

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

PRINTED: 05/08/2006
FORM APPROVED
OMB NO. 0938-0091

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465141	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2006
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NAME OF PROVIDER OR SUPPLIER OGDEN REG MEDICAL CENTER TCU	STREET ADDRESS, CITY, STATE, ZIP CODE 5475 SOUTH 500 EAST OGDEN, UT 84405
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 278 SS=B	<p>483.20(g) - (j) RESIDENT ASSESSMENT</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined the facility did not conduct a complete and accurate Minimum Data Set (MDS) assessment for 2 of 5 sample residents: Residents: 1 and CR1.</p> <p>Findings include:</p>	<p>F 278</p> <p><i>Handwritten:</i> F-278 protocol for signing/dating MDS completed 5/15/06</p>	<p>F-278</p> <p>Protocol for signing/Dating the MDS will be changed to be in compliance with guidelines. Specifically, section AD-A and R2-A will be signed and dated when the MDS is completed and printed.</p> <p>Inter-disciplinary Team meeting will include training to clarify MDS definitions and intent. Including pain.</p> <p>Section V will be added to the MDS and signatures no longer included in AA9-A.</p> <p>These changes will be instituted immediately on the Transitional Care Unit. The TCU Administrator will monitor all MDS records. This will be documented in written reports to the ORMC QA Board.</p> <p style="text-align: right;">Utah Department of Health 5/17/06 MAY 18 2006</p> <p style="text-align: right;">Bureau of Health Facility Licensing, Certification and Resident Assessment</p>	5-15-05
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5-16-05</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER OGDEN REG MEDICAL CENTER TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 5475 SOUTH 500 EAST OGDEN, UT 84405		
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F 278	Continued From page 1 Resident 1's medical record was reviewed on 5/3/06 and 5/4/06. Resident 1 had been admitted to the facility 4/18/06 and was discharged 5/3/06. Resident 1 was at the facility for sixteen days. The initial comprehensive MDS assessment was due, by regulation, to be completed by the fourteenth day of the resident's stay, 5/1/06. The initial MDS for resident 1, with a reference date of 4/22/06, had not been signed by the RN (Registered Nurse) coordinator in sections AD-A or section R2-A. The MDS did not include a date of completion in section R2-B. Two of the interdisciplinary team members had signed section AA9- A and B, as having completed their portions of the MDS on 4/18/06 and 4/19/06, prior to the end of the reference period for the assessment. Section J2-A of the MDS revealed resident 1 had not experienced pain during the assessment period. Section K1-C of the MDS revealed resident 1 had experienced mouth pain during the assessment period. Resident 1's mouth pain had impacted the resident's nutritional risk and made it necessary for the resident's diet to be mechanically altered. The MDS for resident 1 did not include a section V. Section V would have included Resident Assessment Protocol (RAP) summaries plus a signature and completion date for section V. An interview was conducted with the Administrator on 5/4/06 at 10:20 AM. The	F 278			

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F 278	<p>Continued From page 2</p> <p>Administrator stated that he was not aware of a section V as part of the Resident Assessment Instrument (consists of the MDS and RAP assessments).</p> <p>An interview was conducted with the State MDS Coordinator / Resident Assessment Manager on 5/4/06 at 2:00 PM. She stated that whenever RAPs are part of an MDS assessment, section V must be completed. RAPs are due by the fourteenth day of stay.</p> <p>Resident CR1 was admitted to the facility 3/25/06.</p> <p>Resident CR1's medical record was reviewed on 5/4/06.</p> <p>Resident CR1's admit MDS assessment, dated 3/30/06, included RAPs, but was missing section V and the appropriated dated signature.</p>	F 278			