DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/16/02 FORM APPROVED 2567-L

CENTER	RS FOR MEDICARE	& MEDICAID SERV	CES			2567-L
	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465137			(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	· · · · · · · · · · · · · · · · · · ·	465137			DATE TIP CODE	12/5/02
	ROVIDER OR SUPPLIER		1745 EAST	F 280 NORT GE, UT 847		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ARY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)			PROVIDERS PLAN OF CORRECT (EACH CONTROL ACTION SHOU CROSS DEFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
F 242 SS=E	The resident has the schedules, and health interests, assessment with members of the outside the facility; of his or her life in the the resident.  This REQUIREMEN Based on observation confidential interview oriented residents, it sample residents and facility did not allow choices about aspect was significant to the served foods that the facility that they did 9, 15, 16, 17, and 18  Findings include:  1. Observations of the served foods that the facility that they did 9, 15, 16, 17, and 18  Findings include:  1. Observations of the served foods that the facility that they did 9, 15, 16, 17, and 18  Findings include:	right to choose activitic care consistent with his, and plans of care; in community both inside and make choices about a facility that are sign.  It is not met as evidents, individual interview with a group of alert was determined that for a additional residents the residents the right is of their life in the facem. Specifically, residents had informe not like. Resident idented the breakfast meal were agresident trays were card documented dishipatmeal was observed to that she did not like hot interview as a consideration of the breakfast meal were agresident trays were card documented dishipatmeal was observed to that she did not like hot	ais or her teract e and at aspects ificant to inced by: ws and a and or 3 of 18 the to make idity that ents were d the intifiers: 2, e made on observed: kes on resident	F 242	This Plan of Correct prepared as part of Quality Assurance pr for the provider. The Plan of Correction a attached documents a prepared with substance upon privil peer review informat and/or reports and a is protected from diffusion protected from diffusion protected from diffusion protected solely becan is required by local and/or federal regular codes and/or guidelias this transmission required by law, it waiver of provisions applicable laws and or any other codes, or regulations.	the ocess his nd any re ntial eged ion s such scovery.  ion is and/or use it , state tion nes. is is not within regulations
	<ul> <li>b. Resident 15's meal card documented dislikes including oranges. Orange juice and an orange slice were observed on resident 15's tray. They were left uneaten by the resident.</li> <li>c. Resident 16's meal card documented dislikes including oatmeal. Oatmeal was observed on</li> </ul>				Utah Dept. 61 Fieldfr  JANUAR 2003  Ber, et abadeare/abadeare star  Certification and Fest reconstitution	
ABORATOR	Y DIRECTOR S OR PROVID	ER/SUPPLIER REPRESENTA	TIVE'S SIGNA	TURI /	January Land	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such informationade available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CMS-2567L ATG112001 Event ID: K2X211 Facility ID: UT0068 If continuation sheet 1 of 46

2567-L

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID m PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 242 Continued From page 1 F 242 The facility will ensure 01-31 -03 resident 9's tray. Resident 15 did not eat the oatmeal. that residents have the right to make choices about d. Resident 17's meal card documented dislikes aspects of his or her life including oatmeal. Oatmeal was observed on resident in the facility. 17's tray and left uneaten. An audit has been completed e. Resident 18's meal card documented dislikes to ensure that all residents including oatmeal. Oatmeal was observed on resident have been interviewed for 18's tray and left uneaten. dietary likes and dislikes. Observations of the lunch meal were made on Inservices will be held on 12/3/02, the following resident tray was observed: 1-2-03 and 1-10-03 with all Dietary Staff to review a. Resident 17's meal card documented wheat bread tray line accuracy for resident as a dislike. A wheat dinner roll was observed on likes and dislikes. This resident 17's tray and left uneaten. inservice was conducted by the Dietary Manager. 2. Observations of the breakfast meal were made on 12/4/02. The following residents tray were observed: The Dietary Manager will audit 1 meal each day a. Resident 17's meal card documented dislikes (5 days per week) for 3 weeks including oatmeal. Oatmeal was observed on resident to ensure that the dietary 17's tray and left uneaten. staff is adhering to the residents prefernces. As b. Resident 15's meal card documented dislikes ongoing quality assurance, including oranges. Orange juice and an orange slice the trayline is audited by were observed on resident 15's tray. They were left the Dietary Manager 3 meals uneaten by the resident. per week to ensure accuracy. 3. After resident 2 was observed to leave her food on The Consultant Dietitian will her plate during a prior meal, she was interviewed on also review trayline accuracy 12/4/02 at 11:45 AM. She stated that she really likes during monthly visit and will her bread toasted. "But I never get it toasted. I would review with Dietary Manager eat it if it were." and Administrator. The Dietary Manager is responsible to perform audits and will review with Administrator weekly. F 287 483.20(f)(1-4) Resident Assessment F 287 SS=B Within 7 days after a facility completes a resident's

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

	TEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	465137					-	2/5/02	
NAME OF P	ROVIDER OR SUPPLIER	100.20	STREET ADD	DRESS, CITY, STATE, ZIP CODE			2/5/102	
	IFFS REGIONAL			280 NORT GE, UT 847				
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F 287		must encode the follo resident in the facility:	- 1	F 287 la				
	Annual assessment u	pdates;						
	Significant change in	status assessments:						
	Quarterly review asse	essments;						
	A subset of items upon a resident's transfer, reentry discharge, and death;  Background (face-sheet) information, if there is no admission assessment:  Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmittin to the State information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by HCFA and the State.							
,								
	A facility must electronically transmit, at least monthly, encoded, accurate, complete MDS data the State for all assessments conducted during the previous month, including the following:  Admission assessment;		data to					
					-			
	Annual assessment:						; !	
	Significant change in	status assessment;						
	Significant correction	of prior full assessme	nt;					
	Significant correction	of prior quarterly asse	essment;					

DEPARTMENT OF HEALTH AND HUMA.. SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER				(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
	465137					12	2/5/02
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F 287	Continued From page 3 Quarterly review; A subset of items upo	on a resident's transfer	, reentry,	F 287			
	discharge, and death;						1
		eet) information, for ar data on a resident that sessment.					
	The facility must transmit data in the format specified by HCFA or, for a State which has an alternate RAI approved by HCFA, in the format specified by the State and approved by HCFA.						
	This REQUIREMEN	T is not met as eviden	ced by:				
	This REQUIREMENT is not met as evidenced by:  Based on record reviews and interviews, it was determined that the facility did not maintain MDS (minimum data set) assessments completed within the previous 15 months in the resident's active record for 4 of 18 sampled residents. (Residents 5, 7, 8, 9 and 13.)						
,	Findings include:				 		
	1. Resident 7 was readmitted to the facility on 1/10/01 with the diagnoses of cerebral vascular accident, congestive heart failure, hypertension, chronic ischemic heart disease, osteoporosis, chronic insomnia, coronary artery disease, aphasia, right hemiparesis, seizures and dementia with anxiety and depressive features.				-		
	A complete review of resident 7's active medical record was done on 12/3/02. The medical record contained an annual MDS dated 1/24/02 and three quarterly MDS's dated 3/28/02, 6/20/02 and 9/12/02. The active medical record did not contain any assessments that had been completed after 1/24/02.						

FORM APPROVED

PRINTED: 12/16/02 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES m PROVIDER'S PLAN OF CORRECTION (X**5**) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 287 Continued From page 4 F 287 Resident 7's active medical record contained 8 months of MDS's 2. Resident 13 was readmitted to the facility on 9/19/01 with the diagnoses of dementia in Alzheimer with depressive features, urinary retention, constipation, hip fracture, atrial fibrillation, benign prostatic hypertrophy and total hip arthroplasty. A complete review of resident 13's active medical record was done on 12/4/02. The medical record contained two annual MDS dated 12/20/01 and 11/21/02 and three quarterly MDS's dated 3/14/02, 6/6/02 and 8/28/02. The active medical record did not contain any assessments that had been completed after 12/20/01. Resident 13's active medical record contained 11 months of MDS's 3. Resident 8 was admitted to the facility on 4/30/01 with the diagnoses of fibromyalgia, dementia, joint pain pelvis, closed fracture lumbar, paralytic ileus, peptic ulcer disease, arterioscleroses depressive, major depression, left hip pain, back pain and chronic obstructive pulmonary disease. A complete review of resident 8's active medical record was done on 12/3/02. The medical record contained two annual MDS's dated 12/13/01 and 11/14/02 and 4 quarterly MDS's dated 9/20/01, 3/7/02, 5/30/02 and 8/22/02. The active medical record did not contain any assessments that had been completed after 9/20/01. Resident 8's active medical record contained 14 months of mds's. 4. Resident 5 was admitted to the facility on 5/09/00

with the diagnoses of hiatal hernia, dysphagia,

and depressive features.

hypertension, gastroesophageal reflex disease, nausea and vomiting, dehydration, congestive heart failure,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED 2567-L CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID /X5 COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 287 F 287 Continued From page 5 The facility will ensure that A review of resident 5's medical record was done on  $\mathfrak{B}$ they maintain 15 months of  $\mathfrak{o}_{1-15-03}$ 12/2/02. of MDS data in each active residents record. Resident 5 had 8 months of MDS in her active medical record. The active medical record contained Medical Records will audit an annual MDS dated 3/28/02, a significant change all residents active records MDS on 8/22/02 and two quarterly MDS dated to ensure that 15 months of 11/14/02 and 6/20/02. The active medical record did MDS Assessments are in each not contain any assessments that been after 3/28/02. residents record. Medical Records have been educated Resident 5's other MDS were found in her overflow on the requirement and will medical chart that was kept in the medical records ensure that when thinning department. residents records that the appropriate amount of data 5. Resident 9 was re-admitted to the facility on remain on the current record. 8/12/01 with the diagnoses of peripheral vascular disease, peptic ulcer disease, legally blind with Administrator will monitor. depressive features, atonic bladder, fracture, osteoporosis and hypertension. A review of resident 9's medical record was done on 12/2/02. Resident 9 had 14 months of MDS in her active medical record. The active medical record contained two annual assessment dated 7/18/02 and 8/23/01, and four quarterly assessments dated 10/10/02, 4/25/02, 1/31/02 and 11/15/01. The active medical record did not contain any assessments that been after 8/23/01. A nurse was interview on 12/3/02 at 3:00 PM. The nurse stated that there was no separate book for the MDS. All of the residents MDS were to be in the resident's medical record.

The MDS coordinator was interviewed on 12/4/02 at 9:35 AM. The MDS coordinator stated that the 15 months of MDS's were kept in the resident's charts.

AND PLAN OF CODDECATOR 1		(XI) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULTIPL A BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		465137		B. WING			2/5/02	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STAT	E. ZIP CODE	<del>-                                    </del>	2/3/04	
RED CL	IFFS REGIONAL	_	1745 EAS	ST 280 NORTH RGE, UT 84770				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: MUST BE PRECERDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TR DEFICIENCY	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE	
F 287	Continued From page 6			F 287				
F 325 SS=G	facility must ensure th	comprehensive assess nat a resident maintain s of nutritional status, s ein levels, unless the re	such as esident's	F325				
	This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview and observations it was determined that the facility did not ensure that each resident maintained an acceptable parameter of nutritional status as evidenced by 2 of 18 sampled residents plus an additional closed record, experienced significant weight loss with either no dietary interventions or inadequate dietary interventions implemented to prevent further weight decline. Residents 2, 7 and CR 3.				•			
	Calculating weight los subtracting the current weight, dividing the di and multiplying by 100 as follows: 5% in one 10% in 6 months. (Re Clinical Dietetics, Am edition, 2000).	t weight from the previous the previous of the	ious us weight osses are ths and ual of		-			
	Findings include:		1	i				
	<ol> <li>Resident 7 was read 1/10/01 with the diagn accident, congestive he chronic ischemic heart</li> </ol>	oses of cerebral vascul eart failure, hypertensic	ar on,					

CENTER	RS FOR MEDICARE	& MEDICAID SERVI	<u>ICES</u>				2567-
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MUL A BUILDI B. WING		(X3) DATE COMPL	SURVEY LETED
NAME OF P	PROVIDER OR SUPPLIER	10010,	STREET ADI	DRESS CITY	STATE, ZIP CODE	1	2/5/02
	IFFS REGIONAL	;	1745 EAS	T 280 NORT GE, UT 847	TH		
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F 325	hemiparesis, seizures depressive features.	7 artery disease, aphasia, s and dementia with an 7's weights documented	axiety and	F 325			
	following.  August 4, 2002 September 1, 2002 October 6, 2002 1st week of November December 5, 2002	gust 4, 2002 108 lbs. (pounds) tember 1, 2002 106 lbs. ober 6, 2002 105 lbs. week of November 98 lbs. ember 5, 2002 97.75 lbs.					
		of August and December (9.49%) which is sa		I			
	Between the months c resident 7 lost 8.25 lb	of September and Dece os (7.78%) which is sign	mber nificant.				
		of October and Novemb 5.66%) which is signifi					
į	A review of resident 7's "Nutrition/Hydration Risk Assessment" forms, dated 6/20/02 and 9/12/02, placed resident 7 at high nutritional risk.						
	and updated 8/27/02 v documented that resid nutrition related to bei weight and experienci: The documented goal drink 75% of what is s	dent 7 had an alteration ing less than her ideal ing progressive weight was, "Pt (patient) will served weight [plus] or locumented included, "I	body loss. eat and		-		
		ving was documented in	n the			,	

interdisciplinary progress notes, "Pt (patient) loss 5%

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

	ATEMENT OF DEFICIENCIES  VD PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:			(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
		465137		B. WING	<del></del>	12	2/5/02	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS. CITY. S	STATE, ZIP CODE			
RED CL	IFFS REGIONAL		1745 EAST ST GEORG			٠.		
(X4) ID		ATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECT		(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETE DATE	
F 325	Continued From page 8 dietitian)."			F 325				
	On 7/22/02, a physici	ian's order documented	i. "pt					
		- was 116 now 109 (-7						
		(twice a day) snacks (a to RD (registered dieti	-					
	On 8/27/02, the follow	wing was documented	in the					
		On 8/27/02, the following was documented in the interdisciplinary progress notes, "Pt (patient) has						
	progressive wt (weigh	nt) loss she is eating [a	t] 10% of					
		oplement. Refer to RE	)					
;	(registered dietitian)".  On 8/27/02, a physician's order documented, "Pt							
		sive wt (weight) loss [i	- :					
		e times a day). Refer t						
	(weekly) wt (weight).	Cont (continue) [with	ij wkiy					
	On 9/10/02, the follow	wing was documented	in the					
	interdisciplinary prog	ress notes, "Refer to R						
	(registered dietitian) of	due to refuses eat."	į					
	On 9/12/02, the follow	wing was documented	in the		; (		!	
		ress notes, "Residen	1					
		a steady moderate decl	ine for					
	the past 6 wks (weeks	s)".	!					
	On 9/20/02, the follow	wing was documented	in the					
İ		ress notes, "Pt (patient			_			
	unstable wt (weight) has had 4 llb (pound) loss.		oss.					
	Refer to RD (registered dietitian)".							
	On 9/20/02, a physician's order documented, "Pt					:		
		gressively [and] this w						
		efer to RD (registered	dietitian).					
	[and] put pt (patient)	on feeder table."						
	On 10/24/02, the follo	owing was documented	l in the					

DEPARTMENT OF HEALTH AND HUN. ...\ SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (N2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 325 Continued From page 9 F 325 interdisciplinary progress notes, "Pt (patient) has had 7 llb (pound) wt (weight) loss she refuses to eat...Refer to RD (registered dietitian)...". On 10/24/02, a physician's order documented, "[increased] cal (calories) [increased] protein TAT (texture as tolerated) mech (mechanical) soft. pt (patient) has -7 lb (pound) wt (weight) loss-pt (patient) refuses to eat. Refer RD (registered dietitian)." An additional physician's order, dated 10/24/02, documented, "Med pass 6 oz (ounces) OID (four times a day) [with] snacks QD (every day)." On 11/7/02, the following was documented in the interdisciplinary progress notes, "Pt (patient) weight 98 lb (pounds) 4 lb (pound) weight loss in 1 week...". On 11/26/02, the following was documented in the interdisciplinary progress notes, "...Wt (weight) RD (registered dietitian) referral". On 11/26/02, a physician's order documented, "Pt (patient) on hi (high) cal (calories) hi (high) pro (protein) TAT (texture as tolerated) mech (mechanical) soft med pass 2.0 6 oz (ounces) QID (four times a day) continues to lose wt (weight) RD (registered dietitian) referral." A review of the dietary section of the chart was completed. On 6/20/02, the food service supervisor (FSS)

(pounds)...".

dietitian) consult requested...".

documented, "Pt (patient) is on a mech (mechanical) soft fortified diet, weight is unstable weight is 104 lb

On 10/24/02, the FSS documented, "...is [decreased] 7 lbs - won't eat very little will drink...RD (registered DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-1 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 (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 COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 325 Continued From page 10 F 325 There were no further documented dietary notes completed by the FSS or RD. During this time resident 7 had experienced a significant weight loss. On 10/24/02, the DON (director of nursing) and FSS documented, on their Weight/Skin RD referral form, that resident 7 has had a progressive weight loss "-7 lbs" and that the RD needs to "finish assessment". On 11/14/02, 21 days later, the RD documented on the RD referral form, "Cont (continue) m/soft (mechanical soft) [increased] cal (calories) [increased] pro (protein), small portions [with] med pass 2.0 6 oz (ounces) QID (four times a day) consider recreational feeding." This same day, the RD completed a nutrition assessment, 115 days after the initial physician's order dated 7/22/02. The RD checked off that resident 7's weight was acceptable. The RD also documented "PO (by mouth) very poor, takes dessert [and] med pass. Would get recreational fdg (feeding). Cont (continue) m/s (mechanical soft), [increased] cal (calories) [increased] pro (protein), small portions [with] med pass 2.0, 6 oz (ounces) QID (four times a day)." There was no other documentation to provide evidence that the RD had addressed the significant weight loss resident 7 had been experiencing. There was no documented evidence that the RD completed the referrals per the physician orders dated 7/22/02, 8/27/02, 9/20/02 and 10/24/02. Review of resident 7's diet card on 12/3/02 documented she was receiving a high calorie, high protein, mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal.

On 12/3/02 resident 7's breakfast and lunch meals

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

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	465137				B. WING 12/5/02				
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE		
F 325	bowl of hot cereal, 1 and syrup, 1 slice of and 180cc of 2% mill eat 1 bite of the frencher 2% milk the nursher milk away stating something else to dri observed to return wi Med Pass. Resident the 2.0 Med Pass. Thoffer resident 7 the or Pass. The nurse was the 2% milk she had For lunch resident 7 bowl of beans, a dinn bowl of green pear je. 7 was observed to dri 7 was not served the On 12/4/02 resident 5 were observed. For b	preakfast resident 7 was piece of french toast was an orange, 180 cc of or k. Resident 7 was observed to ast, while she was see came in at 8:08 AM gri'm going to get younk." At 8:09 AM then the approximately 4 out 7 was observed to dring the nurse was not observed to offer related to a served a scoop of the details of the piece. The taken from her.  Was served a scoop of the details and 180 cc of juice. The served to offer related to the piece. The taken from her.  Was served a scoop of the details and 180 cc of juice. The served to offer related to the piece. The served to offer related to the piece. The served to offer the piece of	rith butter range juice erved to drinking and took nurse was nees of 2.0 k 100% of ved to ed 2.0 Med esident 7 chicken, a hini, a Resident Resident r meals s served 1	F 325					
	poached egg, I piece of toast with butter, 2 peach slices, 180 cc of orange juice and 180 cc of 2% milk. Resident 7 was observed to drink 100% of her 2% milk.			:					
	a bun, tator tots, onio vegetables, ice cream and 180 cc of water.	was served a ground has, ketchup, a bowl of with syrup, 180 cc of Resident 7 was observ with syrup and drink	mixed 2% milk ed to eat		-				
	For breakfast resident beef hash, a bowl of h	7's breakfast meal was 17 was served a scoop not cereal, 1 pancake, 1 ilk and 180 cc of apple	of corned orange						

DEPARTMENT OF HEALTH AND HUM. IN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING	PLE CONSTRUCTION  G	(X3) DATE :		
		465137		B. WING		1	2/5/02
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE DATE
	Resident 7 was observed and drink 100% a CNA (certified nurs bring resident 7 to the to give resident 7 som observed from 9:05 A was observed to give in 2.0 Med Pass. At nurse if she had given and the nurse replied. According to the dieta became effective at the calorie, high protein dwith whole milk three breakfast, large meat puring the observation not observed to get who was not observed to get who was not observed to relarge meat portions for On 12/4/02 at 7:55 AM DON, she stated that the resident 7 to eat and state they are trying to get how where she can eat what	rved to eat a few bites of the 2% milk. At the sing assistant) was observed to enursing desk and asking enursing the facility of the enursident of	9:05 AM served to k the nurse ident 7 was he nurse tions but sked the ed Pass  ares, which a high ar diet t dinner.  is she was als, she fast or  v with the ting tated that eeding wants, ther stated of see her  w with ommittee y staff om there nts which a RD was vas not	F 325			

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	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL1A IDENTIFICATION NUMBER:			A BUILDI		(X3) DATE ST COMPLE	
		465137		B. WING		12.	/5/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	ORESS, CITY.	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
F 325	on.  2. Resident 2 was adwith the diagnoses of hypertension, brief de and joint pain-pelvis.  On 12/3/02, resident  On 10/9/02, the RD cassessment that docurinches) tall and weight regular.  A review of resident for Monthly/Weekly Versident for Mon	Imitted to the facility on fractured neck of femule pressive reaction, glauded as a completed an initial diet mented resident 2 was shit 129. The diet ordered are a completed as initial diet mented resident 2 was shit 129. The diet ordered are a completed as a complete are a completed as a complete and a complete are a complete as a complete and a complete are a complete as a complete and a complete are a complete as a complete as a complete are a complete as a comple	reviewed.  coma,  reviewed.  cary 5' 1" (61 d was  umented ere as  unds  a set) 2 was		The facility will ens residents maintatain acceptable parameter nutritional status.  The facility contract Crandall & Accociates 11-!5-02 to provide c dietitian services. will be assessed usin Nutritional Risk Reviby 01-31-03. Recommen will be made to nursinutritional intervent (form 107). All nutriassessments are complusing the Crandall & Clinical Charting Han and Best Practice Guiwhich follows ADA Guiand Crandall Clinical and procedures.  Any resients who have significant weekly an weights will be monit	ed with on onsulta All rese ew(formal et ed Associated Associated Associated Associated Experion experion or ed with cred with	int sidents 103) ates ies ienced hly ith
	On 10/5/02, a "Nutrit Assessment" form wa		t 2. It				

2567-L STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 14 F 325 F 325 documented that resident 2 was at high nutritional Nutritional interventions fbr weekly significant weight changes are completed by the On 10/16/02, a physician's telephone order Dietary Manager within 3 days documented a change in resident 2's, diet and cosigned by the Consultant to "NAS (no added salt), [increased] cal (calorie) A weekly Nutrition Dietitian. [increased] pro (protein) TAT At Risk meeting is conducted (texture as tolerated) [(regular)]." and these residents are reviewed and recommendations made to Review of resident 2's diet card on 12/3/02 nursing/physician based on documented she was to receive a high calorie, high the Best Practice Guidelines. protein, NAS diet with 8 ounces of whole milk with each meal. Nutrition At Risk meeting minutes are reviewed by On 12/3/02, breakfast and lunch was observed. On Consultant Dietitian as park 12/4/02, breakfast and dinner were observed. of monthly visit and report. Resident 2 was not observed to receive 2 eggs at Any progress or concerns are breakfast or large meat portions at lunch and dinner. reported to the Administrator during monthly exit review. A review of the dietary progress notes was completed on 12/3/02. The Dietary Manageris notified within 24 hours by nursing On 10/16/02, the FSS documented, "RD (registered when a physician orders a dietitian) consult requested." There is no dietary referral. The Dietary documented evidence that the dietitian completed a Manager has 3 days from the consult or nutrition assessment for resident 2. time the order is written to complete an assessment. On 11/12/02, a physician's telephone order for The Consultant Dietitian will resident 2, documented "[increace] med pass to 4 oz be notified by the Dietary OID pt Manager for any tube feeding (patient) has had wt. (weight) loss Refer to RD for assessments and any other progressive wt. Loss." assessments deemed necessary by the Dietary Manager. On 11/12/02, the following was documented in the When Consultant Dietitian interdisciplinary progress notes, "Pt. has referral is needed, the Dietary progressive wt. loss & is refer to RD." Manager will notify. There is no documented evidence that the RD completed the nutrition consult ordered on 11/12/02.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (XS)(EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 325 Continued From page 15 F 325 There is no documented evidence that the RD re-assessed resident 2's nutritional needs or made The SpecialNutrition Program has been implemented to replace recommendations to increase the calories provided to the "high calorie, high protein" resident 2 after she experienced significant weight diet orders. It consist of 3. Resident CL-3 was an underweight, 80 year old 8 oz super cereal at breakfast 4 oz high cal/pro pudding male who had a number of heart related diseases. and 8 oz whole milk tid. It chronic obstructive pulmonary disease with recurrent pneumonia, and asthma. He did not receive the diet provides approximately 1000 ordered by his physician. calories and 40 gramsof protein All residents who have This 5 foot 5 inch male weighed only 117 pounds high calorie, high protein diet orders have had these when he was admitted on 9/06/02. On 9/18/02 the physician requested in a Telephone order, that orders clarfied to "SNP" and tray cards have been resident CL-3's diet be changed to what the registered changed to reflect the super dietician ordered: "Per RD - change diet to Fortified cardiac diet with Health Shakes at meals vs. milk." cereal, super pudding and whole milk tid. On 9/24/02, the physician acknowledged the resident Administrator will monitor 's 10 pound weight loss in 18 days and again ordered a "Fortified diet with assorted supplements BID" [supplements twice a day]. On 9/30/02, the registered dietician complained in her Nutritional Progress Notes that the resident "...has not received his 200 'Homemade Milkshake.' See recs [record entry] of 9/18/02. Record PO [food consumed by mouth] accurately. Wt 107#." F 361 483.35(a)(1)-(2) DIETARY SERVICES SS=G The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis. If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently

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

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING\_ 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X3) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 361 Continued From page 16 F 361 scheduled consultation from a qualified dietitian. A qualified dietitian is one who is qualified based upon either registration by the Commission on Dietetic Registration of the American Dietetic Association, or on the basis of education, training, or experience in identification of dietary needs, planning, and implementation of dietary programs. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and observations, it was determined that the facility failed to utilize their part-time consultant dietitian in a manner which provided adequate supervision to the facility staff regarding: accurately monitoring and assessing residents at risk for weight loss, and pressure sores: a. Three of 18 sample residents and one closed record experienced significant weight loss. (Residents 2, 7, 15 and CR 3). Per interview with the Director of nursing on 12/3/02 and 12/4/02, the dietician had been notified by the facility of the resident's weight loss. Please also refer to tag F-325: b. Based on observation, interview and medical record, review the facility did not have proper individualized therapeutic diets for its residents to correct nutritional problems. (Resident2, 7, 5, 15 and CR-3.) Also refer to F-367; and c. The facility failed to provide dietetic supports and services, which maintained the body weights and promote healing of pressure sores for each resident. Findings include: 1. Resident 7 was readmitted to the facility on 1/10/01 with the diagnoses of cerebral vascular accident, congestive heart failure, hypertension, chronic ischemic heart disease, osteoporosis, chronic insomnia, coronary artery disease, aphasia, right hemiparesis, seizures and dementia with anxiety and

## PRINTED: 12/16/02

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED 2567-L CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 12/5/02 465137 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 361 Continued From page 17 depressive features. A review of resident 7's weights documented the following. August 4, 2002 108 lbs. (pounds) September 1, 2002 106 lbs. October 6, 2002 105 lbs. 98 lbs. 1st week of November 97.75 lbs. December 5, 2002 Between the months of August and December resident 7 lost 10.25 lbs. (9.49%) which is significant. Between the months of September and December resident 7 lost 8.25 lbs (7.78%) which is significant. Between the months of October and November resident 7 lost 7 lbs (6.66%) which is significant. A review of resident 7's "Nutrition/Hydration Risk Assessment" forms, dated 6/20/02 and 9/12/02, placed resident 7 at high nutritional risk. A review of resident 7's care plan, dated 12/27/01 and updated 8/27/02 was completed. It was documented that resident 7 had an alteration in nutrition related to being less than her ideal body weight and experiencing progressive weight loss. The documented goal was, "Pt (patient) will eat and drink 75% of what is served weight [plus] or [minus] 5%...". Approaches documented included, "Refer to RD if loss or gain 5% of weight". On 7/22/02, the following was documented in the interdisciplinary progress notes, "Pt (patient) loss 5%

dietitian)."

loss 7 llb (pounds). Referred to RD (registered

PRINTED: 12/16/02 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L

	ID PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	COMPLETED	
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	(patient) has lost 5%-Resource [and] BID ([and] PM. Referred the On 8/27/02, the followinterdisciplinary progressive wt (weight)	ian's order documented was 116 now 109 (-7) (twice a day) snacks [a to RD (registered dietic wing was documented gress notes, "Pt (patien it) loss she is eating [a toplement. Refer to RD (registered documented gress notes) and of the times a day). Refer to Cont (continue) [with the wing was documented gress notes, "Refer to Right wing was documented gress notes, "Refer to Right wing was documented gress notes, " Resident a steady moderate deciple".  I wing was documented in the steady moderate deciple".  I wing was documented in the steady moderate deciple".  I wing was documented in the steady moderate deciple".  I wing was documented in the steady moderate deciple".  I wing was documented in the steady for the steady moderate deciple in the steady for the	in the t) has t] 10% of . "Pt ncrease] o RD ] wkly in the D n the 's wt ine for n the has bess. "Pt (weight) lietitian).	F 361			
	7 llb (pound) wt (weig	ht) loss she refuses to		İ			

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

PRINTED: 12/16/02 FORM APPROVED

2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			A BUILDII	TPLE CONSTRUCTION	(X3) DATE S			
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F 361	Continued From page eatRefer to RD (region 10/24/02, a physis "[increased] cal (calci (texture as tolerated) (patient) has -7 lb (proposed (patient)). An addit 10/24/02, documented (four times a day) [which will be considered (four times a day) and the constant of th	gistered dieti dician's order a pries) [increa mech (mech ound) wt (we at. Refer RD dional physici ad, "Med pass with] snacks ( dowing was do gress notes, " pound) weigh dowing was d gress notes, " referral". dician's order of cal (calories re as tolerate	documented sed] proteinanical) societal lossed proteinanical) societal lossed (registere ian's order is 6 oz (our QD (every ocumented 'Pt (patien ht loss in 1 documented 'Wt (weight documented is) hi (high ed) mech	in TAT  ft. pt pt d d, dated nces) QID day)."  in the t) weight week".  d in the ght) RD  ed, "Pt ) pro	F 361	DEFIC	CIENCY)	
	(four times a day) co (registered dietitian)	ntinues to los						
	A review of the dietary section of the chart was completed.  On 6/20/02, the food service supervisor (FSS) documented, "Pt (patient) is on a mech (mechanical) soft fortified diet, weight is unstable weight is 104 lb (pounds)".  On 10/24/02, the FSS documented, "is [decreased] 7 lbs - won't eat very little will drinkRD (registered dietitian) consult requested".			was		-		
				chanical)				
				registered				
CMS-2567L		ATG112000 E	vent ID: K	3X211	Facility ID:	UT0068	If continua	tion sheet 20 of 46

DEPARTMENT OF HEALTH AND HUMAN SERVICES

2567-L CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A RUIT DING B. WING 12/5/02 465137 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (**ZZ**) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 361 F 361 Continued From page 20 completed by the FSS or RD. During this time resident 7 had experienced a significant weight loss. On 10/24/02, the DON (director of nursing) and FSS documented, on their Weight/Skin RD referral form, that resident 7 has had a progressive weight loss "-7 lbs" and that the RD needs to "finish assessment". On 11/14/02, 21 days later, the RD documented on the RD referral form, "Cont (continue) m/soft (mechanical soft) [increased] cal (calories) [increased] pro (protein), small portions [with] med pass 2.0 6 oz (ounces) QID (four times a day) consider recreational feeding." This same day, the RD completed a nutrition assessment, 115 days after the initial physician's order dated 7/22/02. The RD checked off that resident 7's weight was acceptable. The RD also documented "PO (by mouth) very poor, takes dessert [and] med pass. Would get recreational fdg (feeding). Cont (continue) m/s (mechanical soft), [increased] cal (calories) [increased] pro (protein), small portions [with] med pass 2.0, 6 oz (ounces) QID (four times a day)." There was no other documentation to provide evidence that the RD had addressed the significant weight loss resident 7 had been experiencing. There was no documented evidence that the RD completed the referrals per the physician orders dated 7/22/02, 8/27/02, 9/20/02 and 10/24/02. Review of resident 7's diet card on 12/3/02 documented she was receiving a high calorie, high protein, mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal. On 12/3/02 resident 7's breakfast and lunch meals

were observed. For breakfast resident 7 was served a bowl of hot cereal, 1 piece of french toast with butter

PRINTED: 12/16/02 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 21 F 361 and syrup, 1 slice of an orange, 180 cc of orange juice and 180cc of 2% milk. Resident 7 was observed to eat 1 bite of the french toast, while she was drinking her 2% milk the nurse came in at 8:08 AM and took her milk away stating "I'm going to get you something else to drink." At 8:09 AM the nurse was observed to return with approximately 4 ounces of 2.0 Med Pass. Resident 7 was observed to drink 100% of the 2.0 Med Pass. The nurse was not observed to offer resident 7 the other 2 ounces of ordered 2.0 Med Pass. The nurse was not observed to offer resident 7 the 2% milk she had taken from her. For lunch resident 7 was served a scoop of chicken, a bowl of beans, a dinner doll, a bowl of zucchini, a bowl of green pear jello and 180 cc of juice. Resident 7 was observed to drink 100% of the juice. Resident 7 was not served the 2% milk. On 12/4/02 resident 7's breakfast and dinner meals were observed. For breakfast resident 7 was served 1 poached egg, 1 piece of toast with butter, 2 peach slices, 180 cc of orange juice and 180 cc of 2% milk. Resident 7 was observed to drink 100% of her 2% milk. For dinner resident 7 was served a ground hot dog on

a bun, tator tots, onions, ketchup, a bowl of mixed vegetables, ice cream with syrup, 180 cc of 2% milk and 180 cc of water. Resident 7 was observed to eat 50% of the ice cream with syrup and drink 100% of

her 2% milk.

On 12/5/02 resident 7's breakfast meal was observed. For breakfast resident 7 was served a scoop of corned beef hash, a bowl of hot cereal, 1 pancake, 1 orange slice, 180 cc of 2% milk and 180 cc of apple juice. Resident 7 was observed to eat a few bites of the hot cereal and drink 100% of the 2% milk. At 9:05 AM

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

RED CLIFFS REGIONAL  SUMMARY STATEMENT OF DEPICIENCE TAG  SUMMARY STATEMENT OF DEPICENCE TAG  CROSS-REFERNITE ATON SHOULD BE CROSS-REFERNITE TAG  F361  F3		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDING B. WING	PLE CONSTRUCTION  G	COMPLE	(N3) DATE SURVEY COMPLETED	
RED CLIFFS REGIONAL  SUMMARY STATEMENT OF DEFICIENCES TAG  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY ING INFORMATION)  FROM IDENTIFY TO the CHART OF LSC IDENTIFY ING INFORMATION  F 361  Continued From page 22 a CNA (certified nursing assistant) was observed to bring resident 7 to the nursing desk and ask the nurse to give resident 7 to the nursing desk and ask the nurse was observed from 9.05 AM until 9:25 AM. The nurse was observed to give resident 7 her medications but no 2.0 Med Pass. At 9:25 AM, the CNA asked the nurse if she had given resident 7 the 2.0 Med Pass and the nurse replied "yes".  According to the dietary policy and procedures, which became effective at the facility on 11/15/02, a high calorie, high protein diet consists of a regular diet with whole milk three times a day, 2 eggs at breakfast, large meat portions at lunch and dinner.  During the observations of resident 7's meals she was not observed to get whole milk with her meals, she was not observed to receive 2 eggs at breakfast or large meat portions for lunch and dinner.  On 12/4/02 at 7:55 AM, during an interview with the DON, she stated that the staff work with getting resident 7 to eat and she refuses. She also stated that they are trying to get her on a recreational feeding where she can eat what she wants when she wants, which is what she is already doing. She further stated the RD only saw her on 11/14/02 and did not see her on any of the physician referrals.			465137	· · · · · ·			12	/5/02	
INAID PREFIX TAG  INAID PREFIX TAG  ST GEORGE, UT \$4770  INAID PREFIX PREFIX TAG  GEACH DEFICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOR THE APPROPRIATE  CONTINUED From page 22  a CNA (certified nursing assistant) was observed to bring resident 7 to the nursing desk and ask the nurse to give resident 7 some 2.0 Med Pass. Resident 7 was observed from 9:05 AM until 9:25 AM. The nurse was observed to give resident 7 the 2.0 Med Pass and the nurse replied "yes".  According to the dietary policy and procedures, which became effective at the facility on 11/15/02, a high calorie, high protein diet consists of a regular diet with whole milk three times a day, 2 eggs at breakfast, large meat portions at lunch and dinner.  During the observations of resident 7's meals she was not observed to get whole milk with her meals, she was not observed to receive 2 eggs at breakfast or large meat portions for lunch and dinner.  On 12/4/02 at 7:55 AM, during an interview with the DON, she stated that the staff work with getting resident 7 to eat and she refuses. She also stated that they are trying to get her on a recreational reeding where she can eat what she wants when she wants, which is what she is already doing. She further stated the RD only saw her on 11/14/02 and did not see her on any of the physician referrals.	NAME OF P	ROVIDER OR SUPPLIER							
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On 12/4/02 at 10:00 AM, during an interview with the DON, she stated that the Skin/Weight committee would give the dietary referrals to the dietary staff who would give the referrals to the RD. From there the RD would check on the identified residents which she wasn't doing. She further stated that the RD was coming in after hours, for 2 to 3 hours and was not leaving any notes on the residents she had checked	F 361	a CNA (certified nurbring resident 7 to the to give resident 7 sort observed from 9:05 A was observed to give no 2.0 Med Pass. At nurse if she had give and the nurse replied. According to the die became effective at the calorie, high protein with whole milk three breakfast, large means of the best of the calorie of the	sing assistant) was obsite nursing desk and asline 2.0 Med Pass. Resident 7 Med Pass. Resident 7 her medical 9:25 AM, the CNA as an resident 7 the 2.0 Med "yes".  It ary policy and procedule facility on 11/15/02 diet consists of a regulate times a day, 2 eggs at portions at lunch and cons of resident 7's meaning the times and dinner.  AM, during an interview the staff work with get she refuses. She also ther on a recreational hat she wants when she already doing. She further on 11/14/02 and did referrals to the RD. Find the further stated that the further stated that the further stated that the staff or 2 to 3 hours and	k the nurse dent 7 was he nurse tions but sked the ed Pass he are which, a high dar diet at dinner. Als she was eals, she fast or he with the etting stated that feeding e wants, wither stated not see her he with committee ary staff from there dents which he RD was to was not					

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

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2567-L

		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUI		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE COMPI	
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NAME OF PROVIDER OR SUPPLIER STREET AI				DRESS, CITY,	STATE, ZIP CODE	<u>-</u>	AI JI V L
RED CL	IFFS REGIONAL		1745 EAS ST GEOR	T 280 NOR GE, UT 84:	ГН 770		
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	2. Resident 2 was ad with the diagnoses of hypertension, brief de and joint pain-pelvis.  On 12/3/02, resident  On 10/9/02, the food initial dietary assessm was 5' 1" (61 inches) ordered was regular.	mitted to the facility of Fx (fractured) neck of Fx (fractured) neck of Fx (fractured) neck of Fx (fractured) neck of Fx (fractured) neck of Fx (fractured) neck of Fx (fractured) neck that documented result and weight 129. The finance of Fx (fregular) neck for the facility of the facil	femur, acoma, reviewed. leted an resident 2. The diet  cal  ed on the  for dable] wt.  i "Pt. has e RD  5/09/00 a, e, nausea	F 361			

FORM APPROVED

PRINTED: 12/16/02 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING\_ 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X3) PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 361 Continued From page 24 F 361 Resident 5's medical record was reviewed on 12/2/02. i. The facility's "Nutritional Progress Notes" written by the registered dietitian dated 12/26/01. documented "Wound f/u (follow up) Pt noted to have some breakdown on coccyx, almost resolved now. She still has cellulites in legs, she is on ABT (antibiotic). Wt (weight) @ (at) 136 # (pounds). Diet is Mech (mechanical) soft [with] HS (hour of sleep) snack. 11/28/01 S (serum) Alb (albumin) 3.0 [low]. Make sure HS snack has a good protein source in it." A physician's telephone order and Interdisciplinary Progress Notes dated 1/9/02 documented that resident 5 had lost 5 pounds in 1 month and to change her diet to a regular fortified diet. . A nutritional progress note written by the dietitian dated 1/29/02 documented, "Wound f/u. Pt conts (continues) [with] breakdown on coccyx, Stage II. She] is on ABT for ® leg cellulites, also, Jan 02 wt -131. WNL( within normal limits) 0 new SAlb Make sure HS snack has good source of protein. Encourage PO (by mouth) check SAIb in 2/02 (February 2002)." The facility's "Malnutrition Risk Assessment" dated 3/28/02 documented that staff had assessed resident 5 as being a high risk for malnutrition. ii. The "Nutritional Assessment" dated 11/12/02 was not signed by a registered dietitian and did not document the following areas: Ideal Body Weight Range, BMI (Body Mass Index), Current Weight, Bladder and Bowel Function, Skin, Relevant

CMS-2567L

ATG112000

Estimating Calorie Needs, Activity Factors, Estimating Protein Needs, Protein Intake, Assessment, Comments, Recommendations

Medications, Relevant Laboratories, Admit Weight,

Event ID: K3X211

Facility (D: UT0068 If continuation sheet 25 of 46

DEPARTMENT OF HEALTH AND HUMAN SERVICES

2567-L CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING\_ 12/5/02 465137 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES iD. (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 361 F 361 Continued From page 25 U.S. Department of Health and Human Services, Number 15, Treatment of Pressure Ulcers, December 1994, p. 21; states, "The initial assessment of patients with pressure ulcers has several dimensions: (a) Assessment of the pressure ulcer, (b) complete history and physical examination, (c) assessment for complications and comorbidities, (d) nutritional status assessment, (e) pain assessment, (f) psychosocial evaluation, and (g) assessment of risk for developing additional pressure ulcers." A physician order dated on 11/7/02 documented, " [change] med pass to 4 ounces QID to help slow down wt loss." The facility's "Skin Integrity Sheet" dated on 11/17/02 documented that resident 5 had a stage II sore on her coccyx. The nurse note documented that it measured 1 cm (centimeter) in length." A physician order dated 11/19/02 documented "[increase] med pass to 6oz. Qid due to weight loss. Refer to RD (registered dietitian)." No further nutritional documentation was found. Resident 5 was observed on 12/4/02 at 4:45 PM in her room drinking a blue cup filled with a supplement. Resident 5 was interviewed and she stated she only gets one cup of supplement. The nurse who administered the supplement to resident 5 was interviewed on 12/4/02 at 4:45 PM. The nurse stated that she only gave one glass of supplement. On 12/4/02 at 6:00 PM, two surveyors used one of the blue cups that the nurses were administrating the supplement in and measured how many ounces of

fluid a blue cup could hold. One blue cup could hold

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (XI) PROVIDER/SUPPLIE IDENTIFICATION NU			A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		465137		B. WING	<del>-</del>	1	2/5/02
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			T 280 NORTH GE, UT 84770		•		
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F 361		26 plement if filled to the	very top.	F 361			
	on 12/4/02 at 1:00 Pt	e sore on her coccyx wa M. The treatment nurs e was a stage III, that r	e stated				
	Resident 5's meal card was observed on 12/3/02 at 11:45 AM. The meal card on resident 5's tray stated that resident 5 was to receive an increase calorie and protein diet and 8 ounces of whole milk.						
	Resident 5's breakfast was observed on 12/3/02 at 7:30 AM. Resident 15's meal had no higher calories or protein than another resident receiving a regular diet. Refer to tag 367.				·		
	AM. Resident 15's n	as observed on 12/3/02 neal had no higher calc resident receiving a re	ories or				
	at 6:00 PM. Residen	ved eating her dinner of t 15's meal had no high an another resident rec tag 367.	ner				
	Number 15, Quick Re Pressure Ulcer Treatr "The goal of nutrition is to ensure that the d pressure ulcer contain healing Nutritional support intake or sup- with a pressure ulcer intake continues to be	Health and Human Serveterence Guide for Climent, December 1994 hal assessment and market of the individual was nutrients adequate to support: Encourage diplementation if an indicis malnourished. If the inadequate, impractical support should be us	page 4-7. pagement ith a o support ietary vidual e dietary able, or		<b>-</b>		

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 361	(approximately 30 to 1.50 grams of proteir of care. As much as 2 needed. "  The DON (Director 12/3/02 for any more 12/5/02 for any more resident 5. The facility more information.  4. Resident 15 was re 9/12/02 with the diag dementia and glaucon	35 calories/kg/day/ an h/kg/day) according to 2.00 grams of protein/kg of Nursing) was asked a dietary assessments at a nutritional intervention was unable to provide admitted to the facility moses of hypertension, ma.	on on one for de any	F 361	·		
	12/4/02. The facility's "Month documented the followed th	l record was reviewed ly/Weekly Weight Rec wing weights for reside (pounds)	ap Sheet"				
	2002, resident 15 lost	of September and Nove : 7 lbs or 8.64% of her ned as "significant" by	total		-		
	The "Pressure Ulcer I documented resident developing a pressure		9/13/02,				
	•	ition Risk assessment" resident 15 was a high sore.	1				

A physician's orders dated 9/16/02 documented that

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE	& MEDICAID SERVI	CES				2567-L
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The recertification of 2002 documented the pureed fortified dies.  A physician order of "[decrease IBW (Id (texture as tolerated (supplements 2 oz RD. loss 7.5 lbs."  A physician's order [Increase] cal (calo add med pass 2.0 2  A physician order of pass 6 oz add vanil.  A physician order on hospice and con RD."  A physician order of Med Pass QID - pt.  The facility's "Interdocumented the for 1. On 10/4/02, the has a weight gain diet change to [increase] to a weight gain."  2. On 10/24/02, the that resident 15 has he refuses to eat be liquids. The note as the state of the pureed and the property of the property of the property of the pureed and the pure and the pureed and the pureed and the pureed and the pureed and the pureed and the pureed and the pure and the	pe placed on hospice.  of physician orders date hat resident 15 was to reconstruct the property of the place of the physician orders dated 10/1/02 documents allowed the property of the place of the pl	ed, "AT supp ls). Refer to ented. "AT pureed ain 5 lbs."  Inted, "Med a day)."  Inted, "Pt is Refer to led. "DC lotes" (IDT) limented "Pt to RD Did of TAT purified of cumented ds and that d consume increase	F 361			

CHIT LES	STOR WEDICARE	WILDICIAL BELL			<del></del>	CONTRACTOR OF CONTRACTOR	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIE	S	ID.	PROVIDER'S PLAN OF CORRECT	TION (X5) OUT DIRE COMPLETE	
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F 361	Continued From page physician was notifically referral to dietitian.  3. On 11/12/02 the I also be soon hospin of the facility's "Nutrit 10/24/02, signed by "[Decrease] in wt. 7 to eat-will drink flui ounces QID-will confinerease] pro pureeter -AM/HS. She likes given with very little requested —current with monitor and encoured the "Nutritional Aster dated 11/14/02, signed but will take some fit tolerated." The same 11/14/02 documents weight was 110 lbs. did not calculate the resident 15.  Three physician order referrals for resident dietitian. The dietit 45 days after the firm Resident 15's diet capproximately 5:45 documented that reand calorie diet with Resident 15's meal	ed of the weight loss and of the weight loss and progress to eat an refusal to drink."  Itional Progress Notes" the dietary manager do this in 1 week-on hosp ds —will [change] meditinue diet of [increased downward of the dietary manager and the acceptance. RD refer with 81 lbs. Will continuage."  It is sessment and Progress med by the dietitian downward of the nutritional assessment end that resident 15 is in the assessment or progress meditary and the protein or calorie need that the sident sessment was done to be seen by a rest in assessment was done that the sident 15 was on a income and the sident 15 was on a income and no higher calories had no higher calories.	nd a  pt has lost and drink.  dated ocumented, ice- refuses pass to 6   cal cream BID d assist ral e to  Notes" cumented, 20 intake als fluids as at, dated ieal body ogress notes eds for to have gistered ocumented  2/4/02 at card rease protein nilk.  or protein	F 361	assessments are completed the Crandall & Association of Clinical Charting Hand Best Practice Gare used in the calcapter of these guidelines allappropriate recomments for nutritional interpressure ulcers Recommendations are nursing for nutritional interventions. Per policy and procedur residents with preswill be assessed at monthly by the Diet and cosigned by the Dietitian. All res	arding and for soure sores. Sted with so on de consultant All risk seessed al Risk of 01-31-2003. The made itional nutritional pleted using ciates andbook uidelines culations. So specify indations erventions erventions erventions and Crandall es, all sure ulcers least ary Manager Consultant idents	
	to tag F 367.	ent receiving a regular	diet. Ichei		with pressure ulcer	2 416 4150	

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

CMS-2567L

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING\_ 12/5/02 465137 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES m (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) cont from page 30 F 361 F 361 Continued From page 30 5.. Resident CL-3 was an underweight, 80 year old reviewed at least once per male who had a number of heart related diseases, month in the facility's chronic obstructive pulmonary disease with recurrent weekly skin and weight meeting. pneumonia, and asthma. He did not receive the diet Minutes will be kept by the ordered by his physician. Director of Nursing. This 5 foot 5 inch male weighed only 117 pounds The Dietary Manager is notified when he was admitted on 9/06/02. On 9/18/02 the within 24 hrs by nursing when physician requested in a Telephone order, that a physician orders a Dietary resident CL-3's diet be changed to what the registered The Dietary Manager referral. dietician ordered: "Per RD - change diet to Fortified has 3 days from the time of the cardiac diet with Health Shakes at meals vs. milk." order being written to complete an assessment. The Dietary On 9/24/02, the physician acknowledged the resident Manager will be responsible 's 10 pound weight loss in 18 days and again for notifing the Consultant ordered a "Fortified diet with assorted supplements Dietitian for all tube feedings BID" [supplements twice a day]. and any other assessments the Dietary Manager deems necessary. On 9/30/02, the registered dietician complained in her Nutritional Progress Notes that the resident As part of our ongoing Quality "...has not received his 200 'Homemade Milkshake.' Assurance program, skin and See recs [record entry] of 9/18/02. Record PO [food weight minutes will be reviewed consumed by mouth] accurately. Wt 107#." monthly. Administrator will monitor. F 367 1 483.35(e) DIETARY SERVICES SS=G Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and interview, it was determined that 5 out of 18 sampled residents, one closed record and 28 out of 90 additional residents did not receive a therapeutic diet as ordered by the physician or assessed as being necessary by an interdisciplinary team. (Residents 2, 5, 7, 13, 15 and CR 3.) If continuation sheet 31 of 46 ATG112000 Event ID: K3X211 Facility ID:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 367 Continued From page 31 F 367 Findings include: 1. In an interview with the dietary manager on 12/2/02 she stated that a new menu program had been started in November. A list of current diets for all the residents in the facility was obtained. Twenty-eight of the 90 residents in the facility were listed as being on a high protein/high calorie diet. An observation of two breakfast meals revealed the following menus: 12/3/02: Juice of the day Cereal of the day French toast Bacon 2% milk, coffee or tea 12/5/02: Juice of the day Cereal of the day Pancakes Sausage 2% milk, coffee or tea Observation of the dinner meal on 12/4/02 revealed the following menu: Hamburger or hot dog with a bun Tator tots Lettuce and onions Buttered mixed vegetables 2% milk Ice cream In an interview with a cook on 12/4/02 she stated that

in an enriched diet or a high protein/high calorie diet

2567-L

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

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **(355)** (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 367 Continued From page 32 F 367 she would add extra gravy or extra butter to a meal for dinner or lunch and breakfast had a mixture of extra butter, sugar and milk added to the cereal. She stated that this was done on an individual basis. She stated that she knew there was a new menu but had no new information on the high protein/high calorie diet yet so she was still doing what she used to do. In an interview with the dietary manager on 12/4/02 she stated that the high protein/high calorie diet had not been started yet. The surveyor was provided a copy of the recommendations for the high protein/high calorie diet from the policy and procedure diet manual. The diet description documented that a high protein/high calorie diet was a "regular diet plus whole milk tid (three time a day), 2 eggs at breakfast, large meat at lunch and dinner..." The two breakfasts observed lacked the extra eggs and whole milk and the dinner observed lacked the extra portions of meat and the whole milk. This would cause the meals to be lacking in the extra calories and protein recommended. 2. Resident 7 was readmitted to the facility on 1/10/01 with the diagnoses of cerebral vascular accident, congestive heart failure, hypertension, chronic ischemic heart disease, osteoporosis, chronic insomnia, coronary artery disease, aphasia, right hemiparesis, seizures and dementia with anxiety and depressive features. On 12/3/02 resident 7's medical record was reviewed. On 10/24/02, a physician's order documented, "[increased] cal (calories) [increased] protein TAT (texture as tolerated) mech (mechanical) soft. pt (patient) has -7 lb (pound) wt (weight) loss-pt (patient) refuses to eat. Refer RD (registered dietitian)." An additional physician's order, dated

STATEMENT OF DEPICEURS NOD PLAN OF CORRECTION  NOT PROVIDER OR SUPPLIER  RED CLIFFS REGIONAL  STREET ADDRESS. CITY. STATE LIP CODE  1745 FAST 280 NORTH  FOR CACH CORRECTION  CA	CENTE	ERS FOR MEDICARE & MEDICAID SERVICES						2567-L
AMAGE OF PROVIDER OR SUPPLIER  RED CLIFFS REGIONAL  SUMMARY STATEMENT OF DEPICIENCIES  (ASA) ID SUMMARY STATEMENT OF DEPICIENCIES  FREAT (BACH DEPICIENCY MUST BE PRECEEDED BY YULL  FAST TAG  Continued From page 33 10/24/02, documented, "Med pass 6 oz (ounces) QID (four times a day) [with] snacks QD (every day)."  Review of resident 7's diet card on 12/3/02 revealed she was on a high calorie, high protein mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal.  On 12/3/02 resident 7's breakfast and lunch were observed. For breakfast resident 7 was served a bowl of hot cereal, 1 picce of french toast, while she was drinking her 2% milk the nurse came in at 8.08 AM and took her milk away stating "I'm going to get you something else to drink." At 8:09 AM the nurse was observed to return with approximately 4 ounces of resident 7 2.0 med pass. Resident 7 was observed to drink 100% of the 4 ounces of 2.0 med pass. The nurse did not return to offer fer the other 2 ounces of the 2.0 med pass that was ordered for resident 7 nor sid the nurse return to offer seident 7 how so observed a scoop of chicken, a bowl of beans, a dinner doll, a bowl of greatent 7 was observed to at 1800 of the juice. Resident 7 was observed a scoop of chicken, a bowl of beans, a dinner doll, a bowl of greatent 7 to soop of chicken, a bowl of beans, a dinner doll. a bowl of greatent 7 to soop of chicken, a bowl of beans, a dinner doll. a bowl of greatent 7 to soop of chicken, a bowl of peaps peap jello and 180 cc of juice. Resident 7 was observed the 2% milk.  On 12/4/02 resident 7 is breakfast and dinner were					A. BUILDING	E CONSTRUCTION		JRVEY
STREET ADDRESS. CITY. STATE. ZIP CODE  1745 EAST 280 NORTH ST GEORGE, UT 84770  SUMMARY STATEMENT OF DEFICIENCIES FREETY TAG  Continued From page 33 10724/02, documented, "Med pass 6 oz (ounces) QID (four times a day) [with] snacks QD (every day)."  Review of resident 7's diet card on 12/3/02 revealed she was on a high calorie, high protein mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal.  On 12/3/02 resident 7 breakfast and lunch were observed. For breakfast resident 7 was served a bowl of hot cereal, 1 piece of french toast with butter and syrup, 1 slice of an orange, 180 cc of orange juice and 180 cc of 2% milk. Resident 7 was observed to eat 1 bite of the french toast, while she was drinking her 2% milk the nurse came in at 8.08 AM and took her milk away stating "I'm going to get you something else to drink." At 8.09 AM the nurse was observed to return with approximately 4 ounces of 72.0 med pass. Resident 7 was observed to drink 100% of the 4 ounces of 2.0 med pass. The nurse dien of the 4 ounces of 2.0 med pass that was ordered for resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offer resident 7 nor did the nurse return to offe		465137			B. WING		12/5/02	
ST GEORGE. UT 34770  SUMMARY STATEMENT OF DEPICIENCES RECULATORY OR LSC IDENTIFYING INFORMATION  RECULATORY OR LSC IDENTIFYING INFORMATION  F 367  Continued From page 33 10724/02, documented, "Med pass 6 oz (ounces) QID (four times a day) [with] snacks QD (every day)."  Review of resident 7's diet card on 12/3/02 revealed she was on a high calorie, high protein mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal.  On 12/3/02 resident 7's breakfast and lunch were observed. For breakfast resident 7 was served a bowl of hot cereal, 1 piece of french toast with butter and syrup, 1 slice of an orange, 180 cc of orange juice and 180cc of 2% milk. Resident 7 was observed to eat 1 bite of the french toast, while she was dranking her 2% milk the nurse came in at 8:08 AM and took her milk away stating "I'm going to get you something else to drink." At 8:09 AM the nurse was observed to return with approximately 4 ounces of resident 7.2 of med pass. Resident 7 was observed to drink 100% of the 4 ounces of 2.0 med pass. The nurse did not return to offer her the other 2 ounces of her 2.0 med pass that was ordered for resident 7 nor did the nurse return to offer resident 7 that 2% milk she had taken from resident 7. For lunch resident 7 was served a scoop of chicken, a bowl of brans, a dinner doll, a bowl of zucchini, a bowl of green peur jello and 180 cc of juice. Resident 7 was observed to drink 100% of the juice. Resident 7 was observed to 2% milk.  On 12/4/02 resident 7 is breakfast and dinner were	NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, STAT	E. ZIP CODE		5/1/2
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION  F 367  Continued From page 33 10/24/02, documented. "Med pass 6 oz (ounces) QID (four times a day) (with) snacks QD (every day)."  Review of resident 7's diet card on 12/3/02 revealed she was on a high calorie, high protein mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal.  On 12/3/02 resident 7's breakfast and lunch were observed. For breakfast resident 7 was served a bowl of hot cereal, 1 piece of french toast with butter and syrup, 1 slice of an orange, 180 cc of orange junce and 180cc of 2% milk. Resident 7 was observed to eat 1 bite of the french toast, while she was drinking her 2% milk the nurse came in at 8:08 AM and took her milk away stating "I'm going to get you something else to drink." At 8:09 AM the nurse was observed to return with approximately 4 ounces of resident 7 2.0 med pass. Resident 7 was observed to fink 100% of the 4 ounces of 2.0 med pass. The nurse did not return to offer her the other 2 ounces of her 2.0 med pass that was ordered for resident 7 nor did the nurse return to offer her sident 7 the 2% milk she had taken trom resident 7. For lunch resident 7 was served a scoop of chicken, a bowl of green peur jello and 180 cc of juice. Resident 7 was observed to and 180 cc of juice. Resident 7 was not served the 2% milk.  On 12/4/02 resident 7 breakfast and dinner were	RED CL	IFFS REGIONAL						:
10/24/02, documented, "Med pass 6 oz (ounces) QID (four times a day) [with] snacks QD (every day)."  Review of resident 7's diet card on 12/3/02 revealed she was on a high calorie, high protein mechanical soft diet with ground meat and she was to have 8 ounces of 2% milk with each meal.  On 12/3/02 resident 7's breakfast and lunch were observed. For breakfast resident 7 was served a bowl of hot cereal, 1 piece of french toast with butter and syrup, 1 slice of an orange, 180 cc of orange juice and 180cc of 2% milk. Resident 7 was observed to eat 1 bite of the french toast, while she was drinking her 2% milk the nurse came in at 3:08 AM and took her milk away stating "I'm going to get you something else to drink." At 3:09 AM the nurse was observed to return with approximately 4 ounces of resident 7 2.0 med pass. Resident 7 was observed to drink 100% of the 4 ounces of 2.0 med pass. The nurse did not return to offer her the other 2 ounces of her 2.0 med pass that was ordered for resident 7 nor did the nurse return to offer resident 7 the 2% milk she had taken from resident 7. For funch resident 7 was served a scoop of chicken, a bowl of beans, a dinner doll, a bowl of zucchini, a bowl of gene pear jello and 180 cc of juice. Resident 7 was observed only to drink 100% of the juice. Resident 7 was observed the 2% milk.	PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL			PREFEX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE	COMPLETE
observed. For breakfast resident 7 was served 1 poached egg, 1 piece of toast with butter, 2 slices of peaches, 180 cc of orange juice and 180 cc of 2% milk. Resident 7 was observed to drink 100% of her 2% milk. For dinner resident 7 was served a ground hot dog on a bun, tatar tots, onions, ketchup, a bowl of mixed vegetables, ice cream with syrup, 180 cc of 2% milk and 180 cc of water. Resident 7 was		10/24/02, documente (four times a day) [w Review of resident 7' she was on a high cal soft diet with ground ounces of 2% milk w On 12/3/02 resident 7 observed. For breakf of hot cereal, 1 piece syrup, 1 slice of an or 180cc of 2% milk. Rebite of the french toas 2% milk the nurse car milk away stating "I'r else to drink." At 8:00 return with approxima med pass. Resident 7 the 4 ounces of 2.0 mereturn to offer her the pass that was ordered return to offer resident from resident 7. For it scoop of chicken, a bock of juice. Resident 100% of the juice. Remilk.  On 12/4/02 resident 7 observed. For breakfapoached egg, 1 piece of peaches, 180 cc of ora milk. Resident 7 was 2% milk. For dinner rehot dog on a bun, tatar of mixed vegetables, ied	d, "Med pass 6 oz (our ith] snacks QD (every ith] snacks QD (every orie, high protein medimeat and she was to hith each meal." It is breakfast and lunch ast resident 7 was served of french toast with burange, 180 cc of orange esident 7 was observed it, while she was drinking in at 8:08 AM and the going to get you som 9 AM the nurse was obtately 4 ounces of resident as observed to drink ed pass. The nurse did other 2 ounces of her for resident 7 nor did to the 2% milk she have the solution of green pear jello at the 2% milk she have her solution of green pear jello at the 2% was observed only to esident 7 was not served to drink the the solution of green pear jello at the the solution of green pear jello at the solution of green pear jello at the solution of the solution of green pear jello at the solution of green pear jello at the solution of green pear jello at the solution of green pear jello at the solution of green pear jello at the solution of the solution of green pear jello at the solution of the so	revealed hanical ave 8  were ed a bowl tter and a juice and I to eat 1 ing her cook her nething observed to ent 7 2.0 in 100% of not 2.0 med he nurse ad taken reved a doll, a and 180 in drink did the 2%  were ed I lices of f 2%  were ground a bowl 80 cc of	F 367			

	IT OF DEFICIENCIES OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	1	(X3) DATE SURVEY COMPLETED		
		465137		B. WING		1	2/5/02		
NAME OF F	ROVIDER OR SUPPLIER			DRESS, CITY, ST.					
RED CL	RED CLIFFS REGIONAL			T 280 NORTE LGE, UT 84770		;			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE		
F 367	observed to eat 50% 100% of her 2% milk on 12/5/02 resident 7 whash, a bowl of hot compared and 100% of the CNA (certified nursing out to the nursing des resident 7 some med from 9:05 AM until 9 resident 7 her medical observed as being given AM the CNA asked the pass and the nurse region of the compared and the nurse region of the compared and the nurse region of the compared and the nurse region of the compared and the nurse region of the compared and the nurse region of the compared and the nurse region of the compared to the compared	of the ice cream with so.  7's breakfast was observas served a scoop of cereal, 1 pancake, 1 orand 180 cc of apple juice ved to eat a few bites one 2% milk. At 9:05 Ang assistant) brought resk and asked the nurse pass. Resident 7 was coests and asked the nurse gations but no med passion during this time. A he nurse if she gave the plied "yes".  The admitted to the facility noses of dementia in A res, urinary retention, ture, atrial fibrillation, and total hip arthropham's order documented pro (protein) hi (high) and TAT (texture as tolera oftD/C (discontinue) unces) QID (four times are high protein, large and meat diet with 2.0 medians and meat diet with 2.0 medians are served as tolera of the protein and the protein high protein.	ved. For comed beefinge slice, e. of the hot M the sident 7 to give observed ave was at 9:25 e med von lzheimer benign asty.  "Diet cal need) resourse a day)"	F 367	DEFICIEN	CY)			
	that resident 13 dislik On 12/4/02 resident 1 dinner resident 13 was	day. The diet card also ed eggs.  3's dinner was observe as served one ground ho as, ketchup, a bowl of r	d. For						

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

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIDENTIFICATION N			(X2) MULT A. BUILDII	TPLE CONSTRUCTION	1	(X3) DATE SURVEY COMPLETED		
	VAME OF PROVIDED OR SUPPLIED			B. WING_		12	12/5/02		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	TATE, ZIP CODE				
RED CLI	RED CLIFFS REGIONAL			T 280 NORT GE, UT 847		:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
F 367	chocolate and 180 cc On 12/5/02 resident 13 of corned beef hash, cereal 180 cc of 2% re According to the diet became effective at the calorie high protein diet whole milk three time large meat at lunch an nutritional program.  During the observation not observed to receive 4. Resident 2 was adwith the diagnoses of hypertension, brief deand joint pain-pelvis. On 12/3/02, resident 2 reviewed from 10/16/02, a Physic documented for reside change to "NAS (no a (calorie) {increased} retexture as tolerated) Observation of reside	with syrup, 240 cc of of 2% milk.  13's breakfast was obsewas served 1 pancake, 1 orange slice, 1 bowl milk and 180 cc of apparary policy and procedure facility on 11/15/02 iet consists of a regulates a day, 2 eggs at breat dinner. Add special ons of resident 13's mere larger portions. In mitted to the facility on Fx (fractured) neck of expressive reaction, glaute 2's medical record was chan's Telephone Orde ent 2, to have a diet added salt), [increased] oro (protein) TAT	erved. For 1 scoop of hot le juice.  le juic	F 367					
	revealed that she ate 6.5. Resident 5 was add	nt 2 from 12/2/02 to 12 50-80% at her meals. mitted to the facility or hiatal hemia, dysphag	ı 5/09/00						

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

	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S	
	BENTILESTICIVIONE		DUK.	A. BUILDING			
		465137		B. WING		12	2/5/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS. CITY, ST.A	TE. ZIP CODE		
RED CL	FFS REGIONAL			Γ 280 NORTH GE, UT 84770		÷	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F 367	hypertension, gastronausea and vomiting, failure, and depressive Resident 5's medical A physician's order of is on hospice. PT refibreakdown 0 labs 0 2 (recreation) feedings, [increase] calorie and Med pass 2.0 QID 2 depression of the pass 2.0 QID 2 depression of the pass to down wt loss."  A physician's order of [change] med pass to down wt loss."  A physician's order of "[increase] med pass Refer to RD (register Resident 5's meal tic 11:45 AM. The mean that resident 5 was to protein diet and 8 our Resident 5's breakfas 7:30 AM. Resident 5 toast, a piece of baco of juice, 8 ounces of Resident 5 was obserfrench toast, few bite slice and all of her jucereal was not fortification a regular meal.	esophageal reflex dise, dehydration, congestive features.  record was reviewed of dated 10/8/02 documents with expected with loss Gray. She eats 56% Responding to 11/17/02 documents of the control of t	on 12/2/02.  Inted, "PT s, skin c cource and T Reg mented, " slow ented, ght loss.  2/3/02 at ay stated orie and 3/02 at french d, 8 ounces e." ecce of her r orange wl of y different	F 367	·		
	AM. Resident 5 was	as observed on 12/3/02 given a scoop of com, pelon slice a scoop of	one piece				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		465137		B. WING		12/5/02
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S'	TATE, ZIP CODE	
RED CL	FFS REGIONAL			r 280 NORT GE, UT 847		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
F 367	roll, a bowl of pears, was observed to have her pears and half of her milk. Resident 5	and 8 ounces of milk. eaten all of her chicke her roll. She did not co is meal had no higher er resident receiving a	en, all of onsume calories	F367 Page Nob	The facility will engine that residents will assessed for and will therapeutic diets as by physician.  The Dietary Manger here	be l receive order 01-31-03
	Resident 5 was observed on 12/4/02 at 4:45 PM in her room drinking a blue cup filled with a supplement. Resident 5 was interviewed and she stated she only gets one cup of supplement.  The nurse who administered the supplement to resident 5 was interviewed on 12/4/02 at 4:45 PM. The nurse stated that she only gave one glass of supplement.  On 12/4/02 at 6:00 PM, two surveyors used one of the blue cups that the nurses were administrating the supplement in and measured how many ounces of fluid a blue cup could hold. One blue cup could hold only 4 ounces of supplement if filled to the very top.				inservice on 12-06-20 all dietary staff and the Special Nurtrition (SNP) which was instiplace of all high call	002 with d reviewed on Program ituted in lorie,
					high protein" diet of It consist of 8 oz stoereal at breakfast, high cal/pro pudding 8 oz whole milk tid. provides approximate	uper 4 oz and It
					1000 calories and 40 of protein. All res who have "high calor high protein" diet of have had these order	gram idents ie, rders
	Resident 5 was observed eating her dinner on 12/4/02 at 6:00 PM. Resident 5 was served ice cream, hot dog with a bun, tator tots, vegetable mix and milk. Resident 5's meal had no higher calories or protein than another resident receiving a regular diet.			to "SNP" and their to have been changed to the super cereal, su and whole milk tid.	reflect	
	9/12/02 with the diag dementia and glaucor	e-admitted to the facili moses of hypertension, ma.  Il record was reviewed	senile		Any resident who rethe "homemade milkshihave had the orders to change this suppleto SNP.	ake" written
	"[Increase] cal (calor	dated 10/15/02 docume ie) [increase] protein T 2.0 2 oz OID refer to I	'ΑΤ		Additional inservici done by the Consulta	

PRINTED: 12/16/02

		& MEDICAID SERVIC				2567-I		
CENTER	(S FOR MEDICARE	WIND SERVICE	, L.J	7				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMI		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		465137		B. WING		12/5/02		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DDRESS, CITY, STATE, ZIP CODE				
RED CL	IFFS REGIONAL			T 280 NORT GE, UT 847		·		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPRODEFICIENCY)	ULD BE COMPLETE		
<b>F</b> 367	Continued From page 3	38		F 367	cont page 38			
	5 lbs"							
•					Dietitian with nursi	ng staff		
	The state of the s	rd was observed on 12/4	3		and dietary staff on	01-24-03		
		PM. Resident 15 diet car			to review Special N	rtions		
		dent 15 was on a increas 8 ounces of whole milk			Program and large po	r crons.		
	and calone diet with	8 ounces of whole milk			As follow up to thes	e inservices		
	Decident 15's dinner	was observed on 12/4/0	7 at		the Dietary Manager	will audit		
		PM. Resident 15 received			1 meal each day ( 5	days per wk)		
		nces of water, a hot dog,			for 3 weeks to ensur	e that		
		mix, tator tots and a bo			the dietary staff is	adhering		
		meal had no higher cale			to the therapeutic d	iet orders.		
		resident receiving a regu			As ongoing quality a	ssurance,		
		is an underweight, 80 ye			the trayline will be audited			
		ber of heart related disea			by the Dietary Manag	er 3 meals		
		ulmonary disease with r			per week to ensure accuracy.			
		ma. He did not receive			The Consultant Dieti	tian will		
	ordered by his physic	cian.			also review trayline	accuracy		
			ļ		during her monthly v	risit and		
		ale weighed only 117 po			will review her find	lings with		
		d on 9/06/02. On 9/18/0			the Dietary Manager	and Admin		
		n a Telephone order, tha			during exit intervie	WS.		
	resident CL-3's diet b	be changed to what the r	egistered :					
		er RD - change diet to F			The Dietary Manager	15		
	cardiac diet with Hea	ilth Shakes at meals vs. i	milk."		responsible to perfo	orm the		
			i		audits and will revi			
	On 9/24/02, the physician acknowledged the resident				Administrator on wee	ekiy basis.		
		oss in 18 days and again						
		liet with assorted supple	mems					
	BID" [supplements to	wice a dayj.			The Director of Nurs			
	On 0/30/02 the morio	tered dietician complain	ed in		inservice nursing st			
		ess Notes that the reside			the necessity for mea			
		ess Notes that the residence is 200 'Homemade Mill			and administration of			
	Has Hot lecelved I	IID TOO LICHICIIIMAC MIII			pass 2.0 per physici	ranordets.		

consumed by mouth] accurately. Wt 107#."

See recs [record entry] of 9/18/02. Record PO [food

Inservice will be conducted

by 01-16-03. Director of Nursing will monitor weekly

to ensure accuracy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID X (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREETY (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 39 F 368 F 368 The facility will ensure F 368 483.35(f)(1)-(3) DIETARY SERVICES F 368 thatall residents are offered SS=E bedtime snack. 01-10-03 Each resident receives and the facility provides at least three meals daily, at regular times comparable to normal mealtimes in the community. A dietary inservice willbet held on 01-10-03 with all There must be no more than 14 hours between a dietary staff and will be substantial evening meal and breakfast the following conducted by the Dietary day, except as provided below. Inservice will be Manager. regarding the constitution The facility must offer snacks at bedtime daily. and preparation of nutritionally appropriate bedtime snacks. When a nourishing snack is provided at bedtime, up All residents are offered a to 16 hours may elapse between a substantial evening bedtime snack which includes meal and breakfast the following day if a resident variety of appropriate group agrees to this meal span, and a nourishing nutritional. bedtime snacks. snack is served. Every resident will be offered This REQUIREMENT is not met as evidenced by: a bedtime snack by nursing. Based on comments in a confidential group meeting Staff Developer will inservice from 8 of 8 alert and oriented residents, it was nursing staff that all residents determined that the facility did not offer every are to offered a bedtime snack. resident a bedtime snack daily. Inservice will be conducted by 01-10-03. Staff Developer will Findings include: monitoraudit twice weekly for 3 weeks to ensure that snacks During a confidential resident group meeting, held are being offered and random 12/3/02 at 10:30 AM, 8 of 8 participating residents checks to ensure nursing is stated that they were not offered a bedtime snack adhering to requirement. daily. One of the residents stated, "They have them, but they are placed in the activity room and we have Administrator will monitor to go and get them if we want them". As part of the monthly visit the Consultant Dietitian F 371

SS=E

The facility must store, prepare, distribute, and serve

483.35(h)(2) DIETARY SERVICES

food under sanitary conditions.

reviews the ADL records to ensure

it is being recorded if residents

are accepting or refusing HS snacks.

Information will be reviewed monthly

CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 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 COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 371 Continued From page 40 F 371 The facility will ensure pthat proper procedures for This REQUIREMENT is not met as evidenced by: handling of dirty and clean Based on observations in 1 of 1 kitchens, it was dishes to avoid cross determined that the facility did not store, serve and contamination. 12-06-02 distribute food under sanitary conditions as evidenced by a dietary staff member observed to cross A mandatory dietary inservice contaminate between the dirty and clean side of the was conducted on 12-06-02 by dish room. the Dietary Manager. inservice reviewed for following Findings include: items: Proper procedures for cleansing During the initial inspection of the kitchen on hands when moving between the 12/02/02 a dietary employee was observed to place dirty and clean areas of the dirty plates and utensils into the dish machine. The dish room. dietary aide was observed to be wearing gloves. After the pans and utensils were washed, the dietary The Consultant Dietitian employee was observed to take the clean items and performs a sanitation check put them away without having changed her gloves or in the kitchen at least monthly washing her hands between handling dirty and clean Part of the sanitation check dishes. involves monitoring staff as they clean their hands when moving between the dirty and F 426 483.60(a) PHARMACY SERVICES F 426 clean sides of the dish room. SS=D This audit will be reviewed with Administrator and Dietary A facility must provide pharmaceutical services (including procedures that assure the accurate Manager monthly at exit interview. acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of The Dietary Manager is responsible each resident. to-ensure that the dietary staff follow proper procedure on hand This REQUIREMENT is not met as evidenced by: washing. Based on record review, observation and interview, the facility nurse did not ensure that medications were being given according to standards of practice to meet the needs for 1 of 18 sampled residents. (Resident 13.)

Findings include:

CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH **RED CLIFFS REGIONAL** ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 426 Continued From page 41 F 426 The facility will ensure accurate acquiring, receiving, Resident 13 was readmitted to the facility on 9/19/01 dispensing and administering with the diagnoses of dementia in Alzheimer with of drugs and biologicals. depressive features, urinary retention, constipation, 01-16-03 hip fracture, atrial fibrillation, benign prostatic hypertrophy and total hip arthroplasty. The nurses will ensure that Resident 13's active medical record was reviewed on residents take all their 12/4/02. The medical record contained an annual medication and will remain MDS (minimum data set) dated 11/21/02. Under with resident until administration section B4, Cognitive Skills for Daily Decision of medication is completed. Making, resident 13 was scored at a 3, severely impaired (never/rarely made decisions). Director of Nursing will inservice nursing staff Observation on 12/5/02 from 7:45 AM to 8:05 AM, regarding proticol for resident 13 was in the dining room with his breakfast proper administration of tray infront of him. He had a cup of Med Pass with drugs and biologicals. small colored particles in it. Inservice will be conducted on 01-16-03. At 8:05 AM the surveyor asked the ADON (assistant director of nursing) what was in the Med Pass, and Random audits will be done the ADON stated that she did not know. The ADON by Director of Nursing to then asked the aide next to her if she was aware what ensure accuracy of administration. was in the Med Pass, the aide stated that she did not know. As part of our ongoing Quality Assurance, audits will be reviewed The ADON and aide were going to dump out the Med monthly. Pass. The surveyor then asked to see the cup of Med Pass and took it to resident 13's nurse. The surveyor asked the facility nurse what was in the Med Pass. The facility's nurse stated that she put resident 13's medications in the Med Pass because he would not take his medications. The facility nurse gave the surveyor a list of medications that were in the Med Pass. The medications included: Pepcid 20mg. (milligrams),

.25mg, and risperdal .5mg.

norvasc 2.5mg, iron 325mg, multivitamin, digoxin

DEPARTMENT OF HEALTH AND HUN... IN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

t .	T OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER IDENTIFICATION NUM		A BUILD		(X3) DATE SURVEY COMPLETED	
	·	465137		B. WING		12	2/5/02
NAME OF F	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
			1745 EAST ST GEORG				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
F 426	Continued From page 4	2		F 426			
-	what was in the Med "yes, that is why he w surveyor told the faci- going to dump the Me stated that she would  The surveyor asked th leaves the medication supervision. The fac- her first day working	ed Pass out, the facility have to, because he reme facility nurse if she is by the resident without on her own without or	stated the was nurse fused. always out oday was ientation,				
	and that she was coming back frequently to check on the resident. She further stated that she was working with a difficult resident that was requiring her time and attention.  When the surveyor asked resident 13 what was in the cup he did not give any response.						
; ;	Resident 13 was observed by the surveyor from 7:45 AM until 8:05 AM and the facility nurse was not observed checking on this resident and his medications.						
	On 12/5/02 at approxi conference, the DON that resident 13 was no	(director of nursing) in	_		_		
F 460 SS=C	483.70(c)(1)(iv&v) PI Bedrooms must be des full visual privacy for	signed or equipped to a		F 460			
	In facilities initially ce except in private room suspended curtains, wh	s, each bed must have	ceiling				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(XI) PROVIDER/SUPPLIER/CLIA !DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
465137			B. WING		12/5/02		
NAME OF PROVIDER OR SUPPLIER STREET ADD			RESS, CITY, S	TATE, ZIP CODE			
			T 280 NORTH GE, UT 84770				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE COMPLETE THE APPROPRIATE DATE		
F 460	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 460				

STATEMENT OF DEFICIENCIES. (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING\_ 465137 12/5/02 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1745 EAST 280 NORTH RED CLIFFS REGIONAL ST GEORGE, UT 84770 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 460 Continued From page 44 F 460 The facility will ensure that Room 113: Private room, the curtain got caught, and resident rooms are equipped was approximately 36 inches short. to provide full visual privacy Room 202: Bed B, by the window, was 01 - 31 - 03approximately 24 inches short. Room 204: Bed B, by the window, was approximately 30 inches short. Maintenance will evaluate Room 206: Bed B, by the window, was rooms 100 - 422 and ensure approximately 30 inches short. all privacy curtins fit Room 207: Bed B, by the window, was appropriately to ensure approximately 30 inches short. visual privacy. Room 208: Bed B, by the window, was approximately 30 inches short. All privacy curtins will Room 210: Bed B, by the window, was be marked to identify correct approximately 30 inches short. size of curtin Room 211: Bed B, by the window, was approximately 48 inches short. Room 214: There were no curtains in the room. Monthly Quality Assurance Room 216: Bed B, by the window, was Audits will be conducted approximately 24 inches short. by Maintenance to ensure privacy curtins are appropriately Room 301: Bed B, by the window, was approximately 12 inches short. hung to ensure full privacy. Room 303: Bed B, by the window, was Audits will be reviewed with approximately 30 inches short. Administrator monthly. Room 401: Bed B, by the window, was approximately 12 inches short. Room 402: Had broken blinds on the window. Room 403: Bed B, by the window, was approximately 12 inches short. Room 404: Bed B, by the window, was approximately 42 inches short. Room 405: Bed B, by the window, was approximately 24 inches short. Room 407: Bed B, by the window, was approximately 6 inches short. Room 408: Bed B, by the window, was approximately 36 inches short. Room 410: Bed B had broken curtains and there were broken blinds on the window. Room 411: Bed B, by the window, was

DEPARTMENT OF HEALTH AND HUN. IN SERVICES

FORM APPROVED

PRINTED: 12/16/02 CENTERS FOR MEDICARE & MEDICAID SERVICES 2567-L STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 465137 12/5/02 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RED CLIFFS REGIONAL 1745 EAST 280 NORTH ST GEORGE, UT 84770 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES  $\mathbf{m}$ PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 460 Continued From page 45 F 460 approximately 36 inches short. Room 412: Bed B, by the window, was approximately 12 inches short. Room 413: Bed B, by the window, was approximately 36 inches short. Room 414: Bed B, by the window, was approximately 12 inches short. Room 415: Bed B, by the window, was

approximately 18 inches short. Room 417: Bed B, by the window, was approximately 12 inches short. Room 420: Bed B, by the window, was approximately 36 to 48 inches short. Room 422: Bed B, by the window, was approximately 48 to 60 inches short.