PRINTED: 11/02/2005 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465069	B. WING		C 08/01/2005	
	ROVIDER OR SUPPLIER	AB	37	EET ADDRESS, CITY, STATE, ZIP CODE 5 EAST 5350 SOUTH GDEN, UT 84405	i didinado	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE COMPLETION DATE	
F 000	was identified during conducted from 7/2 cited under immediand safety were F-On 8/2/05, a follow determine if the factimmediate jeopardilt was determined to been removed as conducted from the faction of the faction o	y to resident health and safety an abbreviated survey 21/05-7/28/05. Deficiencies ate jeopardy to resident health 157 and F-309. -up survey was conducted to sility had removed the y to resident health and safety that immediate jeopardy had of 8/01/2005, but the facility tial compliance and	F 000	amended per 1. completed on 1. on 8/17/05 by h	pr 10/31/05 etepted Buseabark	
F 157 SS=J	A facility must imm consult with the resknown, notify the reor an interested far accident involving transparent injury and has the printervention; a sign physical, mental, or deterioration in heastatus in either life clinical complication significantly (i.e., a existing form of treconsequences, or treatment); or a dethe resident from the §483.12(a).	ediately inform the resident; sident's physician; and if esident's legal representative mily member when there is an the resident which results in potential for requiring physician ificant change in the resident's resychosocial status (i.e., a alth, mental, or psychosocial threatening conditions or ns); a need to alter treatment need to discontinue an atment due to adverse to commence a new form of cision to transfer or discharge ne facility as specified in	F 157	Utah Department of Hea 11-9-05 NOV 1 4 2005 Bureau of Health Facility Licensin Certification and Resident Assessm		
ABORATOR		DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE	

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

Adm WEASHDUS

1-7-nc

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465069	A. BUILDING B. WING			C 1/2005
	ROVIDER OR SUPPLIER		37	EET ADDRESS, CITY, STATE, ZIP CODE 5 EAST 5350 SOUTH GDEN, UT 84405	1 0870	172005
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
F 157	change in room or specified in §483. resident rights und regulations as spethis section. The facility must rethe address and p	age 1 y member when there is a roommate assignment as 15(e)(2); or a change in der Federal or State law or ecified in paragraph (b)(1) of ecord and periodically update hone number of the resident's re or interested family member.	F 157	Resident #1 has been discharged from the facility. Whenever a nurse notices change in condition with a resident, they will fill out a "Assessment - Change in Condition" worksheet with the resident's information. (See Forms)	a h	
	by: Based on interview was determined the residents the facilities resident's physicial the resident's state Resident 1 had a reported to the pherould make an aptreatment, nor didupdated of the resident 1 was accommodated with diagnoses incommodated insertion, atrial fibin infarction, history urosepsis, renal face.	dmitted to the facility on 6/2/05 cluding, cardiac pace maker rillation, acute myocardial of bacterial endocarditis, ailure, insulin dependent anemia, hypertension, and a		This information will be shared with the resident's physician in a timely mann to convey a clear picture relating to the resident's condition. The nurse will then follow the doctor's orders as directed. This too will be noted in the nurses notes. Should the attending physician not return the cal promptly, direction will be given by the member of nurse management.	, 11:	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		465069	B. WIN	G		1	1/2005
	ROVIDER OR SUPPLIER	AB	•	375	ET ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH DEN, UT 84405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 157	Record review was 7/26/05. The Physician Ordo (POLST), for Resid and included, "Do Nadditional Intervent suction, treatment bag-mask/demand medication, intrave in indicated, but no long-term life supplinstructions on the receive antibiotics and nutrition if family on 7/18/05, vital sidocumented to be temperature 96.4; On 7/18/05 at 1:15 Practical Nurse) do "Doctor called, left change in patients notified. Will continutified. Awaiting signs) 78/54,120,5 verbal stimuli. O2 (liters) per NC (nasmonitor." On 7/18/05 at 1:30 nursing note, "Doctor wants to waupdate him if anythnotified, informed in the stimuli of the s	er of Life Sustaining Treatment dent 1, was initiated on 6/2/05 Not Resuscitate with Limited tions, including; oxygen, of airway obstruction, valve, monitor cardiac rhythm, mous fluids, transfer to hospital endotracheal intubation or ort measures." Per POLST, Resident 1 could or artificially administered fluids ily was notified and approved. gns for Resident 1 were blood pressure 110/52; pulse 76; and respirations 20. PM, LPN 1 (Licensed ocumented in a nursing note, message on voice mail about condition. Son called and nue to keep both parties call back from doctor. VS (vital 8. Patient not responding to (oxygen) saturation 92% at 2L sal cannula). Will continue to PM, LPN 1 documented in a ctor called back update given. atch her (Resident 1) plus ning new happens. Son nim that he will be notified if tiges. Will continue to monitor."	F	157	The attending nurse will call the member of nurse management who is on cal to report the change of condition. Specific directi will then be given. The nurse will continue to monitor the resident at least every hour, and report find to the attending physician needed. The Resident's representativill also be notified prompand updated as needed. The Director of Nursing will also be notified prompand updated as needed. The Director of Nursing will share this information monthly at our Quality Assurance meeting, and will ultimately be responsible to ensure compliance.	st lings as tive ptly,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE S COMPL					
	465069	B. WIN	ıG		08/0	C 01/2005
NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAI	3	•	375	T ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH DEN, UT 84405	•	
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES IUST BE PRECEEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
nursing note, "Patier condition. Mortuary of was left message on released to mortuary." No documentation of medical record to indifferent facility staff had controlly staff had controll	PM, LPN 1 documented in a at has no VS. Son notified of called for transport. Doctor machine. Body was "" ould be found in Resident 1's dicate that LPN 1 or any other act with the primary care PM to 6:40 PM on 7/18/05, as left on the physician's voice lent 1's death. ed on 7/26/05 and 7/27/05 at	F	157			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465069	B. WING		08/01/2005	
	PROVIDER OR SUPPLIER	AB	375	ET ADDRESS, CITY, STATE, ZIF EAST 5350 SOUTH DEN, UT 84405	-	112000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 157	During both interviews asked LPN 1 if she information to Reside ither by voice main manager. Both time not. Following this interview, the surve she had informed I physician of the restime, LPN 1 stated physician's office whad been taken aftenote entry on 7/18/vital signs were do to be underview on 7/26/0 the insulin dose was hinterview on 7/26/0 the insulin, "becaus ugar was low. I dit was low so I did documentation was medical record to resident 1's attend notified of the low I the scheduled dose Interviews with LPI manager confirmenot reported to the During an interview Resident 1 ate 30-1 further stated that	ews with LPN 1, the surveyor had provided any additional dent 1's attending physician, I or to the physician's office res LPN 1 stated that she had response at the second eyor asked LPN 1 specifically if Resident 1's attending sident's vital signs. At that that she did provide the vith Resident 1's vital signs that er lunch. Note: Per nursing 05 at 1:15 PM, Resident 1's cumented to be 78/54, 120, 58. The medication administration at Resident 1's 11:00 AM reld on 7/18/05. During an 5, LPN 1 stated that she held se her (Resident 1's) blood on't remember the number, but not give the insulin." No is available in Resident 1's seflect what Resident 1's blood LPN1 holding the insulin or that ding physician had been blood sugar and need to hold a of insulin. N 1 and the physician's office of that the low blood sugar was physician. Y on 7/27/05, LPN 1 stated that 40 % of lunch on 7/18/05. LPN at Resident 1 did not consume on 7/18/05. She stated	F 157			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- { ' '	ULTIP LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465069	B. WII			1	C 1/2005
	ROVIDER OR SUPPLIER	AB	•	37	EET ADDRESS, CITY, STATE, ZIP CODE 5 EAST 5350 SOUTH GDEN, UT 84405	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 157	confirmed that Res during dinner. LPN and he responded there."	ain on 7/26/05, LPN 1 ident 1, "did not look so good" I 1 stated she called the son by telling LPN 1, "I'll be right ain on 726/05, LPN 1 reported	F	157			
	that on 7/18/05 at 6:20 PM, Resident 1 was Cheyne - Stoking (breathing pattern consisting of periods of apnea lasting 10-60 seconds followed by gradually increasing depth and frequency of respirations). LPN 1 reported that this breathing lasted 10-15 minutes. LPN 1 stated that she checked on Resident 1, during the 10-15 minutes of Cheyne - Stoking, every 4-5 minutes until Resident 1 was found with no vital signs at 6:40 PM.			!			
		0 AM, a telephone interview lent 1's attending physician's DM).					
	(POM) stated in he that (Resident 1) we surveyor asked the provided to the fact acting herself. The the facility and spounknown) and that standing near her, to receive instructions to the POM stated that slinstructions to the POM stated the phe "Monitor the patient changes." The Poinformed that Resident 19 we should be surveyed as the phe stated that the phe state	ding physician's office manager er interview that, "I was told vas not acting herself". The e POM what instructions were ility relating to Resident 1 not e POM stated that she called ke with a female (name since the physician was she placed the phone on hold ons from the physician. The ne then relayed the physician's female on the phone. The sysician's instructions were to, at and call if there were any DM stated that she was not dent 1's blood pressure was resident was not responding.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		465069	B. WIN	IG		l	C 1/2005
	ROVIDER OR SUPPLIER	AB		375	ET ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH DEN, UT 84405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 157	information, she we to send Resident 1 immediately. On 7/26/05 at 5:30 held with Resident The physician state informed that Resident of the immediately. The physician state informed me immediately informed me immediately informed me immediately intervention for the physician further state when he received to send the send that the informed me immediately informed me immediately.	at had she been given that buld have instructed the facility to the emergency room PM, a telephone interview was 1's attending physician. ed that had his office been dent 1's blood pressure was bruns the office would, "have diately". He stated that he ted the facility to initiate some low blood pressure. The atted that he was "suprised" he death certificate for nembered thinking, "I wonder	F	157			
F 309 SS=J	Each resident mus provide the necess or maintain the hig mental, and psychoaccordance with the and plan of care. This REQUIREME by: Based on interview was determined the facility did not pservices to attain opracticable physical	or care and the facility must ary care and services to attain hest practicable physical, osocial well-being, in e comprehensive assessment NT is not met as evidenced and medical record review it at for 1 of 13 sample residents provide the necessary care and maintain the highest al, mental, and psychosocial redance with the comprehensive	F	309	F 309 Resident 1 has been discharged from our facility Refer to Plan of correction for F 157.		8/1/05

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION NG	(X3) DATE S COMPLE	ETED
		465069	B. WII	NG _		1	C 1/2005
	ROVIDER OR SUPPLIER	AB		;	REET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 5350 SOUTH OGDEN, UT 84405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	Resident 1 had a c reported to the phy could make an app treatment or transfi staff monitor the re	lan of care. Specifically, change in condition that was not resician in a manner in which he propriate decision regarding er to the hospital, nor did the esident and document changes 40 PM when Resident 1 was	F	309			
	Resident 1 was ad with diagnoses inclinsertion, atrial fibri infarction, history ourosepsis, renal fa	mitted to the facility on 6/2/05 luding, cardiac pace maker illation, acute myocardial of bacterial endocarditis, ilure, insulin dependent anemia, hypertension, and a ncer.					
	Record review was 7/26/05.	s conducted on 7/21/05 and					
	(POLST), for Resident and included; "Do Additional Intervent suction, treatment bag-mask/demand medication, intraveif indicated, but noterm life support in the POLST, Resident and included in the POLST, Resident in the PolsT, Res	er of Life Sustaining Treatment dent 1, was initiated on 6/2/05, Not Resuscitate with Limited tions, including; oxygen, of airway obstruction, I valve, monitor cardiac rhythm, enous fluids, transfer to hospital endotracheal intubation or long measures." Per instructions on ent 1 could receive antibiotics istered fluids and nutrition if and approved.				·	
	documented to be:	igns for Resident 1 were blood pressure 110/52; pulse 76; and respirations 20.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		[` ′	ULTIPL LDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		465069	B. WII			08/	C 01/2005
	ROVIDER OR SUPPLIER	AB		375	ET ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH DEN, UT 84405	1 00.0	7112000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	Continued From pa	age 8	F	309			
	Practical Nurse) do that resident was "little. Responds to s/s (signs or sympt Dependent with all Needs help with earn on 7/18/05 at 1:15 nursing note, "Doc voice mail about che Son called and not both parties notified doctor. VS (vital signot responding to visit the side of the si	O AM, LPN 1 (Licensed ocumented in a nursing note Alert this am. Speaks very verbal stimuli very little. No toms) of pain or discomfort. ADL's (activities of daily living). Ating. Will continue to monitor." PM, LPN 1 documented in a tor called, left message on mange in patients condition. Ified. Will continue to keep d. Awaiting call back from Igns) 78/54, 120, 58. Patient verbal stimuli. O2 (oxygen) 2L (liters) per NC (nasal tinue to monitor."					
nı D up in	nursing note, "Doc Doctor wants to wa update him if anyth informed him that I	PM, LPN 1 documented in a tor called back update given. atch her (Resident 1) plus ning new happens. Son notified he will be notified if there are continue to monitor."					
	nursing note, "Paticondition. Mortuar	PM, LPN 1 documented in a ent has no VS. Son notified of y called for transport. Doctor on machine. Body was ary."					
		evel nursing staff, who were on ent 1 died, were interviewed as					
	PM	of Nursing) on 7/27/05 at 1:40 nt Director of Nursing), LPN 2					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` <i>'</i>	IULTIPL ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		465069	B. WI			08/	C 01/2005
	ROVIDER OR SUPPLIER EN NURSING & REH	AB		375	ET ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH DEN, UT 84405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	:	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 309	and 7/27/05 at 2:20 4.) RN1 (Registere PM 5.) CNA 1 (Certifie at 2:15 PM Resident 1's attend on 7/26/05 at 5:30 was interviewed or LPN 1 was the nur Resident 1 resided hours were 7:00 Al During both interviewed at 1 had ear 7/18/05 and was lutalk with the nurse LPN 1 stated that I herself" so LPN 1 requested that LPN physician. LPN1 frattending physician message on the voresident 1's condisurveyor asked LP provided on the votold them that (Resident 1's condisurveyor asked LP provided on the votold them that (Resident 1's condisurveyor asked LP provided on the votold them that (Resident 1's condisurveyor asked LP provided on the votold them that (Resident 1's condisurveyor asked LP provided on the votold them that (Resident 1's condisurveyor asked LP provided on the votold them that (Resident 1's condisional informat provided no additional informat provided no additional or to the	PM d Practical Nurse) on 7/26/05 D PM and 2:00 PM respectively d Nurse) on 7/27/05 at 2:40 d Nursing Assistant) on 7/27/05 ding physician was interviewed PM, and his office manager of 7/27/05 at 11:50 AM. se assinged to the unit in which in the facility. LPN 1's work M to 7:00 PM on 7/18/05. ews with LPN 1, she stated that ten 100% of her breakfast on ricid enough in the morning to and say "Hi". At 10:00 AM, Resident 1 was "not acting called the son and the son N 1 call the resident's attending urther stated that she called the office mail about the change in tion. At both interviews, the N1 what information she had ice mail. LPN 1 responded, "I sident 1) was not acting as further questioned during determine if she had given any ion. LPN 1 responded that she onal information either on the e physician's office staff, when	F	309			
		w with LPN 1 on 7/27/05, LPN to placing the call to resident					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′	ULTIPL LDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
		465069	B. WII			1	C 1/2005
	ROVIDER OR SUPPLIER		<u></u>	375	ET ADDRESS, CITY, STATE, ZIP CODE 5 EAST 5350 SOUTH GDEN, UT 84405	<u> </u>	11/2003
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	that Resident 1 was the ADON to look at the ADON, also a stated in her interving 1 to go and look at that she accompaning the surveyor asked gathered any assess Resident 1. The Allooked at her." According to LPN 7/27/05, Resident 7/18/05. LPN 1 repetalking at lunch so obtain a set of vital note entry on 7/18/vital signs were do During both interview information to Resident During both interview information to Resident PN 1 if she information to Resident PN	cian, she informed the ADON is not acting herself and asked at Resident 1. licensed practical nurse, lew that she was asked by LPN Resident 1. The ADON stated sied LPN 1 to see Resident 1. It is the ADON if she, or LPN 1, is sment data when she went to DON responded, "No, we just 1. Auring her interview on 1 ate 30-40% of lunch on corted that Resident 1 was not LPN 1 requested that a CNA signs. Note: Per nursing 05 at 1:15 PM, Resident 1's cumented to be 78/54, 120, 58. Lews with LPN 1, the surveyor is had provided any additional ident 1's attending physician, I or to the physician's office hes LPN 1 stated that she had response at the second eyor asked LPN 1 specifically if Resident 1's attending sident's vital signs. At that that she did provide the vith Resident 1's vital signs that	F	309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPL ILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465069	B. Wii	NG		C 08/01/2005	
	ROVIDER OR SUPPLIER EN NURSING & REH	AB		375	ET ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH EDEN, UT 84405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	the facility and spounknown) and that standing near her, to receive instruction POM stated that si instructions to the POM stated the ph "Monitor the patier changes." The Poinformed that Resi 78/54 and that the The POM stated the information, she was to send Resident 1 immediately. Documentation of record indicated the insulin dose was hon 7/26/05 that she her (Resident 1's) remember the nungive the insulin." I available in Reside what Resident 1's holding the insulin physician had bee	e POM stated that she called ke with a female (name since the physician was she placed the phone on hold ons from the physician. The ne then relayed the physician's female on the phone. The hysician's instructions were to, at and call if there were any DM stated that she was not dent 1's blood pressure was resident was not responding. In that she been given that ould have instructed the facility to the emergency room the medication administration hat Resident 1's 11:00 AM eld on 7/18/05. LPN 1 stated the had held the insulin, "because blood sugar was low. I don't hold hold the hold the insulin, because of the hold sugar was prior to LPN 1 or that Resident 1's attending in notified of the low blood sugar he scheduled dose of insulin.	F	309			
	confirmed that Renot reported to the On 7/27/05, CNA had received repo	1 stated that on 7/18/05, she rt from the off-going shift at					
	shift (2-10 PM). (in care of Resident 1 for her CNA 1 stated that at 2:30 PM, ver personal cares to Resident					ì

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	ETED
		465069	B. WING		08/	C 01/2005
NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB			s	STREET ADDRESS, CITY, STATE, ZIP C 375 EAST 5350 SOUTH OGDEN, UT 84405	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 309	1 and noticed she, stated that she rep LPN 1 replied, "Ye When questioned was asked to do at her shift, CNA 1 re On 7/26/05, LPN 1 eat any dinner, that Resident 1 "di stated she called to responded by tellir LPN 1 reported in on 7/18/05, Reside breathing pattern clasting 10-60 secon increasing depth at LPN 1 reported that minutes. LPN 1 st checked on Reside of Cheyne-Stoking	"had rapid breathing." CNA 1 orted this to LPN 1 and that ah. I know. She is dying." as to whether or not CNA 1 ny vital signs for Resident 1 on	F 30	9		
	record to indicate the staff had contact we from 1:30 PM to 6 message was left regarding Resident On 7/27/05, RN 1 Resident 1 but was having difficulties.	could be found in the medical that LPN 1 or any other facility with the primary care physician 40 PM on 7/18/05 when a on the physician's voice mail at 1's death. stated that she did not assess a ware that Resident 1 was because LPN 1 was worried the would not, "Make it in before				
		ON stated that she was aware as, "not acting herself", but she				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	COMPLI	
		465069	B. WIN	G		1	1/2005
NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB				375	ET ADDRESS, CITY, STATE, ZIP CODE EAST 5350 SOUTH EDEN, UT 84405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	DON further state that Resident 1 has facility the next median of the facility that Res 78/54, his wife whinformed me immedian of the facility that the fa	of that she was suprised to hear ad died when she arrived at the bring. O PM, a telephone interview was sident 1's attending physician. Ited that had his office been sident 1's blood pressure was so runs the office would, "have ediately". He stated that he cted the facility to initiate some to blood pressure. The stated that he was "suprised" the death certificate for	F	809			
F 325 SS=G	what happened." 483.25(i)(1) NUT Based on a reside assessment, the resident maintain nutritional status, levels, unless the demonstrates that This REQUIREM by: Based on medica determined that f facility did not manutritional status, levels. Specifical gastronomy tube consisted of 500 and 975 milliters	emembered thinking, "I wonder RITION ent's comprehensive facility must ensure that a sacceptable parameters of such as body weight and protein resident's clinical condition at this is not possible. ENT is not met as evidenced all record review it was for 1 of 13 sampled residents the intain acceptable parameters of such as body weight and protein ly, Resident 2 received a feed diet of Glucerna that kilocalories, 34 grams of protein, of fluid a day for 22 days. This 16 pound weight loss in one		325			8/10/05

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTIP	PLE CONSTRUCTION	(X3) DATE S COMPLI		
		465069	B. WII			1	C 01/2005	
NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 5350 SOUTH OGDEN, UT 84405					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 325	Continued From pa	age 14	F	325	F 325 ,			
		mitted to the facility on 6/19/02			Resident #2 has been dischafrom the facility.	ırged		
	diabetes mellitus, the disease, peripheral seizures, history of cholecystectomy, the anxiety, obesity, de	uding, insulin dependent hypertension, degenerative discolvension, degenerative discolvension, description, d			The Weight and Wound committee will meet twice a month. This will consist of the Director of Nursing, Assistant Director of Nursin Care Plan Coordinator, Trea	ıg,		
	·	er for Life Sustaining			Nurse, Dietary manager, and Dietician.			
	Treatment (POLST This form included Limited Additional oxygen, suction, trobag-mask/demand medication, intravel hospital if indicated intubation or long-Resident 2 could a	T) was initiated on 11/15/04. "Do Not Resuscitate with Interventions which includes; eatment of airway obstruction, I valve, monitor cardiac rhythm, enous fluids. Transfer to I, but no endotracheal term life support measures". Ilso receive per the POLST eeding tube/ intravenous fluids".			The committee will identify any resident who is a risk for potential weight loss. Once identified, a "Weight Loss Risk Resident Worksho (See attached), will be filled by the committee. The doct will be notified by the attention	eet" l out or		
	9/30/04. After place remained on a 150 Dietetic Association milliters an hour for 2004 until March 1 Ross 2000 Enteral provided 1760 kilo protein, and 1,501 glucerna, per day, received 600 milliters.	gastronomy tube placed on cement of the tube, Resident 2 00 calorie ADA (American n) diet of Glucerna at 80 r 22 hours a day from October 7, 2005. According to the Nutrition Guide, this diet calories with 73.5 grams of milliters of water, from the Additionally, Resident 2 ers of water a day for a grand ers of fluid per day.			nurse if orders are needed. These residents will be weig at least twice a month by the Restorative Therapy Assista	è		

MME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB SUMMAY STATEMENT OF DEFICIENCES 375 EAST 5350 SOUTH GODEN, UT 94405			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
MT OGDEN NURSING & REHAB CAD ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL TAG PREFIX TAG PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL TAG PREFIX TAG			465069	B. WIN	1G		08/0	C 01/2005
F325 Continued From page 15 Record review revealed that Resident 2 maintained a stable weight range of 150-154 pounds from October 2004 until March 2005. During this five month period Resident 2 remained on the original gastronomy tube diet of Glucerna at 80 milliters per hour for 22 hours a day. Medical record review revealed that on 3/10/05 Resident 2 was sent to the emergency room for coffee ground emesis. Resident 2 was admitted to the hospital on 3/10/05 with a diagnosis of gastrointestinal bleed. On 3/11/05 Resident 2 underwent at Esophagogastroduodenoscopy with gastric biopsy. During the procedure Resident 2 was sound to have Esophagitis, Gastritis, Duodenitis, and an occlusion of the pylorus from the balloon of the gastronomy tube balloon and withdrew the tube back further into the stomach so the balloon would be up against the gastric wall. Resident 2 was admitted back into the facility on 3/12/05. Upon return Resident 2's gastronomy tube stomach so the balloon from the guilters per dozen and total of 13/50 militiers per day. According to the Ross 2000 Enteral Nutrition Guide, this diet would have provided 880 kilocalories with 36.7 grams of protein, and 750 milliters of water, from the glucerna, per day. According to the Ross 2000 Enteral Nutrition Guide, this diet would committee twice a stable weight range of some protein and total of 13/50 militiers per day. According to the Ross 2000 Enteral Nutrition Guide, this diet would committee twice a stable weight range of 50 militiers per day. According to the Ross 2000 Enteral Nutrition Guide, this diet would committee twice a stable weight range of 50 militiers per day. According to the Ross 2000 Enteral Nutrition Guide, this diet would committee twice a stable manufacture and the stable and the stable would committee twice a stable manufacture and the stable would committee twice a stable manufacture and the stable and the stable would committee twice a stable manufacture and the stable would committee twice a stable manufacture and the stable was a					37	75 EAST 5350 SOUTH		
Record review revealed that Resident 2 maintained a stable weight range of 150-154 pounds from October 2004 until March 2005. During this five month period Resident 2 remained on the original gastronomy tube diet of Glucerna at 80 milliters per hour for 22 hours a day. Medical record review revealed that on 3/10/05 Resident 2 was sent to the emergency room for coffee ground emesis. Resident 2 was admitted to the hospital on 3/10/05 with a diagnosis of gastrointestinal bleed. On 3/11/05 Resident 2 underwent a Esophagogastroduodenoscopy with gastric biopsy. During the procedure Resident 2 was found to have Esophagitis, Gastritis, Duodenitis, and an occlusion of the pylorus from the balloon of the gastronomy tube migrating down into the pylorus. During the procedure the physician deflated the gastronomy tube balloon and withdrew the tube back further into the stomach so the balloon would be up against the gastric wall. Resident 2 was admitted back into the facility on 3/12/05. Upon return Resident 2's gastronomy tube feeding of Glucerna was started at 40 milliters an hour for 22 hours a day. According to the Ross 2000 Enteral Nutrition Guide, this diet would have provided 880 kilocalories with 36.7 grams of protein, and 750 milliters of water, from the glucerna, per day. According to the cereived foo milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters and water and a for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1367 milliters of water a day for a grand total fals of 1	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE	COMPLETION
medical record review this diet remained in place from 3/12/05 through 3/17/05. The RD (Registered Dietician) documented on	F 325	Record review revimaintained a stabl pounds from Octol During this five moremained on the o Glucerna at 80 milday. Medical record review Resident 2 was secoffee ground emeto the hospital on a gastrointestinal bleunderwent a Esop gastric biopsy. Duwas found to have Duodenitis, and ar the balloon of the down into the pylophysician deflated and withdrew the totol stomach so the balloon. Resident 2 was as 3/12/05. Upon retube feeding of Glimilliters an hour for the Ross 2000 En would have provid grams of protein, at the glucerna, per or received 600 millit total of 1,350 millit medical record refrom 3/12/05 throughters.	ealed that Resident 2 e weight range of 150-154 ber 2004 until March 2005. both period Resident 2 riginal gastronomy tube diet of liters per hour for 22 hours a riew revealed that on 3/10/05 but to the emergency room for lesis. Resident 2 was admitted 3/10/05 with a diagnosis of led. On 3/11/05 Resident 2 but hagogastroduodenoscopy with laring the procedure Resident 2 but hagogastroduodenoscopy with laring the procedure Resident 2 but hagogastroduodenoscopy with laring the procedure the lar	F	325	our facility's way to confide alert nursing to areas such as risk, skin risk, fluid restriction thickened liquids, dehydration risk, and weight loss risk), we "*" will be posted in the resident's room. This will alert the Nursing staff that this is a resident who is a rist for weight loss. The staff withen offer more attention to the resident to eat more duritheir meals, as well as snack. The Director of Nursing will place a note in these Resider flow sheets to alert the Certical Nursing Assistants to prope chart all food that was given to the resident, or all efforts that were offered to aid the resident in eating. Intake, as well as weight stawill be assessed by the Weight	entially s fall on, on vith an k ll assist ng s. l also nt's fied rly n	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE S COMPLI	
		465069	B. WING			C 1/2005
NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB				STREET ADDRESS, CITY, STATE, ZI 375 EAST 5350 SOUTH OGDEN, UT 84405	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 325	3/15/05 on a dietar 2 remained on a G feeding of Glucern hours a day. The F try to get the tube milliters per hour fenutrition. On 3/17/05 a facili nursing progress ramount of coffee gwas put on hold ar for Resident 2 to milliters of Glucerremesis subsides. On 3/17/05 a facili order to restart the per hour. Review of the nurs Resident 2 had no until 3/21/05. On 3 documented in the Resident 2 had en was greenish in costopped. The tube Glucerna at 20 m day. The RD document progress note that Glucerna at 20 mil day. The RD also diet would provide provided 440 kilocand 375 milliters of the substantial substanti	ry progress note that Resident in-Tube (gastronomy tube) a at 40 milliters per hour for 22 RD also noted that she would feeding rate increased to 80 or 22 hours a day for adequate by nurse documented on a mote that Resident 2 had a small ground emesis. The tube feed and the nurse received an order receive bolus feeds of 15 ma every 30 minutes until by nurse received a physician's extube feedings at 20 milliters at tube feedings at 20 milliters enurse progress notes that further episodes of emesis 3/21/05 a facility nurse enurse progress notes that the first times two that shift which polor. The tube feeding was not be feeding continued with alliters per hour for 22 hours a noted how much nutrition this to Resident 2. This diet alories with 19 grams of protein of water. RD further noted that inticipated with the decrease in	F 3:	If necessary, the soc will notify the reside of the need for a fee for the resident. If r continued effort will and documented by nursing staff. All residents who hat tube will have their calories, as well as f amounts addressed to weekly notes from the Nursing weekly for The Director of Nursing weekly for The Director of Nursing weekly for The Director of Nursing that all reside on a feeding tube, readequate nutrition, a guidelines which has established. Should receive enough calor refusal, the physician be notified, and the cof the doctor will be On 8-10-2005, and i will be held by the I Nursing for all mem the nursing staff to deprocess.	ent, (family) eding tube refused, a I be attempted, the attending ave a feeding feeding rates, free H2O by our n. This Director of follow up. sing will ents who are eccive according to the ve been I they not ries due to n will direction e followed. in-service Director of there of	

NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 375 EAST 5350 SOUTH		ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465069		A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C 08/01/2005	
MT OGDEN NURSING & REHAB								
OODER, 01 07700				STREET ADDRESS, CITY, STATE, ZIP CODE				
PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL		PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE	(X5) COMPLETION DATE
F 325 Continued From page 17 Review of RD notes from 3/15/05 through 3/29/05 revealed that no current weight for Resident 2 was provided to RD for her weekly assessment of Resident 2. Review of the nurse progress notes on 7/21/05 from 3/22/05 through 4/7/05 revealed that Resident 2 experienced no further episodes of nausea or vomiting. For 17 days Resident 2 had no emesis and it was documented that the tube feeding was being tolerated well. The facility had no documentation to indicate they contacted the physician to have tube feeding rate re-evaluated and possibly increased. On 3/29/05 the RD documented on a dietary progress note that Resident 2 remained on the tube feed of Glucerna at 20 milliters per hour for 22 hours a day and that this diet was not adequate to meet the nutritional needs of Resident 2. An Addendum to the 3/29/05 RD note documented that the Director of Nursing needed to talk with the physician about advancement of tube feeding rate or a change in position of tube feeding placement. No documentation could be found in Resident 2's medical record to indicate that the physician was notified regarding the RD's recommendations on 3/29/05. On 4/5/05 the RD documented on a dietary progress note that Resident 2 continues with same rate of tube feeding. Resident's weight as of 4/1/05 was 136 pounds. On 3/1/05 Resident 2's weight was documented as 152 pounds. A 16 pound weight difference was documented in a one month time frame.	F 325	Review of RD note revealed that no cu was provided to RI Resident 2. Review of the nurs from 3/22/05 throu Resident 2 experien nausea or vomiting no emesis and it w feeding was being no documentation physician to have that tube feed of Gluce 22 hours a day and adequate to meet Resident 2. An Accorded to talk with advancement of the position of tube feed No documentation medical record to inotified regarding 3/29/05. On 4/5/05 the RD progress note that same rate of tube of 4/1/05 was 136 2's weight was document weight difference.	es from 3/15/05 through 3/29/05 arrent weight for Resident 2 D for her weekly assessment of the progress notes on 7/21/05 gh 4/7/05 revealed that enced no further episodes of the progress notes are documented that the tube tolerated well. The facility had to indicate they contacted the tube feeding rate re-evaluated ased. I documented on a dietary Resident 2 remained on the remained on a dietary resident 2 continues with feeding. Resident's weight as pounds. On 3/1/05 Resident cumented as 152 pounds. A 16 rence was documented in a	F	325	Every month, the Director Nursing will share the find of the Weight and Wound committee with our Quality Assurance team during our meeting. The Director of Nursing with be ultimately responsible	lings y	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		465069	B. WING		08/	C 01/2005
	NAME OF PROVIDER OR SUPPLIER MT OGDEN NURSING & REHAB			TREET ADDRESS, CITY, STATE, ZIP C 375 EAST 5350 SOUTH OGDEN, UT 84405	*	7172003
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 325	RD documented of continue with inade A facility nurse rec 4/6/05 which document and pull back 1 indupper GI through CON 4/7/05 a facility physician's order to by 10 milliters and reached as tolerate Documentation shall the tube feed advance according to nursing Resident 2 reached hour by 8:00 PM of Medical record revexperienced further and 4/10/05. On 4 transferred to the	eived a telphone order dated mented, "Deflate G-tube cuff th due to emesis. Schedule G-tube." I nurse documented on a orincrease the tube feeding rate frour until 80 milliters was ed. This was to start on 4/8/05. I nowed that the facility did start ancement on 4/8/05 and ang note documentation did the goal rate of 80 milliters and	F 32	25		