

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2006
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NAME OF PROVIDER OR SUPPLIER RED CLIFFS REGIONAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1745 EAST 280 NORTH ST GEORGE, UT 84770
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 241 483.15(a) DIGNITY
SS=E

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based upon interview and record review, it was determined that the facility did not provide an environment that maintained or enhanced each resident's dignity and respect. Specifically, the surveyors found that call lights were not answered in a timely manner, call bell buttons were out of reach, or Staff silenced the call bell but resident needs remained unmet (Resident Identifiers 2, 15, 16).

Findings Include:

In an interview on April 17, 2006, at 3:20 P.M., with the spouse of resident 15, he stated that sometimes staff "are too slow" to answer the call bell.

In an interview on April 17, 2006, at 3:30 P.M., with resident 16, the resident stated that the wait to have the call bell answered exceeds ten minutes. She also added: "I have timed it".

In an interview with spouse of resident 2, on April 17, 2006, at 4:55 P.M., she stated that resident 2 had disclosed that he often has to wait to have his call bell answered. When asked whether spouse has personally observed a long call bell wait, she agreed, "Oh yes". She had not personally timed the wait.

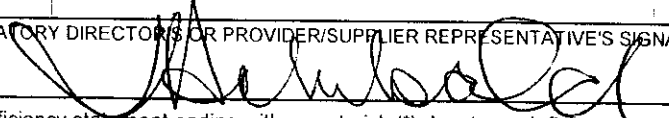
F 241
 5/23/06
 per acceptable
 completion date
 6/19/06
 Busenbender

"This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."

"This plan of correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and/or guidelines. As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations."

Utah Department of Health
17 217 YRT 21 1003 0661
MAY 12 2006

Bureau of Health Facility Licensing,
Certification and Resident Assessment

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin	(X6) DATE 5-10-06
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 241 Continued From page 1

During a group interview with six residents on April 19, 2006, at 10:00 A.M.. The following three issues associated with call bells were identified:

1. Three of six residents present stated that the call bell wait was unreasonable and at times exceeded 20 minutes.
2. Three of six residents present stated that sometimes when the call bell is "answered", it was only silenced, and that staff stated "I'll be back in a minute", but that staff does not return to meet the resident's needs.
3. Two of six residents complained of call bell buttons not being consistently left within reach of residents.

All three residents felt the issue with the call lights was a current concern.

The resident council minutes were reviewed on 4/19/06 and found to contain the following:

1. In a "Resident Council Response" signed by the Director of Nursing and the Administrator, "Call lights 'answering getting bad again' " is recorded relating to "Resident Council Meeting 9 Dec 05".
2. In a "Resident Council Report" dated April 10, 2006, contains the following notation, "Night call lights not being answered timely aides not giving call buttons".

F 241

F241

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

CNA'S and Nursing staff will be Inserviced by May 15th on the necessity to answer call lights timely, making sure that all residents have their call lights within reach and follow through with residents after answering call lights. On going inservicing will be done with nursing staff on a monthly basis.

Call light checks will be conducted weekly by assigned administrative staff as part of the Quality Assurance "PALs" Program. Assigned staff is also Responsible to interview residents and/ or family members regarding call light issues.

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F 281
SS=D

483.20(k)(3)(i) COMPREHENSIVE CARE PLANS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on observation, record review and interviews with facility staff, it was determined that 2 out of 2 dressing changes/wound treatment provided by facility staff did not meet professional standards of quality, particularly those of infection control. Resident identifiers: 2 and 6.

Findings include:

Resident 6 was admitted to the facility on 7/01/03 with diagnoses including: congestive heart failure, hypertension, arthritis, dementia, psychiatric/mood, depression, emphysema/COPD.

Resident 6 was observed to have a stage 3 ulcer on her coccyx. On 4/19/06 at 10:02 AM, 2 registered nurse surveyors observed the facility's registered nurse (RN) wound specialist 1, prepare for wound care on resident 6. RN 1 gathered supplies for the wound care, stated she had washed her hands, and entered resident 6's room. RN 1 requested the assistance of a nurse aide. RN 1 and the nurse aide positioned resident 6 on her right side. RN 1 placed residents 6's supplies on a table in residents 6's room. The following is a description of the dressing change.

- RN 1 placed on non sterile gloves.
- RN 1 assisted the nurse aide to tuck resident 6's brief, soiled with urine, under resident's buttocks.

F 281

The Director of Staff Education also conducts random call light checks. He is responsible to do one on one training with staff as needed. He also reviews findings with staff at monthly meetings.

Social Service will continue to monitor call lights as part of the Resident Council process. Findings will be reviewed with the Administrator and Director of Nursing on a monthly basis.

Quality Assurance Committee will review audits at least quarterly and make recommendations where needed. The Administrator will monitor for compliance.

6-18-06

PERSONAL ASSISTANCE LIAISON "PAL" PROGRAM ORIENTATION

PURPOSE:

To establish an effective communication system in which the residents and their families have a method to voice problems and/or concerns to one assigned facility representative. By doing so, the program is intended to address any problems or concerns effectively and efficiently and deliver quality customer service for increased customer satisfaction and reduce the number of complaints.

Procedure:

Each resident who resides in the facility is to be assigned to a Department Manager as the point person to voice any type of grievances, problems, concerns, or compliment.

The Administrator will decide what residents each individual will take.

Visits will be made to residents weekly (confused residents, families or representatives should be contacted in place of the resident) To ask questions and perform room audits.

PAL 's should stop in to resident's room daily to see how they are doing.

PAL's should monitor call lights for response and timeliness at least weekly, and their results will be reviewed at the leadership meetings.

Ask questions that have been provided and perform room Audit at the same time. Review at weekly leader ship meeting. (See resident Audit and question sheet.)

Be looking at grooming issues as well.

If concerns are present, fill out concern sheet. Concerns are to be discussed at the next morning meeting and assigned to appropriate department for investigation. (E.g. talking to residents, staff, and family.)

When a concern is reported family needs to be contacted by assigned manager.

Resolution will be filled out by assigned manager and discussed in daily morning meeting. The Administrator is to sign on completion and follow up. Revised care plans and task sheets when appropriate.

Forms are to be kept in assigned managers binder.

New admissions are to be visited within 24hours and family called. (M-F)

List of department supervisors need to be given to all new admissions as well as the family members.

PAL's will monitor their assigned rooms/sections during annual surveys and complaint visits

Concern investigation form should be completed for any complaints, concerns, or compliments received during the visit. Also as any other need arises. This is the most important part of the program. These need to be turned into administrator right away and followed up needs to be done immediately. That is what will make this program successful.

* Concern forms should be placed at nursing stations to make accessible for all staff to fill out if complaint or concern is reported to them. Staff should be in serviced on the concern forms and this program.



RESIDENT ROOM AUDIT

- Restroom clean and properly functioning? **YES / NO**
- Sink/Toilet properly functioning? **YES / NO**
- Privacy curtains in place/ provide complete privacy and in good condition? **YES / NO**
- Bed is neatly made? **YES / NO**
- Bed and mattress are in good condition? **YES / NO**
- Bed Entrapment Issues? **YES/NO**
- Hand washing materials are available for use? **YES / NO**
- Room is free of clutter? **YES / NO**
- Blinds are in good repair/ any missing slats? **YES / NO**
- Room is free of safety hazards (i.e. broken outlet covers, extension cords etc.)? **YES / NO**
- Clean water pitcher is available? **YES / NO**
- Call light system is functioning properly? **YES / NO**
- Call light within reach of Resident? **YES/NO**
- Baseboards are clean and in good repair? **YES / NO**
- Floors are clean and in good repair? **YES / NO**
- Light fixtures/vents clean and in good repair? **YES / NO**
- Wheelchair/ Equipment clean and in good repair? **YES/NO**
- Living space is free from insects? **YES / NO**
- Closets/ drawers provide adequate space? **YES/NO**
- Room free of odors? **YES/NO**
- Personal items marked? **YES/NO**
- Room free of chemicals? **YES/NO**
- No open food or medication in room/drawers? **YES/NO**

Comments: _____

Response/resolution: _____

RESIDENT QUESTIONS

- Do we respect your privacy?
- Is staff knocking before entering your room?
- Has staff acted rude to you or anyone else?
- Do you get help when you need it?
- Is your call light answered timely?
- How are you personal belongings handled?
- Do you feel staff listen and resolve your problems?
- Are your meals served on time?
- How is your food? Is the temperature good?
- Are you satisfied with your environment?
- Laundry/housekeeping issues?
- Are you missing anything?
- Anything else you would like to talk about?

Comments:

Resident Name: _____

Room #: _____

Audit completed by: _____

Date Completed: ____ / ____ / ____

ADMINISTRATOR SIGNATURE

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c. RN 1 pulled off resident 6's soiled dressing using her right hand and disposed of the soiled dressing into a garbage can next to resident 's bedside. She opened the sterile saline container, and 4x4 gauze. Using her right hand she dipped the gauze into the saline container and cleaned resident 6's ulcer, stating she was removing the "alginat dressing " .

d. Without removing her gloves or washing her hands, RN 1 picked up the chemical debridement ointment tube and placed a small amount on a Q tip. She placed the ointment into the center of the ulcer. RN 1 opened a " skin prep " and applied the skin prep around the surrounding skin of the ulcer.

e. RN 1 opened a clean dressing called Versiva, lifted residents buttocks folds, and placed dressing over ulcer.

f. RN 1 began helping the nurse aide complete the removal of resident 6's soiled brief.

During the dressing change, the RN wound specialist stated that she felt the wound was deteriorating and was now a stage 3. There was no evidence of a red/orange biohazard bag or plastic bag in the resident 's room, used for the proper disposal of hazardous waste, as required by OSHA (Occupational Health and Safety Administration).

On 4/19/06, at 4:35 PM the surveyor requested a copy of the facility's policy for dressings-sterile/non sterile from the director of nursing (DON). Review of the policy for non-sterile dressings states .."setup N/S moisture barrier drape on over-bed table only. Bring all dressings, solutions and items to be used and place on N/S drape.wash hands, ...don

F 281

F281

The facility will ensure that the wound services provided meet professional standards of quality.

The Director of Nursing Services, Wound Nurse Specialist and Director of Staff Development will do in servicing with Registered and Licensed Nurses on May 10, 2006 regarding the procedure for wound dressing changes including the use of a drape for materials, proper glove use and the proper disposal of hazardous or potentially hazardous material. The information will also be posted in the nursing communication books at each nurse station for the duration of three months.

The Director of Staff Development and Wound Nurse Specialist will perform a dressing change skill pass off with every Registered and Licensed Nurse by June 15th, 2006 and then a random check once a week after that. Result will be reviewed with the Director of Nursing Services. (see attached skill pass off form)

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non-sterile gloves, remove dressings and discard into plastic bag. Measure size and depth as appropriate. Remove and discard non-sterile disposable gloves in plastic bag at bedside. Wash hands thoroughly or use alcohol gel. Open all dressings and solutions as indicated. Don N/S gloves and proceed with cleansing of wound. " The facility's RN did not follow the facility's policy for performing a dressing change.

2. During an observation of a non-sterile (N/S) dressing change for Resident 2, on April 19, 2006, at 2:10 P.M. the Licensed Practical Nurse removed a book from the bedside table and placed her supplies immediately and directly upon the table. She opened the packages that contained the dressings. She placed non-sterile gloves on her hands. She then removed the old dressing from the resident and threw it away. She cleansed the wound and redressed the wound according to the physician's order.

On April 20, 2006 at 8:30 A.M., Registered Nurse, (RN 1), stated "It is our policy that we change our gloves" regarding required Nursing actions between disposing of old dressing and application of new dressing.

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All nurses will be taught that waste from dressing changes will be put in a plastic bag that will be double bagged in larger plastic bag. Anything containing blood in a liquid or semi-liquid state and other potentially infected material will be disposed of in a red biohazard bag and put in the biohazard barrel.

Quality Assurance Committee will review at least quarterly for compliance.

6-19-06

Nurse Skill Verification: Clean Dressing Change

		Yes	No
1	Verifies treatment using MD order		
2	Gathers appropriate equipment		
3	Washes hands		
4	Identifies patient (using armband or states name if needed) and introduces self		
5	Explains procedure		
6	Provides privacy for patient		
7	Applies clean gloves		
8	Sets up supplies appropriately with waste receptacle at bedside.		
9	Rates patients pain level according to wound and treatment		
10	Exposes only wound site to maintain dignity		
11	Undresses only one wound area at a time, from cleanest to dirtiest.		
12	Removes adhesives correctly to protect skin.		
13	Removes dressings one layer at a time, observing dressing appearance		
14	Disposes of dressings appropriately		
15	Changes gloves.		
16	Cleanses wound correctly per MD order:		
	a) Uses correct cleanser		
	b) Uses smallest amount of force necessary to protect new tissue		
	c) Irrigates wound correctly or uses gauze to cleanse correctly		
	d) Evaluates wound for appearance, drainage, odor and periwound skin integrity		
17	Dresses wound correctly following MD order.		
18	Dates and initials dressing		
19	Removes and disposes of all trash appropriately		
20	Repositions patient, lowers bed etc for safety.		
21	Washes hands		

Nurses Name Printed

Nurses Signature

Observing Nurses Name

Observing Nurse Signature

Date: _____

Comments:

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F 329 SS=D	<p>483.25(l)(1) UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the drug regimen was not free from unnecessary drugs for 2 of 9 sampled residents who received an antipsychotic medication. Specifically, one resident was prescribed an antipsychotic medication for excessive duration, without adequate monitoring or adequate indications for its use. The other resident was prescribed an antipsychotic medication without adequate monitoring or adequate indications for its use. Resident indicators: Residents 5 and 11.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident 5 was admitted to the facility on 04/03/03 with diagnoses that included chronic fatigue, hypertension, diabetes, and senile dementia with delerium. <p>Resident 5's medical record was reviewed on 04/18-04/19/06.</p> <p>Resident 5's PASRR level II completed 04/01/03 lists the residents psychiatric diagnosis as</p>	F 329	<p>F329</p> <p>The facility will ensure that medication administration and monitoring services provided will meet professional standards of quality.</p> <p>An audit of all residents taking psychotropic mediations will be performed on a monthly basis by a Nurse Manager. The results of this audit will be reviewed with the Director of Nursing Services. Each resident taking a psychotropic medication will be monitored for the amount of time since the dosage was last changed and behavior tracking as recorded in the MAR via the monthly audit. Any patient with a psychotropic drug that has not had an alteration of dosage for 6 months or more will have a request for dosage reduction form sent to the patient's primary care physician. This form will contain a history of the patient's behaviors over the last 3 months for the doctor to review. (see attached audit form)</p>	

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dementia.

Resident 5's physician recertification order dated 04/11/06 documented an order for Seroquel 100 mg (milligrams) PO (by mouth) QD (daily), originally written on 04/23/04.

Review of a document faxed to the doctor on 01/09/06 delineated need for a review of psychotropic medications, to evaluate whether a discontinuation or dose reduction was warranted. This document showed a decrease in the number of calling out and crying behaviors between 10/05 and 12/05. A drug holiday and/or reduction in dosage was documented by the physician as contraindicated for 180 days. However, no further documentation could be found indicating why the drug holiday and/or dose reduction was contraindicated.

Documentation of Resident 5's pharmacy review showed a recommendation by the pharmacist on 08/31/05 to decrease Seroquel to 75 mg. No further documentation regarding the recommendation was noted.

Review of the IDT (Interdisciplinary Team) note of 09/?/05 (complete date illegible due to hole punch) stated "Decreased crying et (and) much calmer last few month (sic)."

Review of the IDT note of 03/01/06 stated "...behaviors have decreased (with) crying."

An interview with the Director of Nursing (DON) was done on 04/19/06 at 2:50 PM. The DON stated that the tracking of resident behaviors was done for several months by Certified Nursing

F 329 Beginning May 1st, 2006 behavior tracking for all psychotropic medications will be part of the patient's MAR and will be monitored and recorded by the Registered and Licensed Nurses on a daily basis. Behavior tracking will be audited on a monthly basis by a nurse manager as part of the audit mentioned in the above paragraph. (see attached psychotropic tracking forms)

Each resident's behavior and psychotropic medications will be reviewed at each IDT meeting. Forms will be sent off to the doctor requesting a decrease in psychotropic. Places for the rationale and behaviors or hours of sleep are on the reduction request form. (see attached reduction request form)

Resident 5's Seroquel was D/C'd.

Resident 11 had a psychotropic decrease form filled and sent to her primary care physician.

Quality Assurance Committee will review at least quarterly for compliance.

6-19-06

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Assistants (CNA), but since 03/31/06 it was being done by nurses, and recorded in the nursing notes.

An interview with a staff LPN (Licensed Practical Nurse) was done on 04/19/06 at 2:40 PM. The LPN described Resident 5's behavior as yelling out or clenching of fists about one time per month. The LPN was asked about how behaviors were tracked in order to monitor appropriateness of psychoactive medications. The LPN stated that the resident's behaviors were not documented unless a PRN (as needed) medication was given for a specific behavior.

On 04/19/06 at 3:10 PM an interview was conducted with a staff CNA. CNA 1 stated that Resident 5's behavior was usually quiet, but that the resident would briefly cry or yell out over 1 or 2 days every few weeks. CNA 1 also stated that the resident did not resist care and was not combative, and that the resident's behaviors had been the same for about the last 6 months.

On 04/19/06 at 3:25 PM an interview was conducted with a staff CNA. CNA 2 stated that Resident 5 "blurts things out sometimes" and that it seems like a "habit" for the resident. CNA 2 stated that Resident 5 was combative when first admitted to the facility, but no longer, and did not resist care currently, other than occasionally not opening her mouth to eat. CNA 2 further stated that at times during meals the resident was noted snoring and could not be awakened.

On 04/19/06 at 3:35 PM an interview was conducted with a staff CNA. CNA 3 stated that Resident 5 would scream out 1-2 words once in

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F 329	<p>Continued From page 8</p> <p>awhile and that the outbursts might possibly be pain related.</p> <p>No documentation of an assessment for pain, associated with crying or yelling behaviors, was found.</p> <p>2. Resident 11 was admitted to the facility on 12/06/03 then discharged and was readmitted on 2/06/06 with the following diagnoses: pneumonia, malaise, unspecified disorder of the kidney and ureter, anxiety, abnormality of gait, hypertension, osteoarthritis, and depression.</p> <p>Resident 11's medical record was reviewed on 4/19/06 and 4/20/06.</p> <p>Resident 11's PASSAR Level I (Preadmission Screening Resident Review) dated 1/26/06, documented that resident 11 has a psychiatric diagnosis of severe anxiety and within the last year resident 11 has a prescribed antipsychotic, documented as Seroquel for anxiety. Resident 11's PASSAR Level I documented that resident 11 's Level I assessment indicates referral for Level II is needed.</p> <p>Resident 11's Level II was reviewed, documentation of the following diagnoses were found under "Serious Mental Illness Criteria" : generalized anxiety disorder and depressive</p>
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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F 329	<p>Continued From page 9</p> <p>NOS.</p> <p>Resident 11's readmission orders dated 2/03/06 documented the following medication orders: Seroquel 300 milligrams by mouth every hour of sleep, and Ativan 0.75 milligrams daily PRN (as necessary).</p> <p>Resident 11's March 2006 recertification orders documented the following medication orders: Seroquel 300 milligrams one tablet by mouth every hour of sleep, and Ativan 0.25 milligrams one by mouth three times a day PRN.</p> <p>Resident 11's April 2006 recertification orders documented the following medication orders: Seroquel 300 milligrams by mouth every hour of sleep, and Ativan 0.25 milligrams one by mouth three times a day PRN.</p> <p>Resident 11's admission MDS (Minimum Data Set) dated 02/16/06 was reviewed. No documentation could be found under "Behavioral Symptoms" that resident 11 had exhibited any behaviors in the last seven days.</p> <p>Resident 11's 30 day MDS dated 3/01/06 was reviewed. No documentation could be found under "Behavioral Symptoms" that resident 11 had exhibited any behaviors in the last seven days.</p> <p>Resident 11's 60 day MDS dated 4/03/06 was reviewed. No documentation could be found under "Behavioral Symptoms" that resident 11 had exhibited any behaviors in the last seven days.</p>
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F 329	Continued From page 10	F 329		
	<p>Review of resident 11's care plans revealed that resident 11 had an antipsychotic care plan which documented the following: "Antipsychotic medication use of Seroquel r/t (related to) dx [diagnosis] of: anxiety [with] psychotic features...." Documented under "Approach" was the following:</p> <ul style="list-style-type: none"> - "Evaluate and determine specific behaviors r/t need for antipsychotics medication use" - "Monitor and track mood and behaviors to evaluate effectiveness of medication and interventions" - "Review medication profile quarterly and PRN (as necessary) with the recommendations for decrease or increase as determined..." <p>Resident 11's February, March and April 2006 medication sheets were reviewed. No documentation could be found that resident 11 was having any target behaviors tracked by the staff nurses for the use of the antipsychotic Seroquel. Documented at the bottom of resident 11's "Anti-Psychotic Medication Sheets", for February, March, and April was the following: "For Behaviors See ADL (Activities of Daily living) Books".</p> <p>Resident 11's ADL books for the February, March, and April were reviewed. The ADL book documentation revealed that there were no behaviors being tracked for resident 11.</p> <p>Review of resident 11's "Nurse's Notes", from 2/03/06 to 4/19/06, revealed no documented behaviors as to why resident 11 was receiving an antipsychotic. The only documented behaviors</p>			

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F 329 Continued From page 11

found were that resident 11 was complaining about anxiety and frequently requesting her activities.

Review of the "Social Services Progress Notes", revealed no documentation as to why resident 11 was receiving Seroquel or what behaviors were being tracked for the use of an antipsychotic.

On 4/19/06 at 2:14 PM, an interview was conducted with a staff CNA (Certified Nursing Assistant) who works the 400 hall which resident 11 resides. CNA4 stated during her interview that resident 11 was independent with most of her ADL's, and that she is "really nice".....When asked if resident 11 had any behaviors such as being combative, agitation, refusing cares, or a harm to herself or others, she replied, "I haven't seen any". She also stated in her interview that resident 11 "gets dressed up real cute and comes out of her room a little"....."goes out once a day with her daughter".

On 4/19/06 at 2:16 PM, an interview was conducted with a staff CNA (Certified Nursing Assistant) who works the 400 hall which resident 11 resides. When CNA5 was asked if resident 11 has shown any kind of behaviors such as being combative, refusing cares, agitation, or a harm to herself or others, she replied, "she never has....she is a real sweetheart....no behaviors that I have seen."

On 4/19/06 at 2:18 PM, an interview was conducted with a staff CNA (Certified nursing Assistant) who works the 400 hall which resident 11 resides. When CNA6 was asked if resident 11 had any behaviors such as being combative,

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F 329	<p>Continued From page 12</p> <p>refusing cares, agitation, or a harm to herself or others, she replied, "I think she has anxiety but I think she can tell when....", "she is alert and oriented.....". She also stated during the interview that resident 11 doesn't refuse any cares and is not combative.</p> <p>On 4/19/06 at 2:25 PM, an interview was conducted with a staff LPN (Licensed Practical Nurse), who works the 400 hall which resident 11 resides. When LPN2 was asked if resident 11 exhibited any kind of behaviors such as being combative, refusing cares, agitation, or a harm to herself or others, he replied, "She gets anxious" and she let's us know by saying "I want my anxious pill"...He also stated during the interview that he has heard that resident 11 does get restless at night...and sometimes just wants to stay in her room, not that she isolates herself. He also stated that resident 11 goes to "therapy, activities, and LOA (leave of absence) with family. The staff LPN stated during the interview that resident 11 exhibited no other behaviors.</p> <p>No documentation could be found in resident 11's medical record or per staff interviews, as to why resident 11 was receiving an antipsychotic other than documented behaviors of anxiety, which resident 11 has been receiving an antianxiety medication. No documentation could be found as to what behaviors were being tracked to monitor the effectiveness of resident 11's prescribed antipsychotic.</p>	F 329		

Date: _____

Dear Dr. _____

In accordance with State regulations, every 90-180 days, doctors must verify the reason a particular hypnotic medication is being used, and indicate whether a drug holiday or dose reduction is warranted. Below is a list of the current hypnotic. Included is the dosage, the diagnosis, and documented hours of sleep. Please indicate whether a reduction or drug holiday is possible and the rationale for the decision.
Thank you.

Patient: _____

Medication and dosage: _____

Diagnosis: _____

Month: _____ Average of # of hours of sleep per day: _____

Month: _____ Average of # of hours of sleep per day: _____

Month: _____ Average of # of hours of sleep per day: _____

Month: _____ Average of # of hours of sleep per day: _____

Month: _____ Average of # of hours of sleep per day: _____

(We are required to track hours of sleep during an entire day, not just at night.)

At this time I feel that a drug holiday and/or reduction of dosage of this medication is:

_____indicated _____contraindicated

If contraindicated--how long contraindicated? _____ 90 days _____ 180 days

Rationale: _____

New orders: _____

Signed: _____ Date: _____



Date: _____

Dear Dr. _____

In accordance with State regulations, every 90-180 days, doctors must verify the reason a particular psychotropic medication is being used, and indicate whether a drug holiday or dose reduction is warranted. Below is listed the medication that the patient is currently on. Included is the current dosage, the diagnosis for the medication, and the behavior(s) for the medication. Please indicate whether a reduction or drug holiday is possible and the rationale for the decision.
Thank you.

Patient: _____

Drug and dosage: _____

Diagnosis: _____

Behavior(s) for drug usage: _____
of times behavior witnessed per month

Month: _____ # of times of behavior(s): _____

Month: _____ # of times of behavior(s): _____

Month: _____ # of times of behavior(s): _____

Month: _____ # of times of behavior(s): _____

Month: _____ # of times of behavior(s): _____

At this time I feel that a drug holiday and/or reduction of dosage of this medication is

_____ Indicated _____ Contraindicated

If contraindicated--how long contraindicated? _____ 90 days _____ 180 days

Rationale for decision: _____

New orders: _____

Signed: _____ Dated: _____

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F 371 483.35(i)(2) SANITARY CONDITIONS - FOOD
SS=E PREP & SERVICE

The facility must store, prepare, distribute, and serve food under sanitary conditions.

This REQUIREMENT is not met as evidenced by:
Based on observation, it was determined that the facility did not store or prepare foods under sanitary conditions.

Findings include:

Initial observation of the kitchen was performed on 4/17/06 at 3:06 PM. The following concerns were noted at that time:

A freezer which was storing ice cream registered 19 degrees.

A refrigerator had an opened container of liquid eggs that was dated 4/12.

The dry storage area had a dirty floor. There were corn flakes and some popcorn kernels on the floor under neath some wire shelves. There were four dead cockroaches under the wire shelves. In a corner of the dry storage there was a packet of sugar on the floor with what appeared to be a red pill sitting on top of it. Sitting on the wire shelves were unsecured containers of sugar cookies, vanilla wafers as well as unsecured packages of disposable foam plates and bowls.

Observation of the exit door to the right of the dry storage revealed sunlight at the bottom of the

F 371 F371

The facility must store, distribute And serve food under sanitary Conditions.

The Dietary Manager conducted Inservice on 04-19-2006 with Dietary staff to review the areas of concerns addressed during survey. The following Policy and Procedures were reviewed:
To ensure that water temperatures are at proper temperature of at least 120 degrees. The staff has been instructed to cycle the dish machine until adequate temperature is achieved prior to starting dishwashing. Water temperatures are to be monitored through dishwashing process to ensure water temperatures are maintained.
The Dietary Manager reviewed the importance of accurate record keeping for dish machine and recording temperatures accurately. Temperature checks are to be completed by the Dietary Manager at least 3 x weekly and will initial temperature log. Will be reviewed by the Registered Dietician monthly.

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F 371	<p>Continued From page 14</p> <p>door. The weatherstrip for the door appeared to be ineffective and could allow a way for pests to enter the kitchen area.</p> <p>The observation of the dry storage area remained the same on 4/18/06 and 4/19/06. On 4/19/06 at 10:05 AM, the exit door to the right of the dry storage had been propped wide open. This also could allow for the entry of pests.</p> <p>On 4/17/06, the dietary manager confirmed to survey staff that the dish machine performed low temperature sanitation. On 4/18/06, surveyors observed the dish machine while staff washed dishes. During the first load, the wash temperature reached 100 degrees and the rinse temperature reached 118 degrees. During the second load, the wash temperature reached 108 degrees and the rinse reached 118 degrees.</p> <p>Additional observation of the dish machine was performed on 4/19/06 while staff were doing dishes. During the first load, the wash temperature reached 108 degrees and the rinse reached 116 degrees. During the second load, the wash temperature reached 110 degrees and the rinse also reached 110 degrees.</p> <p>For a low temperature dish machine, the wash and rinse temperature must both reach at least 120 degrees. The dishes washed by the facility were not being properly sanitized.</p> <p>Also on 4/19/06, after staff pulled the dishes out of the dish machine, they were observed to take the wet dishes and stack them by the trayline to use for the next meal. Dishes must not be put away wet.</p>	F 371	<p>The Administrator has contacted an outside contractor to come in and evaluate for the installation of a separate hot water heater to help maintain water temperatures on the dish machine.</p> <p>Regarding the issue with dishes being put away wet. The staff was instructed to make sure dishes are completely dry before putting away.</p> <p>Cleaning schedules have been reviewed with dietary staff during inservicing. The dry storage area is to be swept and mopped daily by assigned dietary staff. This will be monitored by the Dietary Manager weekly and on a monthly basis by the Registered Dietician for compliance.</p> <p>All disposable items and food products will be secured tightly with ties or stored in airtight containers. Dietary Manager and Registered Dietician will monitor.</p> <p>Dietary staff was also reminded on the necessity for recording refrigeration temperatures. Staff was also reminded to make sure door is completely shut. Temperatures are to be twice per day, once per shift by Cooks. Staff has been reminded to notify the Dietary Manager if temperatures are not being achieved. Dietary Manager is responsible to monitor at least 3 xs weekly and initial on temperature log.</p>	

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			<p>Maintenance will replace weather stripping around exit door to help ensure area is secure for potential pest. Dietary staff has been instructed not to prop door open during normal working hours. Door is only to be kept open during deliveries.</p> <p>The Quality Assurance will review audits at least quarterly for compliance. The Administrator will monitor.</p>	<p>6-19-06</p>
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Red Cliffs Regional

Date: 4-19-06

Speaker: _____

ATTENTION:

(Department Name)

IN-SERVICE TOPIC:
COMMENTS:

*Recording of Dishmachine Temp's.
- Dishwashing Procedure - Ref. temps
and Cleaning Schedules*

*Please Read -
take test -*

*Sign
Return to me today -*

*also- please take the temps everytime
do not just write them down -*

*thank you
Leanni*

(Quiz Attached: Yes No)

Please sign below after reading:

Leanni Bencha

Lee Sunett

Molly E.

*Wendy Espanosa
Miguel Hernandez Cabada*

Shana Rodinger

Callie Sweet



RECORDING OF DISHMACHINE TEMPERATURES

1. Before each use, prepare dishmachine for use according to instructions. Allow dishmachine to run 10 minutes in order to bring water temperature up to proper level by sending several empty racks through the machine.
2. Read temperature gauges on top of machine while racks are in machine.
3. Record temperatures daily on Dishmachine Temperature Log (Form 408)

	Low Temperature Dishmachines	High Temperature Dishmachines
Wash Temperature.....	120° - 150° F.	140° - 160° F.
Rinse temperature.....	120° - 150° F.	≥ 180° F.

Or follow manufacturer's directions, if different.

4. Any inaccurate temperatures must be brought to the attention of the Dietary Manager immediately.
5. Periodically the Dietary Manager should check the accuracy of the gauges by sending a thermometer through the dishmachine. The internal thermometer should experience a 15° F temperature loss and should read 160° - 165° F. The 180° F temperature is measured only at the manifold and read on the temperature gauge. Regular monitoring and maintenance is essential to maintain proper temperature. This is on high temperature dishmachines.
6. The concentration of the sanitary solution during the rinse cycle is 50 ppm with Chlorine sanitizer, 200 ppm with quaternary ammonium. This is used on low temperature dishmachines.
7. A pH test kit is used daily and may be obtained from the chemical supplier for the low temperature dishmachines.
8. Dishmachine Temperature Log:
 - a. To ensure that the wash and rinse temperatures are properly monitored and controlled, a log must be completed by those who are directly involved in the dishwashing process. Entries must be made for each meal.
 - b. Post the log in the immediate vicinity of the dishwashing area.
 - c. Wash and rinse temperatures must be observed and logged during the dishwashing period.
 - d. Actual temperatures must be entered in the log by the dishmachine operator three times daily.
 - e. Report temperatures that are less than the required levels (see above) to the Dietary Manager and immediately convert to paper service until the temperature is corrected.



- f. When the chemical sanitizing dispenser is broken or not working correctly on a cold temp machine, appropriate amount of sanitizer, per manufacturer directions, can be manually added to the dishmachine at each rinse cycle. Check for correct amount of sanitizer at each rinse cycle with appropriate litmus paper.
- g. Record ppm on low temperature machines three times a day.

Refer to *Forms and Documents* Section: Form 408 or other designated form

DISHWASHING PROCEDURE

1. Scrape food garbage from dishes into garbage disposal. This can be done with a rubber scraper or pre-rinse sprayer. DO NOT hit china against a hard surface to remove food. This will damage the china.
2. Sort and stack dirty dishes into piles of the same kind and size.
3. Place empty cups and glasses upside down in compartment-type racks to prevent overcrowding. Metal cereal bowls and small stainless steel teapots and plastic bowls may also be racked in a cup rack.
4. Place silverware in soaking tub.
5. Remove paper and plastic waste and place in garbage can.
6. Carefully place dishes in soaking sink as needed.
7. Rack similar dishes in peg-type racks. Soiled dishes must be loaded into the racks so that all surfaces of each piece should be subjected to the wash and rinse treatments. Overcrowding of pieces must be avoided if the dishwashing process is to be effective. Dinner plates, bread and butter plates, saucers, fruit dishes, cereal bowls, lids to metal bowls and plate covers should be racked in a peg-type rack. Improperly racked dishes are not cleaned effectively and increase dish breakage.
8. Place rack of dishes over disposal. Spray dishes with pre-rinse sprayer. Pre-rinsing of all dishes and utensils is an important part of the dishwashing operation to prevent food soil in the wash water. Operate the garbage disposal as needed.
9. Remove silverware from soaking tub. Spread silverware on flat bottom rack after each cart. Rinse silverware. Metal bowls, plastic pitchers and bowls are also racked in flat bottom racks.
10. Send all silverware through machine twice – first on a flat rack open, then on a rack that should hold the special container for silverware. Place into container handle side up.
11. Load racks into the machine. Racks must go into the machine with the surface of the dish facing the spray. The only exception is trays which go into the machine sideways. The operation of the dishmachine is automatic; each rack moves into the clean dish table. This process takes about 45 seconds.
12. Either two people are in the dish room, one on dirty side, one on clean side or if one person does both they must wash their hands between dirty and clean areas.
13. Air dry dishes by racking or putting on single trays lined with mesh (i.e., bar matting).

CLEANING SCHEDULE

Position: AM DIET AIDS

Date: _____

Item	Frequency	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6:00 - 11:30								
FRIG 4 REACH-IN FREEZER	DAILY							
D.A. TABLES	DAILY							
MICRO WAVE	DAILY							
BLENDER & TABLE	AFTER EACH USE							
COFFEE STATION	DAILY							
COFFEE + HYDRATION CARTS	DAILY							
Top Service Area by Beverage Station	Daily							
6:30 - 2:00								
ROLLING BINS	DAILY							
BLENDER + TABLE	AFTER EACH USE							
TRAY CARTS	EACH MEAL							
GLASS STORAGE TABLE	DAILY							
COFFEE TABLE	DAILY							
TOP OF DISH MACHINE	AFTER BREAKFAST DISHES							

CLEANING SCHEDULE

Position: PM DIET AIDEE

Date: _____

Item	Frequency	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1:30 - 3:30								
FRIG + PEACH - IN FREEZER	DAILY							
D.A. TABLES	DAILY							
MICRO WAVE	DAILY							
BLENDER + TABLE	AFTER EACH USE							
COFFEE TABLE								
COFFEE STATION	DAILY							
COFFEE + HYDRATION CARTS	DAILY							
SWEEP + MOP SERVING LINE TO DISHROOM	DAILY							
WALLS - TOASTER, MICRO STOVE TOPS	CHECK DAILY CLEAN AS NEEDED							
Floor drains	Weekly							
2:00 - 4:30								
TRAY CARTS	EACH MEAL							
TOP OF DISHMACHINE	AFTER DINNER DISHES							
ROLLIN BINS	DAILY							
GLASS STORAGE TABLE	DAILY							
DISHROOM TABLES + SHELVES	DAILY							
MOP DISHROOM FLOORS	DAILY							
WAX BRUSH WASH FLOOR FLOORS	TRIF THUR CAT							
DISHROOM WALLS	CHECK DAILY WASH AS NEEDED							

CLEANING SCHEDULE

Position: ASST. MANAGER

Date: _____

Item	Frequency	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
STORE ROOM								
Sweep & mop pantry								
DRAWERS								
WALK IN SHELVES								
ORDERLY CHECK LABELS + DATES								
pull out trays above ovens.								

CLEANING SCHEDULES

POLICY

The Dietary staff shall maintain the sanitation of the Dietary Department through compliance with written, comprehensive cleaning schedules developed for the facility by the Dietary Manager.

PROCEDURE

1. The Dietary Manager shall record all cleaning and sanitation tasks for the Dietary Department.
2. A cleaning schedule shall be posted with tasks designated to specific positions in the department.
3. All tasks shall be addressed as to frequency of cleaning.
4. The procedures to be used are listed in this *Policy and Procedure Manual*.
5. General Daily and Weekly Cleaning schedules may be used or Cleaning Schedules (Forms 751, 752, and 753) by position may be used.
6. On the "Position" cleaning schedules the Dietary Manager fills in the Position, The Item to be cleaned, Frequency i.e. daily, day of week, or week 1, 2, 3, 4.
7. Under the days of the week or the weeks the Dietary Manager or designee can check off assignments completed or the employee can initial.

Refer to *Forms and Documents* Section: Form 751, Form 752, Form 753 or other designated forms

5. Sanitizing cloths should be placed in the sanitizing buckets to be used in sanitizing all work surfaces and equipment.
6. Dietary should change these buckets at least three (3) times a day and test with the appropriate litmus strips each time the solution is changed to assure accurate levels of sanitizer.

- ()
- f. When the chemical sanitizing dispenser is broken or not working correctly on a cold temp machine, appropriate amount of sanitizer, per manufacturer directions, can be manually added to the dishmachine at each rinse cycle. Check for correct amount of sanitizer at each rinse cycle with appropriate litmus paper.
 - g. Record ppm on low temperature machines three times a day.

Refer to *Forms and Documents* Section: Form 408 or other designated form

DISH MACHINE TEMPERATURE LOG

Month: _____

Year: _____

Date	Breakfast				Lunch				Dinner			
	Wash Temp	Rinse Temp	PPM	INT	Wash Temp	Rinse Temp	PPM	INT	Wash Temp	Rinse Temp	PPM	INT
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

Code for adequate temperature:

Wash: _____

Rinse: _____

Litmus Strips: _____

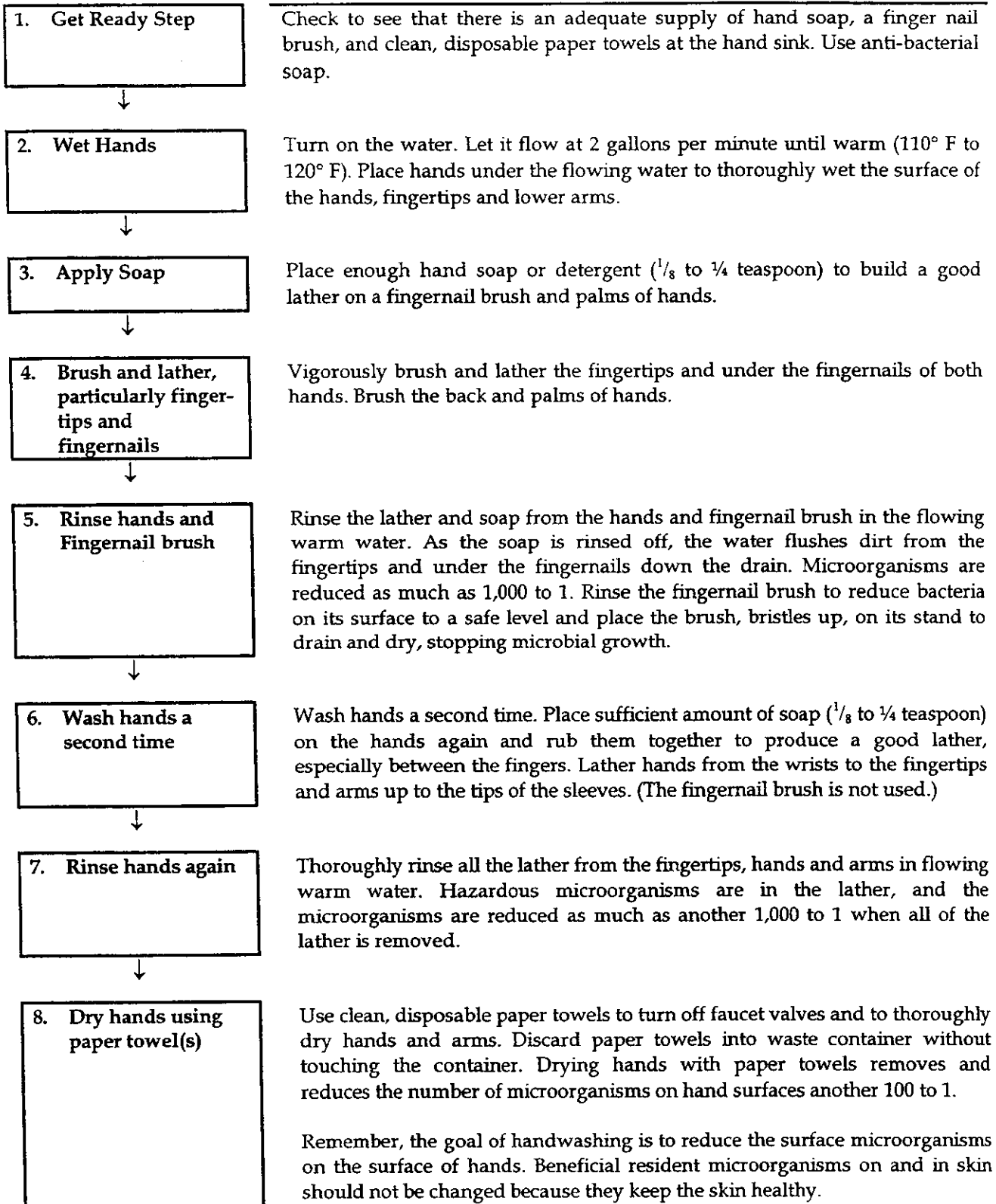
Notify supervisor when temps or sanitizer are not adequate.

4. Conduct

- a. Gum chewing is not permitted in the Dietary Department.
- b. Smoking is not permitted in the food preparation, service, or storage areas.
- c. Eating and drinking are not permitted in food preparation and service areas.
- d. Foodstuffs and supply items may not be removed from the premises without written authorization from the Administrator.

HANDWASHING FLOW CHART

Procedures



5. All foods should be stored away from the walls and off the floor.
6. Cross-stack bags of sugar, flour, and other commodities to permit air circulation.
7. Any opened products should be placed in seamless plastic or glass containers with tight-fitting lids and labeled and dated.
8. Label and date all storage containers or bins. Keep free of scoops. Lids need to be tight fitting and in good condition.
9. Rotate stock. Follow "First In First Out" rotation.
10. Check for pest infestation regularly. There should be a monthly pest control program in place.
11. Cleaning supplies must be stored in a separate locked area away from all food.
12. Food storage area doors must be equipped with locks for security.

Storage: Alcoholic Beverages

Alcoholic beverages must be stored in a separate locked area.

*During a power failure, keep refrigerated and frozen foods safe: **

1. Keep the Freezer door closed. Keep what cold air you have inside. Don't open the door any more than necessary. A full freezer will keep food frozen for about two days; a half-full freezer about one day. If the freezer is not full, group packages so they form an "igloo" to protect each other. And, if you think power will be out for several days, then dry ice may be placed in the freezer to help keep food frozen.
2. Some partially thawed food can be safely kept. The foods in the freezer that partially or completely thaw before power is restored may be safely refrozen if they still contain ice crystals or are 40° F or below. Evaluate each item separately. Be very careful with meat and poultry products or any food containing milk, cream, sour cream or soft cheese. "When in doubt, throw it out." In general, refrigerated items should be safe as long as power is out no more than four hours. Keep the door closed as much as possible. Discard any perishable foods such as meat, poultry, fish, eggs and leftovers that have been above 40° F for two hours or more. Dispose of any food that has an unusual odor, color or texture, or feels warm to the touch.

* Reference: "September is Time for Food Safety Lessons, Top 10 Questions Received by USDA's Meat and Poultry Hotline," *Food Safety and Inspection Service, United States Department of Agriculture*, September 4, 2002, <<http://www.fsis.usda.gov/oa/news/2002/nfsem.htm>> (February 21, 2003)



POST TEST

1. Where do you find your cleaning assignments? _____

2. Mark (T) True or (F) False to the following statements:
 - a) _____ The third pot and pan sink is for sanitizing.
 - b) _____ A chlorine-based sanitizer must be at least 50 ppm-100ppm.
 - c) _____ An ammonia-based sanitizer (Quat) must be 200 ppm.
 - d) _____ It is acceptable to towel dry pots and pans or dishes.
 - e) _____ The dish machine temperature log must be filled in daily.
 - f) _____ Report immediately to your supervisor temperatures and/or ppm below required levels.
 - g) _____ It is preferred to have two people in the dish room one on the clean side and one on the dirty side. If only one person, they must wash and sanitize their hands between dirty and clean dishes.
 - h) _____ Hot water, can destroy sanitizer in the third pot and pan sink and/or in the rinse water of a cold temperature dishmachine, and can be an Immediate Jeopardy if a sanitizer doesn't register on the litmus paper.

3. Match correct answers:

<ol style="list-style-type: none"> a) Remove when leaving Dietary b) Must be worn at all times c) Activities not permitted in the dietary department d) Wash prior to beginning work, after using restroom, after smoking, etc. e) They can give you a false sense of security and can carry germs, the same as your hands. f) Store separate from food. g) Pest infestation is prevented by what program? 	<ol style="list-style-type: none"> _____ Chewing gum and smoking _____ Monthly Pest Control Program _____ Apron _____ Toxic Substances _____ Hands _____ Hairnet or clean cap _____ Plastic Gloves
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Signature: _____

Position: _____ Date Completed: _____

Instructions and Test given by: _____ Date: _____

(Keep signed exams in Inservice Records or Employee Files.)