

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

PRINTED: 05/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465059	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2006
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NAME OF PROVIDER OR SUPPLIER RICHFIELD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 83 EAST 1100 NORTH RICHFIELD, UT 84701
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F 278 SS=B	<p>483.20(g) - (j) RESIDENT ASSESSMENT</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and observation, it was determined that the facility did not accurately assess and document the resident's status in the MDS (Minimum Data Set) for 3 of 17 sample residents. Residents: 3, 7, 9.</p> <p>Findings included:</p>	F 278 <i>5/23/06 PAC Acceptable Completion date 6/1/06 B. Burman RK</i>	<p>F278- The facility will continue to provide an accurate reflection of the resident's status in the resident's assessment.</p> <p>Resident #3's MDS assessment was reviewed for accuracy of the assessment by the DON and re-signed.</p> <p>Resident #7: A significant correction MDS was completed during the survey to reflect the accurate assessment.</p> <p>Resident#9: A significant correction MDS was completed during the survey to reflect the accurate assessment.</p> <p>The DON/designee will audit all MDS assessments for accuracy and timely completion.</p> <p>All interdisciplinary team members will be re-inserviced by the DON/designee concerning proper dating of the MDS and accurate assessments that reflect the residents status on the MDS.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Caren Liebelt, RN</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5-12-06</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings shall be made available 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 30 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 15 2006

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F 278

Continued From page 1

1. Resident 3 was admitted to the facility on 8/17/05 with diagnoses including congestive heart failure, anxiety disorder, schizophrenia, bipolar disorder, and wound infection.

Resident 3's medical record chart was reviewed on 4/18/06. The admission MDS was signed by the nurse as completed on 11/24/05. Some of the professionals assessing the resident signed on 11/25/05 that they coordinated collection or collected information tracking information regarding resident 3. The completion date of the MDS cannot be before the collection of the assessments.

2. Resident 7 was admitted to the facility on 11/17/00 with diagnoses including hypertension, Alzheimer's, and seizure disorder.

Observations were done in the facility 4/17/06 through 4/20/06. Resident 7 was observed sitting in a wheelchair during meals. She was observed in the hall in her wheelchair during the afternoons.

Resident 7's medical record chart was reviewed on 4/18/06. Nurses notes revealed the following references to use of a wheelchair: 12/31/05 "... Uses wheelchair for mobility..."; 1/21/06 "... Dependent on staff to transfer to wheelchair and push her in wheelchair..."; 3/25/06 "... Mobile per wheelchair with staff assist..." The monthly nursing summary dated 3/28/06 revealed Problem Number 1: "... Mobile via wheelchair."

The annual MDS dated 6/8/05 and the quarterly MDS dated 3/2/06 did not indicate any wheelchair use in G 5. Modes of Locomotion. The

F 278

The DON/designee will monitor MDS assessments for appropriate dates and accuracy during interdisciplinary conference. Any trends identified will be reported to the quality assurance committee monthly and PRN until lesser frequency is deemed necessary.

*5/23/06 - in call to fac.
DON stated completion date for all tags is 6/1/06
added to permission
Buzenbank RN*

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F 278 Continued From page 2
wheelchair was resident 7's primary mode of locomotion.

3. Resident 9 was admitted to the facility on 12/2/05 with diagnoses including Alzheimer's dementia.

Resident 9's medical record chart was reviewed on 4/18/06. The Quarterly MDS dated 2/2/06 contained some inconsistencies. Section J 4. Accidents indicated "no fracture in last 180 days," yet it was documented in the chart that resident 9 had a fall and hip fracture on 1/29/06. Section P 1a. Special Care Treatments was marked "Training in skills required to return to the community," yet Section Q 1. Discharge Potential was marked "No" discharge potential.

F 278

F 286
SS=B 483.20(d) RESIDENT ASSESSMENT - USE
A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record.

This REQUIREMENT is not met as evidenced by:
Based on record review it was determined that the facility did not maintain all resident Minimum Data Set (MDS) assessments, completed within the previous 15 months, in the resident's active record for 2 of 17 sample residents. Residents: 9 and 11.

Findings included:

1. Resident 11 was admitted to the facility on

F 286

F286- The facility will maintain all resident assessments completed within the previous 15 months in the resident's active record.

Resident #11: During the survey, medical records pulled the necessary MDS's from their old discharged charts and put them in the current chart.

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F 286	Continued From page 3 October 2001. The resident had been temporarily discharged and readmitted to the facility five times in the past year. The resident was temporarily discharged to the hospital on 5/31/05 with return anticipated. Resident 9 was readmitted to the facility on 6/12/05. The resident was temporarily discharged to the hospital on 10/9/05 with return anticipated. Resident 9 was readmitted to the facility on 10/11/05. The resident was temporarily discharged to the hospital on 12/11/05 with return anticipated. Resident 9 was readmitted to the facility on 12/16/05. The resident was temporarily discharged to the hospital on 2/1/06 with return anticipated. Resident 9 was readmitted to the facility on 2/3/06. The resident was temporarily discharged to the hospital on 2/15/06 with return anticipated. Resident 9 was readmitted to the facility on 2/20/06. No Discharge Tracking or Re-entry Tracking data had been brought forward into the resident's active clinical record. 2. Resident 9 was admitted to the facility December 2005. She was temporarily discharged to the hospital on 1/22/06 with the expectation of being readmitted. Resident 9 was readmitted to the facility on 1/26/06.	F 286	Resident#9: During the survey, medical records pulled the necessary MDS's from their old discharged charts and put them in the current chart. Medical Records will do an audit of all residents to ensure all assessments applicable are in the active record by June 1, 2006. The Administrator/designee re-inserviced all medical records staff on April 20, 2006 to ensure the facility maintains previous 15 months of assessments in the active chart as applicable. Any trends identified will be reported to the Quality Assurance Committee monthly and PRN until a lesser frequency is deemed appropriate.		

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F 286	Continued From page 4 The previous MDS assessments, completed before the discharge had not been brought forward into the resident's active clinical record. The Discharge Tracking and Re-entry Tracking forms, sub-set MDS records, were not brought forward to the residents active clinical record.	F 286		
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F 287 SS=B	<p>483.20(f) AUTOMATED DATA PROCESSING</p> <p>Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:</p> <p>Admission assessment. Annual assessment updates. Significant change in status assessments. Quarterly review assessments. A subset of items upon a resident's transfer, reentry, discharge, and death. Background (face-sheet) information, if there is no admission assessment.</p> <p>Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting 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 CMS and the State.</p> <p>A facility must electronically transmit, at least monthly, encoded, accurate, complete MDS data to the State for all assessments conducted during the previous month, including the following:</p> <p>Admission assessment. Annual assessment. Significant change in status assessment. Significant correction of prior full assessment. Significant correction of prior quarterly assessment. Quarterly review. A subset of items upon a resident's transfer, reentry, discharge, and death. Background (face-sheet) information, for an initial transmission of MDS data on a resident that does</p>	F 287	<p>F287- The facility will continue to send re-tracking data to the state within 7 days</p> <p>Resident #9 : During survey, Medical Records printed and provided copies of the re-entry tracking assessments to the state.</p> <p>Resident #11: During survey, Medical Records printed and provided copies of the re-entry tracking assessment to the state.</p> <p>Administrator/Designee will complete an audit of all resident assessments on June 1, 2006 to identify that all re-entry tracking data has been sent to the state</p> <p>The Administrator/designee will inservice Medical Records staff about re-entry assessment tracking on June 1, 2006</p> <p>The Administrator/designee will audit all admits weekly to ensure that re-entry tracking data has been sent to the state.</p>	
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F 287	Continued From page 6 not have an admission assessment. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on resident record review and review of facility transmittals to the State, it was determined that the facility did not encode and transmit complete Minimum Data Set and subset information for 2 of 17 sample residents whose Re-entry MDS Tracking forms were not transmitted. Residents: 9 and 11. Findings included: 1. Resident 11 was admitted to the facility on October 2001. The resident had been temporarily discharged and readmitted to the facility five times in the past year. The resident was temporarily discharged to the hospital on 5/31/05 with return anticipated. Resident 9 was readmitted to the facility on 6/12/05. The resident was temporarily discharged to the hospital on 10/9/05 with return anticipated. Resident 9 was readmitted to the facility on 10/11/05. The resident was temporarily discharged to the hospital on 12/11/05 with return anticipated. Resident 9 was readmitted to the facility on	F 287	Any trends identified will be reported to the Quality Assurance committee monthly and PRN until a lesser frequency is deemed appropriate.		

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F 287	<p>Continued From page 7</p> <p>12/16/05.</p> <p>The resident was temporarily discharged to the hospital on 2/1/06 with return anticipated. Resident 9 was readmitted to the facility on 2/3/06.</p> <p>The resident was temporarily discharged to the hospital on 2/15/06 with return anticipated. Resident 9 was readmitted to the facility on 2/20/06.</p> <p>No Re-entry Tracking data had been transmitted to the State for resident 11.</p> <p>2. Resident 9 was admitted to the facility December 2005. The resident was temporarily discharged to the hospital on 1/22/06 with return anticipated. Resident 9 was readmitted to the facility on 1/26/06.</p> <p>No Re-entry Tracking data had been transmitted to the State for resident 9.</p>	F 287		
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