 reside scheduled. c. Review of the flow residents, revealed that scheduled.	residents complaine scheduled for them of 27 flow sheets do nts reviewed got the sheets for 4 of 18 s	ed of not coumented neir baths as				

AND PLAN	PLAN OF CORRECTION (X1) PROVIDER/ SUPPL IDENTIFICATION N 465069 E OF PROVIDER OR SUPPLIER		UMBER:	(X2) MULT A. BUILDIN B. WING	TPLE CONSTRUCTION NG	i	LETED
NAME OF	F PROVIDER OR SI 'PRI IE			DDESC CITY OF	TATE TIP CORE	1/13/	00
	DEN NURSING & REH			DRESS, CITY, ST 5350 SOUTH UT 84405			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCE Y MUST BE PRECEEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE E APPROPRIATE	(XS) COMP ET DATE
F 353	Continued From pag	ge 46		F 353	DEFICIENCY)	
	4. Oral care.						
	1/4/00, 1/5/00, 1/6/0 revealed him to have up of yellow and broteeth and a bad breat b. Observation of re 1/6/00, 1/11/00, 1/12 have a large build up on her teeth and a bad observations were m	esident 53 on 1 4.00, 1 2/00 and 1/13 00 revea of food and plaque-lil d breath odor. These ade at various times dural times before breakfi	d 1/13/00 large build al on his /5/00, led her to ke material				
	5. Clean bed linens.						:
	b. On 01/03/00 at 1 complained that their be changed. She lifted a of the resident's beds diameter brown stain the bedspread and pad w be on the bed 01/05/00 at 9:00 AM	ere observed to have d	AM, ged when ber 't get on top 5 inch n was on same rveyor to ain at				

STATEM!	ENT OF DEFICIENCIES	IG ADMINISTRATION (X1) PROVIDER/ SUPPLIER	/CUA	1,700,100,0			APPR	DVE 567-
AND PLA	NOF CORRECTION	IDENTIFICATION NUM	BER:		TPLE CONSTRUCTION	(X3) DAT	E SUR VE	-
			•	A. BUILDII B. WING	NG	COM	PLETED	1
N. 15 6	C 00 04	465069				1/13/	′0.0	
	F PROVIDER OR SUPPL				ATE, ZIP CODE	1/13/	00	├
	DEN NURSING & RE		375 EAST <i>5.</i> OGDEN, UT	350 SOUTH 7 84405				
(X4) ID PREFIX	SUMMARY'S	TATEMENT OF DEFICIENCIES		ID	PRO VIDER'S PLAN OF CO	PRECTION		<u> </u>
TAG	REGULATORY OR	CY MUST BE PRECEEDED BY FI LSC (DENTIFYING INFORMATI	JLL ON)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	ON SHOULD BE E APPROPRIATE	COM DA	5) PLET TE
F 353	Continued From pa	ge 47	E	353	DEFICIENCY)	<u> </u>	<u> </u>	
							1	
	6. Cold food.						·	
		•.					!	
	a. In a confidential	group meeting held on 01/	04/00,	İ				
	. at 10.40 AM, 4 01 I	i residents stated that their	food					
	was cold when they	got it.						
	individual interview	9:30 AM, during a confider	itial				1	
	individual interview, the resident stated that breakfast was cold and that the facility staff did not offer to						•	
	warm up the food.	seems, start and not offer	10				İ	
	c. On 01/05/00, du	ring serving of the breakfas	t meal					
	to residents eating in	their rooms on the 300 ha	II food	į				
	temperatures were te	ested on a resident's trave T	he				•	
	resident stated that it	gg was 93 degrees and the	1				i	
	d. On 01/05/00 do	was cold.	. !				1	
	sample tray was sent	ring serving of the lunch me to the 300 hall. Serving ti	eal, a				!	
	the room trays took a	approximately 40 minutes f	me or				:	
	when the food cart le	oft the kitchen and to when	all the	-			:	
	residents received the	eir trays. The food temper:	aftires :					
	on the sample tray, ta	iken when the last resident	:	i				
	received their tray, ir	idicated that the hot food w	as					
	vegetable were 105 d	ld food was warm. The mi	xed	!			ı	
	looked overcooked	legrees, lukewarm, and tast	ed and				;	
	and lukewarm. The	The meatballs were 110 deg milk was 60 degrees and wa	grees				1	
	Refer to F-364.	mik was oo degrees and wa	arm.				!	
	7. "Cares q (every) s	hift".						
	Review of the aides	flow sheets revealed two p	ages				ì	
	where the aides docur	mented information. Page.	one				i	
	identified specific car	e areas and page two may	}				į	
	identify more specific	Care areas demandia	- 1				i	I
		s well as a section entitled,	n the	Ì			1	

HEAL	TMENT OF HEALTH H CARE FINANCING	AND HUMAN SEI	RVICES		· · · · · · · · · · · · · · · · · · ·	FORM	ATG APPROVEC 2367-L
	NT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDER/SUP IDENTIFICATION		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		4650	69	b. willo_		1/13/0	₀₀
NAME O	F PROVIDER OR SUPPLIE	R	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		"
MT OGE	DEN NURSING & REH.	ABILITATION		5350 SOUTH			
(X4) ID		ATEMENT OF DEFICIEN		ID	PRO VIDER'S PLAN OF CO	RRECTION	
PREFIX TAG		MUST BE PRECEEDED SC IDENTIFYING INFOR		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE
F 353	Continued From pag	e 48		F 353	DERICH I		
	an aide, she stated that "cares q shift" included the specific mentioned cares-identified on page 1 and all the other cares a resident needed but were not specifically identified on page one. The aide further stated that this section must always be completed evif there was documentation on page one since it included the cares not specifically mentioned. She stated that "cares q shift" included items such as ora care, pericare, nail care, shaving for both men and women, combing of hair, assisting with makeup, washing out eyes in the morning, etc. On 1/25/00, during an interview with the nursing staff in charge the aides, this staff person stated that each specific care was to be initialled (on page one) and that the "cares q shift" (on page two) was to also be initialled. The section, "Care q Shift," was specifically for the initials of the aide responsible for providing the care to that resident since there was not space available beach of the specific care areas on the flow sheet for the aide's initials. She stated, "If the initials are not there, assume the cares are not done. If not signed (documented), not done." Review of the flow sheets, "Cares q shift" section, 4 of 18 sample residents, revealed that cares were missed from 15% to 56% of the time during a month from 1 to 9 days in a row, and up to 6 days for all three shifts in a given day.		ge 1 and all e not aide further inpleted even since it oned. She such as oral men and nakeup, 1/25/00, in charge of a specific d that the be initialled. Ally for the ing the care available by a sheet for als are not				
			res were ing a month,				
	a. For 11.99, resider "cares q shift" 56% of on 2-10 shift, and 40% were missed 1-9 days days in the month. R the 6-2 shift gave "ca 11/1-11/18/99 and the 11/1-11/21/99.	of the time-60% on 6% on 10-6 shift. "C s in a row with all sh leview of the flow sh tres q shift" 5 of 18%	-2 shift, 73% ares q shift" ifts missing 6 neet revealed days between				

STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLI	ER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE	256	7
AND PLAN OF CORRECTION		IDENTIFICATION NU	IMBER:	A. BUILDIN	4G	COMP	LETED	
	NAME OF PROVIDER OR SUPPLIER AT OGDEN NURSING & REHABILITATION	465069		B. WING_		1/13/6		
NAME O	F PROVIDER OR SUPPLIE		STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	1/13/	<u> </u>	
MT OGI	DEN NURSING & REH	ABILITATION	3	5350 SOUTH				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X3) COMPLE DATE	 E1
F 353	Continued From pag	ge 49		F 353				_
F 364 SS=E	7/99-12/99. "Cares row for a given shifts. Between 1/1/1/3/00-1/13/00), "cathe time and 1-3 day c. Resident 4 misse 9/99-12/99. "Cares row by a given shift shifts. a. Resident 29 miss 10/99 and 12/99. "Cares row for a given shift shifts. d. Resident 29 miss 10/99 and 12/99. "Cares row for a given shift shifts. This Regular receives prepared by method flavor, and appearant attractive, and at the This Requirement is Based on observation individual resident in temperature checks, not provide food prenutritive value and a attractive and at the Findings include:	equirement ES es and the facility provision that conserve nutritive ce. Food that is palata proper temperature. not met as evidenced by n, confidential group and tterviews and tray food it was determined the fi pared by methods that oppearance and food tha	7 days in a in for all is 125% of hift. hift" for 5 days in a in for all is 1-3 ides food a value, ble, ble, ble, ble, ble, ble tonserve the was	F 364				

STATEME	TATEMENT OF DEFICIENCIES (X1) PROVIDER/ SUPPLIER/ CLIA		ED (C)				250	7-Ľ
AND PLAN	OF CORRECTION	IDENTIFICATION NO		(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SL COMPLET	IRVEY	
	OF PROVIDER OR SUPPLIER STREE		B. WING					
NAME OF	PROVIDER OR SUPPLIE		. –	IDBESS CITY	STATE, ZIP CODE	1/13/00		
	EN NURSING & REH			5350 SOUT				
				UT 84405				
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCI	ES .	ID	PROVIDER'S PLAN OF CORRECT	TION		
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F 364	Continued From pag	te 50		F 364	F-364		274	シー
	individual interview, the resident stated that breakfast was cold and that the facility staff did not offer to warm up the food. 2. On 1/4/00 at 10:45 AM, during the confidential group meeting, 4 of 11 residents stated that their food was cold when they got it. They stated that residents who ate in their rooms received cold food and thought it was due to how the food was delivered. 3. On 1/5/00 during serving of the breakfast meal, a resident on the 300 hall who was eating in their room, gave permission for testing the temperature of their breakfast food. The resident had just taken the lid off of the main plate. The temperature of the scrambled eggs was 93 degrees Fahrenheit. As the resident sampled the food, the resident stated the hot food was cold. The resident also stated that the orange juice			1) The Dietary Department we change to the "Batch Cookin method of preparing meals. T is done twice during each me This will accommodate both members as well as residents meals to conserve nutritional value, flavor, and appearance 2) The Dietary Manager will order insulated domes and bottoms for the meals that are going out to the Residents rooms.	g" This al. staff			
	did not taste very good. 4. On 1/5/00, a test tray was ordered during the lunch meal to go on the 300 hall food cart. The loading of the resident trays on to this food cart was completed in the kitchen at 12:13 PM. The food cart was pushed out into the main dining room awaiting a facility staff to deliver it to the 300 hall. At 12:17 PM, an announcement was made over the loud speaker system that this cart was ready for delivery. At 12:20 PM, a facility staff took the food cart to the 300 hall. At 12:22 PM, a volunteer asked for the tray for a specific resident. This was the first tray taken off the food cart. Two facility staff continued delivery of the food trays. At 12:52 PM, facility staff took the next to the last resident tray off the cart. This resident awaited assistance from facility staff before being able to eat. One tray remained on the food cart at 12:56 PM when temperatures were taken of the food on the test			 3) The Dietary Staff will place the beverages into the freezer prior to meals going to the Residents rooms. 4) A microwave will be added to the Nurses station for the purpose of reheating a Resident's meal. 			:	

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER: SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SURVEY			
		MBER:	A. BUILI	DING *	COMPLETED			
	163060		B. WINC					
F PROVIDER OR SUPPLIE		CIDET . D	1/13/00					
	ADIENATION	OGDEN, I	UT 84405					
SUMMARYSTA	ATEMENT OF DEFICIENCIE	S .	ID	PROVIDERS BUAN OF CORDER				
REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE COMPLETE			
tray and the food was sampled. The mixed vegetable were 105 degrees, lukewarm, and tasted and looked overcooked. The meatballs were 110 degrees and lukewarm. The milk was 60 degrees and warm. It took the facility staff 40 minutes after the trays were completed in the kitchen to serve the trays to the 300 hall residents eating in their rooms. During an interview with the cook at 11:40 AM, she stated that the mixed vegetables had been frozen vegetables and that all the vegetables for facility staff and residents were prepared at the same time. She further stated that the lunch foods had been put in the steam table by 10:15 AM for serving to facility staff at 10:30 AM. Observation of the mixed vegetables revealed them to look overcooked. Resident tray line was scheduled to start at 11:45 AM for the lunch meal, I hour and 30 minutes after the food was placed in the steam table. 5. On 1:3:00 at 1:00 PM, a lunch tray was observed on a table near the foot of resident 50's bed. The resident was not in the room. A 11:50 PM, resident 50 had returned to the room. A nurse aide was observed to serve him the lunch tray which had been sitting out. Roast turkey, gravy, stuffing, carrots, bread and butter, and beverages were observed to be on the tray. Resident 50 ate a bite of dressing and stated that it was "too dry". The resident did not consume the rest of the meal. Resident 50 allowed the surveyor to test the temperatures of food items on the tray. The turkey was 82 degrees, dressing 82 degrees, and carrots were 78 degrees. 483.35(f)(1)-(3) Requirement DIETARY SERVICES Each resident receives and the facility resolutes as		F 364	5) On February 25th, 2000, the Administrator will conduct a inservice with the Certified Nursing Assistants. From the time that the tray cart is delivered to the hall, all trays are expected to be passed to the Residents within a 20 minute period of time. If the tray has not been passed within that period of time, or should the Resident complain of cold food, the CNA is to warm up the plate of food for 2 minutes in the microwave. This will be taught at the inservice. 6) The Dietary Manager, or Dietary Supervisor, will monitored.	an e s				
		observed itting out. and the tray. that it the rest or to test the turkey rots were	F 368	written log. This log will be kept daily, until a 95% compl is obtained. At this time, a te will be conducted once a wee These findings will be shared the Quality Assurance meeting monthly.	liance est ek. at			
	F PROVIDER OR SUPPLIEDEN NURSING & REH. SUMMARY STREACH DEFICIENCY REGULATORY OR LEGU	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From page 51 tray and the food was sampled. The mixed were 105 degrees, lukewarm, and tasted and overcooked. The meatballs were 110 degrees lukewarm. The milk was 60 degrees and was lit took the facility staff 40 minutes after the were completed in the kitchen to serve the tray 300 hall residents eating in their rooms. During an interview with the cook at 11:40 stated that the mixed vegetables had been frow vegetables and that all the vegetables for facing and residents were prepared at the same time further stated that the lunch foods had been greated than the lunch foods had been greated them to look overcooked. Resident was scheduled to start at 11:45 AM for the lumeal, 1 hour and 30 minutes after the food win the steam table. 5. On 1:3/00 at 1:00 PM, a lunch tray was of on a table near the foot of resident 50 sed. resident was not in the room. A nurse aide was to serve him the lunch tray which had been singuiting, carrots, bread a butter, and beverages were observed to be on Resident 50 ate a bite of dressing and stated was "too dry". The resident did not consume of the meal. Resident 50 allowed the surveyof the temperatures of food items on the tray. The was 32 degrees, dressing 32 degrees, and carrots degrees. 483.35(f)(1)-(3) Requirement DIETARY SERVICES	TOENTIFICATION NUMBER: 465069 F PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) Continued From page 51 tray and the food was sampled. The mixed vegetable were 105 degrees, lukewarm, and tasted and looked overcooked. The meatballs were 110 degrees and lukewarm. The milk was 60 degrees and warm. It took the facility staff 40 minutes after the trays were completed in the kitchen to serve the trays to the 300 hall residents eating in their rooms. During an interview with the cook at 11:40 AM, she stated that the mixed vegetables had been frozen vegetables and that all the vegetables for facility staff and residents were prepared at the same time. She further stated that the lunch foods had been put in the steam table by 10:15 AM for serving to facility staff at 10:30 AM. Observation of the mixed vegetables revealed them to look overcooked. Resident tray line was scheduled to start at 11:43 AM for the lunch meal, I hour and 30 minutes after the food was placed in the steam table. 5. On 1:3:00 at 1:00 PM, a lunch tray was observed on a table near the foot of resident 50's bed. The resident was not in the room. At 1:50 PM, resident 50 had returned to the room. A nurse aide was observed to serve him the lunch tray which had been sitting out. Roast turkey, gravy, stuffing, carrots, bread and butter, and beverages were observed to be on the tray. Resident 50 ate a bite of dressing and stated that it was "too dry". The resident did not consume the rest of the meal. Resident 50 allowed the surveyor to test the temperatures of food items on the tray. The turkey was 32 degrees, dressing 32 degrees, and carrots were 78 degrees. 433:35(f)(1)-(3) Requirement DIETARY SERVICES	TOENTIFICATION NUMBER: 465069 F PROVIDER OR SUPPLIER DEN NURSING & REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 51 Tray and the food was sampled. The mixed vegetable were 105 degrees, lukewarm, and tasted and looked overcooked. The meatballs were 110 degrees and lukewarm. The milk was 60 degrees and warm. It took the facility staff 40 minutes after the trays were completed in the kitchen to serve the trays to the 300 hall residents eating in their rooms. During an interview with the cook at 11:40 AM, she stated that the mixed vegetables for facility staff and residents were prepared at the same time. She further stated that the lunch foods had been put in the steam table by 10:15 AM for serving to facility staff at 10:30 AM. Observation of the mixed vegetables revealed them to look overcooked. Resident tray line was scheduled to start at 11:45 AM for the lunch meal, I hour and 30 minutes after the food was placed in the steam table. 5. On 1.3:00 at 1:00 PM, a lunch tray was observed on a table near the foot of resident 50's bed. The resident was not in the room. At 1:50 PM, resident 50 had returned to the room. At 1:50 PM, resident 50 had returned to the room. At nurse aide was observed to serve him the lunch tray which had been sitting out. 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SIMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SIMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 3.75 EAST 3350 SOUTH OCDEN, UT 84405 FROVIDER OR SUPPLIE STREET ADDRESS, CITY, STATE, ZIP CODE 3.75 EAST 3350 SOUTH CROSS-REFERENCED TO THE APPROPRIES (RACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) (RACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) TAG PROVIDERS PLAN OF CORRECT (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) TAG PROVIDERS PLAN OF CORRECT (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) TAG PROVIDERS PLAN OF CORRECT (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES) TAG PROVIDERS PLAN OF CORRECT (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES TAG (RACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES TAG PROVIDERS PLAN OF CORRECT (REACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES TAG (RACH CORRECTIVE ACTION SNA (CROSS-REFERENCED TO HE APPROPRIES TAG (RACH CORRECTIVE ACTI			

HEALI	H CARE FINANCING	ADMINISTRATION	VICES		* * * * * * * * * * * * * * * * * * * *	FORM APPRO	ATC VE:
AND PLAN	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATIO 465 NAME OF PROVIDER OR SUPPLIER		UMBER:	(X2) MUL A. BUILD B. WING	ING	3) DATE SURVEY COMPLETED	67-
NAME OF	PROVIDED OF SUPER	465069				1/13/00	
					STATE, ZIP CODE		
	EN NURSING & REH.		OGDEN,	5350 SOUT UT 84405	H 		
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F 368	There must be no more substantial evening manday, except as provided. The facility must offer the facility must offer when a nourishing some of the facility may elapsed and breakfast the group agrees to this mandak is served. This Requirement is a Based on observation, staff interview, and do the facility had greater substantial evening manday without the resided than 14 hour span and bedtime daily to all refindings include:	in the community. The than 14 hours between and breakfast the led in (4) below. It snacks at bedtime deack is provided at best between a substantial efollowing day if a real span, and a nouring the confidential group in ocumentation, it was der than 14 hours between and breakfast the first group agreeing to a that snacks were not sidents.	deen a following aily. dtime, up ital evening resident shing by: tterview, letermined en a following a greater offered at	F 368	7) The Dietary Manager will conduct an inservice with her staff on February 10th, and 25th to discuss the above information 8) The Dietary Manager, and Administrator will be responsible to ensure compliance. F 368 1) Meal time for the residents will be as follows: Breakfast 7:15 am Lunch 12:00 pm Dinner 5:15 pm This will satisfy the 14 hour time requirement between dinner and breakfast.	e 3-24	1-00
	1. On 1/4/00 at 11:10 AM during interview with the food service supervisor, she stated that the mealtimes were: 7:10 AM for breakfast, 11:45 AM for lunch, and 4:45 PM for dinner. This is a 14 hour and 25 minute time span between a substantial evening meal and breakfast the following day. Review of the resident council minutes for the past year revealed no documentation identifying that the resident council had given approval for a time span greater than 14 hours between the evening meal and breakfast the following day.			2) The Dietary Manager will more when the meals are started. This be done no less than weekly, by of written tool, signed and dated her. This will be done until a compliance of 95% success is reached. At that time the monitoring will be once a month.	will way by		

DEPARTMENT OF HEALTH AND HEALTH CARE FINANCING ADMINISTRATION

STATEME	NT OF DEFICIENCIES	L.V. DOOLEDED GLEDN					2567-		
AND PLAN	FOF CORRECTION	(X1) PROVIDER/ SUPPLI			LTIPLE CONSTRUCTION	(X3) DATE	SURVEY		
		IDEATH CATION NO	NINE EX.	A. BUILI		СОМЕ	LETED		
		465069		B. WING					
NAME O	F PROVIDER OR SUPPLIE			LEET ADDRESS, CITY, STATE, ZIP CODE					
	DEN NURSING & REH.								
			OGDEN,	: 5350 SOUT UT 84405	н				
(X4) ID PREFIX		ATEMENT OF DEFICIENCE		`ID	PRO VIDER'S PLAN OF CORR	ECTION			
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	i i i i i i i i i i i i i i i i i i i	SC IDENTIFY ING ENFORM	ATION)	TAG	CROSS-REFERENCED TO THE AP	PROPRIATE	DATE		
F 368	Continued From page	e 53		F 368	DEFICIENCY)				
				. 200	2) O. E. i. osth	•			
	•				3) On February 25th, and in				
	0 1:500 1 1	_			was given to the Certified				
	On 1.5.00 during an	interview with the adn	ninistrator,		Assistants by the Administ				
	ne stated that there w	ere no resident council	meeting		Offering a bedtime snack v	vas			
	time span between the	val for the greater than e evening meal and bre	14 hour		discussed. All residents will	ll be			
	following day.	e evening mean and ore	akiasi ine	<u> </u>	offered a bedtime snack.	Γhis			
		• .		ļ	will be monitored through	a	-		
	2. On 1/4/00 during the	he confidential group r	neeting 4	İ	Resident satisfaction surve	and the second s			
	of 11 residents stated	that they were not offe	ered a		which is to be conducted by				
	snack before bedtime	daily.			Social Service. Findings w	-			
F 371 SS=E	483.35(h)(2) Requires	ment		F 371	shared each month at the (
33-E	DIETARY SERVICE				Assurance meeting. The D	~ "			
	The facility must store	e, prepare, distribute,	and serve		of Staff Development will				
	food under sanitary c	onditions.			be monitoring the Certified				
	This Requirement is	not met as evidenced b	y:	/2.()	Nurse Aide flow sheets to	ļ			
	Based on observation.	, interview, and temper	rature	8/15	ensure compliance.				
	checks, it was determi	ined the facility did no	t store.		•				
	prepare, distribute, an	id serve food under sar	iitary		: :				
	conditions.		i :		4) The Dietary Manager ar	nd			
	Findings include:		1		Administrator will be response		:		
			İ		to ensure compliance.				
	1. On 1/4/00 at 2:15	PM, the dish washing	machine						
	temperatures were che	cked. The rinse water	•						
	temperatures ranged fi	rom 95 to 105 degrees	on three						
	different washing cycl	les and the wash water					į l		
	temperatures ranged fi	rom 75 to 95 degrees.	The						
	placard on the side of identified the minimur	the dish washing mach	ine						
	and the wash cycle wa	in temperature for both	ing and						
	sanitizing the dishes.	is the degrees for was	ing and						
	2. On 1/5/00 at 11:40	AM, food temperature	es were						
	taken for the lunch me	al. The cold food tem	peratures						
	were taken by the surv	eyor with the facility's	food						

FORM APPROVED
2567-1

STATEME	ATEMENT OF DEFICIENCIES (X1) PROVIDER SUPPLIER CLIA	<u> </u>			2567-1		
	D PLAN OF CORRECTION (X1) PROVIDER SUPPLIER IDENTIFICATION NUM			A. BUILD		(X3) DATE COMPL	SUR VEY LETED
	#65069 E OF PROVIDER OR SUPPLIER	1	B. WING		1/12/0		
NAME O	F PROVIDER OR SUPPLIE	 		DRESS CITY	STATE, ZIP CODE	1/13/0	<u> </u>
	DEN NURSING & REH		ľ	5350 SOUT			
		ABILITATION	OGDEN,				
(X4) ID		ATEMENT OF DEFICIENCE		l ID	PRO VIDER'S PLAN OF CORR	ECTION	
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F 371	Continued From pag	e 54		F 371	F-371		32400
	thermometer. The milk (already poured in glasses and sitting on a tray on the counter) was 53 degrees, the grape juice was 57 degrees, the orange juice was 56 degrees, and the high protein nourishment was 56 degrees Fahrenheit. Good sanitary practice identifies that cold foods are to be maintained at 41 degrees or below when served from tray line. 3. On 1/5/00 the "breakfast club" meal included fried eggs. Observation in the main dining room during the breakfast meal, revealed that eggs were being fried in an electric fry pan by facility staff. There were approximately 12 eggs in the fry pan at one time. Four of the eggs observed were cooked to the extent that the egg whites were white. Approximately eight newly cracked eggs had been added to the fry pan. The whites of these eggs were clear. These newly cracked eggs were touching and among the four mostly cooked eggs. Residents were served the mostly cooked eggs before the newly cracked eggs were cooked.			1) The Maintenance Super install a booster to the distanchine. This will increase minimum temperature for the rinse and the wash cycl 120 degrees for washing a sanitizing the dishes. 2) The meal beverages will chilled in the freezer prior serving. This will maintain foods at 41 degrees or belowhen served from the tray 3) Soft cooked eggs and freegs will be replaced with pasteurized eggs. 4) The Dietary Manager, of	h washing se the both sle to and cold ow, line.		
	dining room, revealed the plates had left a li- of the fried eggs in the that the fried eggs we on a dinner plate. Re- taken from this dinner observed on the dinner on the individual resi	·	many of servation evealed nches high ed eggs sidue was eggs and		Dietary Assistant will mon daily, with a written tool, to dishwashing temps, as well the cold beverage temps. This will be done for all more	itor the I as	
	revealed "soft cooked	itly used 5 week cycle deggs" were on the me or all 5 weeks. Fried e	nu one to				

AND PLAN OF CORRECTION (X1) PRO VIDER/ SUPPLIER/ CLIA	ER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	1222	25	6		
AND PLAN OF CORRECTION		IDENTIFICATION NO	IMBER:	A. BUILE	DING CONSTRUCTION	(X3) DATI	ESURVEY	l
				B. WING		- COWI	LETED	l
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	+			TAG	CROSS-REFERENCED TO THE	APPROPRIATE	DAT	E
F 371	Continued From pag	ge 55		E 271	DEFICIENCY)		- 	Ļ
	,	54 23		F 371	5) An incoming will be			l
			}		5) An inservice will be c			l
	on the menu one to t	two times per week for 3	of the 5		ducted by the Dietary M		!	l
	weeks as well as bei	ng Offered two times a r	nonth at		on February 10th, and 25	th for		l
	the "breakfast club"	meal.	ontil at		the dietary staff to instru			l
			Į		them of these changes.			l
	Nursing home resident	ents are considered a hi	ehlv			į		l
	Susceptible population	on. Good food sanitatio	n		6) Findings from the sha		j	l
	practices identify that	it immediately broken ra	w shell		6) Findings from the abo			l
	eggs shall be cooked	to heat all parts of the t	food to		will be provided to the (¿A com-		l
	143 degrees or above	e for 15 seconds. Pastei	urized		mittee each month.			l
	eggs are to be substit	tuted for shell eggs in th	e				:	l
	preparation of foods where four or more eggs are pooled to be cooked separately. References: Food Code, U.S. Public Health Service, 1999, and the state Food Service Sanitation Rule, Effective Date: October 15, 1996.				7) The Dietary Manager	and	•	l
					Administrator will be res			l
					sible to ensure complian			l
					siole to chaire compilation	Le.		l
								l
F 441	•			;			;	ı
SS=E	483.65(a)(1)-(3) Req	uirement		F 441				ı
	INFECTION CONT	ROL		Λ			i	l
	The facility must esta	iblish an infection conti	ol	270				l
	program under which	it investigates, control	s, and	<i>L-</i>				ı
	procedures such as :	the facility; decides w	nat					ı
	individual recidents of	solation should be appli	ed to an					l
	incidents and correcti	nd maintains a record of ive actions related to in	t .				1	ı
	moreonia and correcti	ive actions related to in	rections.				:	ı
!	This Requirement is	not met as evidenced by	<i>,</i> ,				į	l
		, it was determined the		1			•	l
i	did not establish and	maintain in infection co	ntrol	}				ı
	program which contro	ols and prevents infection	ns in the	İ				1
	facility for 3 of 18 sar	npled residents and 3 or	hers.	ļ			!	l
	Residents 01, 11, 26,	43, 51, and 91.					į	
							!	1
	Findings include:							
:								
:				İ			1	1
	1. Resident 51 was o	bserved lying on his bed	at 1:15					
			1	1			1	1

STATEMENT OF DEFICAND PLAN OF CORRE	CIENCIES CTION	(X1) PROVIDER/SUPPLI			LTIPLE CONSTRUCTION	(X3) DATE	2567-L SURVEY
				A. BUILI B. WING		COMPLI	ETED
		465069	<u> </u>			1/13/00	,
NAME OF PROVIDE	R OR SUPPLIE	R	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
MT OGDEN NURS	SING & REH	ABILITATION		5350 SOUT			
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F 441 Continu	ed From pag	e 56		F 441	F-441		324-00
which dobserved his torsed backwar. On 01/1 have a downeelch transfer was obset than the always be to prevent to prevent to check under he contaminate to check under he contaminate to change the site for rebandage dressing	rained into a d to be lying b. His position des from the last of t	ident 51 had a foley calleg bag. The resident flat with his legs eleval in allowed collected uring bag towards his bla. PM. resident 51 was on ghanging from under wo aides were getting from wheelchair to bed, the catheter bag eleval ist. A down drain bag lower than the resident flowing back into the admitted 01/4,00 with an bag. On 01 5,00 at 20 observed to be resting. The tubing was clamped in the tubing was clamped in the tubing was clamped in the pick up the down of put, then set it flat on the resident of the best of expressed the risk of expressed the risk of expressed the risk of expressed the risk of expressed the risk of expressed of infection. 45 AM, resident 1 was the hallway with the capture of the flat on the catheter tube and good the flat of the catheter tube and good the catheter tube and good the catheter tube and good. A cut gauze dress in cause infection in a was a specific to the catheter tube and good th	was ted above ine to flow dder. bbserved to his eady to one aide ted higher should t's bladder bladder. a foley 2:40 PM, on the ed to her ed frame. drain bag the floor s observed atheter bag oor under erved to catheter uze placed the ing has		1) On February 10, 2000 an will be given to the Nurses a Certified Nursing Assistants Director of Nursing. Foley concluding proper positioning, infection control issues, as we dressing changes and the disposition of contaminated items will be discussed. 2) For Residents 1, 11, 26, 4 and 91 infection control relation concerns such as Foley care, positioning will be monitored will be done not less than one week, and will be detailed on written audit tool, consisting date, time and signature. The will include catheter care don properly, proper tubing place and elevation, checking for contaminates in room during dressing changes. This audit we continue until a success rate of 95% is obtained, at which time the audit will be reduced to no less than once a month. 3) Results from this audit will shared each month at the QA meeting.	nd by the are, related rell as posal e 3, 51, ed and l. This ce a a of audit e ment will of ae o	

STATEMENT OF DEFICIENCIES

FORM APP (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE

STATEMI	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPP	LIER/ CLIA	(Y2) MI	II TIPLE CONTENT		256		
AND PLA	N OF CORRECTION	IDENTIFICATION ?	WMBER:	A. BUIL	ILTIPLE CONSTRUCTION	(X3) DATE	SURVEY		
				B. WING		COMPL	.ETED		
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			STREET AL	DDRESS, CITY	STATE, ZIP CODE		<u> </u>		
	T OGDEN NURSING & REHABILITATION 375 EA OGDE			AST 5350 SOUTH N, UT 84405					
(X4) ID			IES -	(D	PRO VIDER'S PLAN OF CORRECT				
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F 441	Resident II's catheter down drain bag was o		observed	F 441	4) The Assistant Director of will be responsible for follow	v-up			
	The plastic down dra	loor_at the resident's b tin bag was laying on on of catheter tubing y	edside. the floor		matters discussed by the Qua Assurance team members.	•			
	5. On 01/13/00 at 8	:30 AM: a soiled disn	osable brief		5) The Assistant Director of and the Administrator will be responsible to ensure compliant	;			
F 520	5. On 01/13/00 at 8:30 AM, a soiled disposable br was observed to be laying on the overbed table of resident 26. A hair comb was on the table, protrudit out from under the brief. 6. On 1/4/00, a facility staff nurse was observed to provide incontinence care to resident 43 who was soiled with feces. The staff nurse used washcloths and hand towels to clean away the feces and was the observed to place the soiled linens directly onto the floor next to the resident's bed. The staff nurse was not observed to call for housekeeping to clean the arof floor that had been contaminated by the soiled linens.		erved to no was chcloths d was then onto the urse was	F 520	F 520 1) Our Quality Assurance cowill be comprised of no less to following:	mmittee	3-24-5		
SS≈E	483.75(o)(1) Requirer ADMINISTRATION A facility must mainta assurance committee nursing services; a ph facility; and at least 3 staff.	tin a quality assessme consisting of the directly systetian designated by	tor of	Ed	Medical Director Administrator Director of Nursing Asst. Director of Nursing Staff Developer				
	This Requirement is r	not met as evidenced h	ov:		Care Plan Coordinator Dietary Manager				
;	Based on interview an determined the facility assessment and assurate physician designated by	d record review, it wa did not maintain a qu nce committee which	is iality		Maintenance Supervisor Housekeeping Supervisor				
	Findings include:	у ше гасику.			2) The Director of Nursing ar Administrator will be respons	ible,			
<u> </u>	1. On 01/13/00 at 9:30	0 AM, an interview w	as		making sure that all members assuring compliance.	attend,			

AND PLAN OF CORRECTION . IDENTIFICATIO		(XI) PROVIDER/SUPPI IDENTIFICATION N	TUMBER:	(X2) MULT A. BUILDI B. WING	TPLE CONSTRUCTION NG	COMPLETED		
				DBESS CITY on	ENTE ZIR CORP.	1/13/0)0	
			375 EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 5350 SOUTH OGDEN, UT 84405				
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F 520	Continued From pag	ge 58		F 520				
	conducted with the Director of Nurses (DON). The DON reported that the physician had not attended the quality assessment and assurance (QA&A) committee meetings. 2. Minutes of the monthly QA&A meetings from July, 1999 through December, 1999, were reviewed. There was no documentation of who attended the meetings from July to November, 1999. Names of those attending were included on the minutes for December, 1999, but no physician was listed. 3. On 01/12/00 at 3:40 PM, in an interview with the facility medical director, the physician stated he doesn't attend QA&A meetings with the facility. He stated that he was unable to remember the last time he attended a QA&A meeting but may have attended "Maybe two" over the past year.		attended the committee ags from reviewed. ded the dames of tes for led. w with the led he cility. He last time he					
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AND PLAN	AND PLAN OF CORRECTION (X1) PROVIDER/ SUI IDENTIFICATION		TUMBER: A. B. W		2) MULTIPLE CONSTRUCTION BUILDING WING		(X3) DATE SURVEY COMPLETED	
NAME OF	DDOLUDED	465069				1/13/0	90	
	PROVIDER OR SUPPLIE		STREET ADD	RESS, CITY,	STATE, ZIP CODE			-
MI OGDEN NURSING & REHABILITATION				375 EAST 5350 SOUTH OGDEN, UT 84405				
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F 520 Continued From page 59			F 520	DEFICIENCY)		 		
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Mt. Ogden Nursing and Rehab Satisfaction Survey

Dear Resident, or Family Member:

In order to better assist us in providing for the needs of our residents, could you please take a few moments, and fill out the following questions regarding the care received at our facility.

Please answer the questions using the following: 1-poor, 2-fair, 3-good, 4-excellent or N-if not utilized

Nursing
Friendliness of our nursing staff.
Does the nursing staff understand the specific needs of the resident?
When a concern regarding care is given to the staff, are they helpful in resolving it?
Is their a 'prompt' response in answering the call lights?
Do you feel that necessary information is passed from shift to shift?
Overall rating for Nursing care provided.
Tell us about your favorite Nursing staff member
Comments to improve our nursing care
Dietary
Are dietary staff members helpful and courteous?
How would you rate the taste of our meals?
Is their variety in the meals which are offered?
Are the meals served at a desirable temperature?
Are meal substitutions being offered when regular menu items are not acceptable?
Are snacks offered between meals, and at night?
Do you enjoy our special events such as Restaurant night, and Breakfast club?
Overall rating of our Dietary department.
What do you enjoy most about our Dietary dept?
Comments to improve our Dietary dept
Activities
Are the activities offered interesting, and a good variety?
Are the materials adequate for the activities?
Is there adequate supervision during the activities?
Are the dates, times, and places of the activities easily accessible?
Overall rating of our Activity dept?

What do you enjoy most about the Activities?					
Comments to improve our Activity dept					
Social Service & Administration					
Are your complaints or concerns addressed within an appropriate time frame?					
Are complaint or concerns resolved or explained?					
Are the Family Action Council meetings helpful, and of benefit?					
Are the emotional needs of the resident being met?					
Is information regarding Medicare, Medicaid or Billing helpful?					
Are residents and their family members being invited to our Interdisciplinary Team Meetin					
(I.D.T.), where resident's care information is reviewed?					
Overall rating of this dept?					
Tell us about someone who has been helpful in this dept?					
Comments to improve this dept					
Overall rating of our facility?					
Thank you for participating in our survey. Our continued desire is to provide excellent quality health care for all of our residents.					
Respectfully,					
Ray Wilde					
Administrator					

F353 Nursing Services Staffing

On January 1st, through February 4th 2000, meetings attended by Utah Senior Service's President, Vice President, as well as Mt. Ogden's Administrator, Acting Director of Nursing, Assistant Director of Nursing, and other various department heads were conducted. Among other issues, short staffing resolutions were discussed. Our plan of action consists of the following, which divides the solution into two areas.

Urgent Staffing Resolution.

On February 2nd, the President and Vice President contacted various branches of the parent company Utah Senior Services to set in place the recruiting of RN's, LPN's, and CNA's to fill immediate positions at Mt. Ogden Nursing, thus filling open shifts which the facility is experiencing. This process included overtime approval, bonuses, travel expense, as well as some hotel expenses which are to be paid by the company.

Each Monday, a "Staff Needed" hot sheet will be faxed to these locations by the Acting Director of Nursing, which details any shifts which need to be filled. The Director's at those locations will then respond back to the Acting DON with those employees who can fill the shifts. This process will continue until Mt. Ogden Nursing is considered to be "Fully Staffed" in their nursing dept.

Direction has also been given by the President that the facility is NOT to use pool nurses, unless the situation is unavoidable. With the overwhelming response that we have been getting from the other branches of the company, it is very unlikely that we will be using the pool.

Long-Term Staffing Resolution.

The long term solution to our short staffing will come by successfully resolving the following areas:

- 1. Advertising and Recruiting Efforts
- 2. Current Management Changes
- 3. Employee Compensation
- 4. Staff Morale
- 5. New Employee Orientation and Training
- 6. Misc

Advertising and Recruiting

The Acting Director of Nursing, and the Assistant Director of Nursing will continue to place "Help Wanted" adds in the local newspaper. Additional recruiting contacts will be made to the following:

- 1. Job Corps
- 2. D.A.T.C.
- 3. Weber State University Dept of Nursing

Other Solutions include:

- 1. Offering a "Sign-On" bonus to new employees who successfully complete 6 months of employment.
- 2. Offering a "Finders" bonus to any current staff member who attracts a new nursing employee who again, completes 6 months of employment.
- 3. The Acting Director of Nursing will contact various nursing employees who have resigned in hopes to attract them back to employment as result of management changes, and other issues that have been resolved.
- 4. Considering higher salaries for CNA's.

Current Management Changes

On February 7th, the President will be making a change with our Director of Nursing. As a result of this change, other Nursing Management positions will be changed as well.

Effective Immediately, Ray Wilde who is the Vice President of Utah Senior Services inc., will be acting as Assistant Administrator spending a great deal of time within the facility, working towards the resolution of these survey concerns. Dan Heiner, President of Utah Senior Services inc., will also be assisting greatly, with frequent days spent in the facility in a consulting role, offering assistance in this difficult piece of our survey deficiencies.

Our current Administrator Mike Wilde will be resigning from his position on March 1. At this time, Ray Wilde, license # 88-123008-1501, will be acting as Administrator until the position can be permanently filled.

Employee Compensation.

On February 8th, the Director of Nursing, Administrator, and Vice President will review all current nursing staff's salaries. Adjustments will be made if necessary if they are found to be inadequate with the current market.

The Director of Nursing and Assistant Director of Nursing have also conducted a survey of the nursing facilities in the area to determine the industry salary standard. There will be discussion on the 8th of February to determine if the our current starting salary needs to be adjusted, based upon those findings.

Staff Morale.

During the week of January 31st, Dan Heiner and Ray Wilde conducted interviews with current nursing staff members to assess the morale of the facility, as well as identifying areas of concern.

Based upon those findings, as well as current management input, the following plan will be followed.

- 1. Change of Nurse Management, which has already been addressed.
- 2. Staff working short, addressed as detailed above in recruiting staff.
- 3. New Staff working with new residents after their orientation without understanding specifics of these residents. This will be addressed in New Employee Training and Orientation.
- 4. Employees not feeling appreciated for a job well done. Dan Heiner has given management direction to "Catch Staff Doing Right!" Constant rewards of praise, as well as occasional gifts such as movie tickets, soft drinks, treats, etc will be given to those staff members who are doing great things for the residents.

New Employee Orientation and Training.

We will continue to orient new CNA's with 'hands-on' instruction for the same amount of time which they presently are receiving, which is up to 37.5 hours. However, the following changes will be made in this process.

- 1. The program "Train the Trainer" will be implemented. This program consists of approximately 6 seasoned CNA's, which have been approved by management to serve as trainers. As these CNA's train new staff, consistency should result, thus enhancing our staff's performance.
- 2. Once trained, that new staff member will stay on the same hall where they were orientated for a minimum of two weeks, baring immediate needs elsewhere throughout the facility. This will create a feeling of comfort and reduce some of the frustration that new staff are experiencing.
- 3. "Welcome to Our Family". The Director of Nursing will meet with the nursing staff on February 10th, instructing them to welcome all of our new staff members into our "Mt. Ogden" employee family. Care should be given to see that all of the new staff are welcome, and feel happy to be a part of the facility.
- 4. The Director of Nursing or the Assistant Director of Nursing will meet with each new nursing employee within 2 weeks of their employment to personally see if they are feeling a part of the team.

Misc.

Any additional assistance from agencies such as Job Corps, Weber State University, and D.A.T.C. will be solicited.