PRINTED: 12/14/2005 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY
COMPLETED

465119

B. WING

11/28/2005

NAME OF PROVIDER OR SUPPLIER

EAST LAKE CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH 500 WEST

PROVO, UT 84601

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

F 271

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(XS) COMPLETION DATE

F 271 | SS=G

F 271 483 20(a) ADMISSION ORDERS

At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.

This REQUIREMENT is not met as evidenced by:

Based on staff interviews and record review, it was determined that for 6 of 10 sample residents (residents 1, 3, 7, 8, 9 and 10) the facility admitted these residents without physician's orders, adequate to manage their immediate care, which included the need for tracheostomy and ventilator care. Subsequently, resident 9 was weaned from his ventilator without a physician's order, required cardio pulmonary resuscitation and was admitted to the hospital.

Findings included:

1. Resident 9 was readmitted to the facility 9/26/05 and 10/26/05 with diagnoses which included encephalopathy and quadriplegia.

On 11/21/05, resident 9's medical record was reviewed, including all respiratory notes and documentation.

A review a resident 9's medical record revealed he was admitted with a tracheostomy and ventilator,

A review of resident 9's admission orders revealed there were no orders for the tracheostomy type or care. In addition, there were no admission orders for the ventilator settings, cares or weaning process.

At the time of admission physician orders will be obtained by the facility for all residents admitted with Tracheotomy and Ventilator's orders to include Tracheotomy & Ventilator care, Ventilator settings and weaning process, Tracheotomy type, All residents on Ventilators were reviewed by Director of Nursing and Respiratory Therapist Director and orders updated by physician for vent settings, Vent care and weaning process. All residents on Tracheotomy's were reviewed and updated for Trach type and care by the Respiratory Therapist Director RT. Resident 1,3,10,7 orders were reviewed by the Director of Respiratory Therapist RT and signed by the physician --update to include Trach Care, Trach Type, Vent Care and Vent Settings. Resident 8 orders were reviewed and updated to include Trach care and Trach Type, Resident 9 orders were reviewed and updated to include Trach care. Trach Type, Vent Care and Vent Settings. Clarification order 11/22/05 Trach Mask applied by Respiratory Therapist for shower and observed by RT (Vent orders changed and clarification order written) Original

physician signed Respiratory Admission

resident's Medical record and a copy in

the Respiratory Binder (previous orders for vent and trach were maintained in

placed on the Physician Recertification

Order will be maintained in the

Respiratory Department files) and

JUSORATORY DIRECTOR'S OR FROVIDER/SUPPLIEF REPRESENTATIVE'S SIGNATURE

A)cmenistrator

12/28/05

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ather 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 have 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE COMPL	SURVEY ETED
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	tracheostomy facilitype of tracheostomy cares needed to be staff would not know should be, cares to the appropriate version of th	ity staff would not know what my resident 9 had or what e provided. In addition, facility ow what the ventilator settings hat needed to be provided or ntilator weaning process. Diratory therapist documented respiratory sheet, "1130 (11:30 tient) on t-piece (trach OPM) pt checkedsxn yellow1600 (4:00 PM) aid, ran to room, found pt in over, aid placed bed in CPR resuscitation) position, began se weak and thready, pt had bunt of red frothy secretions in sic], EMS (emergency medical by RN (registered nurse, aid ximeter) SPO2 32 (oxygen as baged [sic] on 100% O2 ons a total of 70cc Red frothy	F 271	staff would know what ventilat settings, care as well as Trach to care is required for resident. In the care is required for resident. In the care is required for resident. It muses will be in serviced on we and trach care, settings, type at charting guidelines. Attached the Respiratory Admission Orders of Nursing will monitor Ventilate Trach orders and care on admit monthly physician recertification and report to Quality Assurance Committee. This will be completed to 1/13/06.	type and icensed entilators and revised Director and t and on orders e	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
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F 271	would chart on the oxygen saturations stated "that would on 11/21/05 at 3:1 supervisor was into chart has physician tracheostomies and that on 10/8/05, the with resident 9 callethat she suctioned was blue and she be pressure on the verespiratory therapis resident 9 had an eventilator as needed on 11/22/05 at 5:1 therapist was interviewed resident or as a skell or acheostomy or vertilator informatic then reviewed resident was not able to find tracheostomy or vertilator. On 11/22/05 at 8:00 therapist was interviewed resident was askell or acheostomy or vertilator. On 11/22/05 at 8:00 therapist was interviewed all resident sand settings in their physician orders.	placed on a trach piece he resident's respiration rate and a every 10-15 minutes. He be respiratory protocol." 5 PM, the respiratory the stated that every protocol. He stated that every protocol. He stated she told him president 9 and an hour later he protocol	F 271	DEFICIENC			
	able to find any ord	b's medical record and was not ers for the ventilator. re-admitted to the facility on	; ; !				

ORM CMS-2557(02-99) Pravious Versions Obsolete

Event ID: C4DD11

Facility ID: UT0022

If continuation sheet Page 3 of 13

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ì	IULTIPLE LDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 271	6/10/03 with diag dystrophy and reside he was admitted ventilator. A review of reside revealed there we tracheostomy typ were no admissic settings or cares, Without admissio tracheostomy factype of tracheostomy factype of tracheostomy facilitate and obesit A review a reside she was admitted ventilator. A review of reside revealed there we tracheostomy typ were no admission settings or cares. Without admission tracheostomy factype of tracheostomy factype o	ent 1's medical record revealed with a tracheostomy and ent 1's admission orders are no orders for the en orders for the ventilator en orders for esident 1's en orders for esident 1's en orders for esident 1 had or what en provided. In addition, facility ow what the ventilator settings to cares needed to be provided. In addition en orders which included respiratory en orders en orders for the en or care. In addition, there en orders for the ventilator en orders for resident 3's elity staff would not know what en orders for resident 3's elity staff would not know what en orders for resident 3 had or what en provided. In addition, facility ow what the ventilator settings		271	UT0022 If c	ontinuation shee	t Page 4 of 13

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F 271	should be or what 4. Resident 7 was 9/7/05 with diagnor failure and pneum A review a resider he was admitted wentilator. A review of reside revealed there we tracheostomy type were no admission settings or cares. Without admission tracheostomy faci type of tracheosto cares needed to b staff would not known and the should be or what 5. Resident 8 was 9/19/05 with diagnor dystrophy and resider A review a resider she was admitted A review of reside revealed there we tracheostomy type Without admission tracheostomy faci	cares needed to be provided. The re-admitted to the facility on uses which included respiratory onia. The respective transfer in the second revealed with a tracheostomy and the respiratory for the respiratory and the respiratory and the respiratory and the respiratory and the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is admitted to the facility on the respiratory failure is admitted to the facility on the respiratory failure. The respiratory failure is a failure is a failure in the respiratory failure in the respiratory failure is a failure in the respiratory failure in the respiratory failure is a failure in the respiratory failure in the resp	F 2	271			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 271 F 281 SS=G	4/5/05 with diagnostallure and chronic disease. A review a resident she was admitted was admitted was admitted was admitted was revealed there were tracheostomy type. Without admission tracheostomy facilitype of tracheostomy facilitype	s readmitted to the facility on ses which included respiratory obstructive pulmonary it 10's medical record revealed with a tracheostomy. It 10's admission orders e no orders for the or care. orders for resident 10's ty staff would not know what my resident 10 had or what e provided. In addition, facility w what the ventilator settings cares needed to be provided. oroximately 11:00 AM, the DON of the medical records of all of rentilators. She stated she if any orders for the care and	F 271			
	must meet profess	ded or arranged by the facility ional standards of quality. NT is not met as evidenced				
	by: Based on interview was determined tha were providing care physician's order.	and medical record review, it at the facility respiratory staff to a facility resident without a Specifically, respiratory staff who was on a ventilator, on a		F281 All residents admitted on Trach a Vents will have a Comprehensive Plan to include Trach & Vent set	e Care	

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	3001
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SUMMARY STA (EACH DEFICIENCY REGULATORY OR I Continued From patracheostomy piece Findings included: 1. Resident 9 was 9/26/05 and 10/26/included encephald of the patracheostomy including documentation. A reviewed, including documentation. A review a resident he was re-admitted a tracheostomy and tracheostomy type were no admission settings, cares or the process. On 10/8/05, a respite following on a radmit piece)1410 (2:10	readmitted to the facility 05 with diagnoses which opathy and quadriplegia. ent 9's medical record was all respiratory notes and t 9's medical record revealed to the facility on 9/26/05 with d ventilator.	10	001 NORTH 500 WEST	OLD BE COMPLE DAT d DIL Insive of trocess ag ess, nave edical crapist e, cill be	ETION
bedpt hunched or (cardio pulmonary) baggin [sic] pt, puls couplous [sic] amo mouth and throut [s services) activated placed pulse ox (ox saturation)Pt was	ran to room, found pt in ver, aid placed bed in CPR resuscitation) position, began se weak and thready, pt had unt of red frothy secretions in sic], EMS (emergency medical by RN (registered nurse, aid kimeter) SPO2 32 (oxygen is baged [sic] on 100% O2 ins a total of 70cc Red frothy				

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES				PRINTE	2: 12/14/2005
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F 281	Continued From pa	ige 7	F 2	81			
	ventilator and place not be found in the On 11/21/05 at 3:00 was interviewed. He was told by the minformation regarding and tracheostomies in the respiratory of assumed the physic resident's medical materials that and place would chart on the loxygen saturations stated "that would boxygen saturations that on 10/8/05, the with resident 9 called that she suctioned mass blue and she boxygen saturation on the vertical state on the vertical state of the saturation of the sat	D PM, a respiratory therapist le stated when he was hired respiratory supervisor that the ng residents with ventilators was on a white erase board fice. He further stated that he cian's orders were in the records. The respiratory on a resident is weaned from laced on a trach piece he resident's respiration rate and every 10-15 minutes. He respiratory protocol." D PM, the respiratory reviewed. He stated that every is orders for the liventilators. He further stated respiratory therapist working and him. He stated she told him resident 9 and an hour later he agged him and increased the stillator and oxygen. The truther stated at that time reder for a trach piece and it. AM, a second respiratory iewed. He stated all resident's ers with tracheostomy and n. The respiratory therapist ent 9's medical record and					
	was not able to find tracheostomy or ver	ntilator. When the respiratory				1	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	R/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
		465119	B. WING			C 14/22/2007	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY 1001 NORTH 500 WE PROVO, UT 84601	, STATE, ZIP CODE ST	1/28/2005	
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F 281	therapist was asked no orders, he state supervisor. On 11/22/05 at 8:0 therapist was interrof nurses) was prestated all resident and settings in the physician's orders, reviewed resident able to find any order of nurses) was reviewed resident able to find any order of the residents with was not able to find settings of the vental was not able to find settings of the vental practice independent health care facility a physician" (Reference Practice Acts Code Annotated 19 Laws of Utah 2003) On 11/28/05 at 10:1 the facility's pulmor The physician state write orders that our states are residents of the states o	ed what he does when there are ad he would call the respiratory viewed while the DON (director sent. The respiratory therapist should have ventilator orders in medical record under the The respiratory therapist then 9's medical record and was not ders for the ventilator. Proximately 11:00 AM, the DON d the medical records of all of ventilators. She stated she d any orders for the care and cilators. The practitioner may not: (1) and or of a while under the supervision of erence Guidance: Respiratory, Title 58, Chapter 57, Utah 953, As Amended by Session, Issued May 5, 2003, page 4). 30 AM, a phone interview with mary physician was conducted at that usually physicians will attime the ventilator cares. He ed to supervise to make sure	F 28	31			
F 328 SS=G		i	F 328	3		!	
	The facility must en proper treatment ar special services:	sure that residents receive and care for the following					
ORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: C40D11	Facility	/ID: UT0022	If continuation she	et Page 9 of 13	

STATEMENT OF DEFICIENCIES (X1) PROVIDER IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 328	Tracheostomy care Tracheal suctioning Respiratory care; Foot care; and Prostheses. This REQUIREMENT by: Based on interview determined that for facility staff did not received the proper Specifically, resider ventilator and place appropriate monitor Findings included: 1. A review of the f procedures, relating was completed on directed the followir order for ventilator p parametersor t-pic trialsMonitoring: MD (medical doctor in resident's progres Residents who com t-piece/aerosol mas no increased work of distress"	and record review it was 1 of 10 sampled residents, the ensure that Resident 9 treatment for respiratory care. It 9 was taken off of his d on a trach piece without ing of the resident's response. acility's policies and to ventilator management, 11/22/05. The policies og, "Procedure:c) Verify barameter changes, weaning ece (trach piece) b) Weaning parameters per protocols and documented as notes in hard chartd) e off vent to aerosol k to be monitored to ensure of breathing/respiratory	F 328	Respiratory Therapists and I nurses will be inserviced by Respiratory Therapy on Ven Trach Management Policies including procedures and proinclude weaning a resident of Ventilator, monitoring resident of Ventilator, monitoring resident orders were updated and spe for Vent and Trach orders were updated and spe for Vent and Trach orders with oresidents care plan to inclumask applied for showers by will observe during shower. In monitored by Director of Nurreviewed by Quality assurance completion date 01/13/06.	Director of tilator and and care, otocols to ff a ent status in opiratory or & Trach cial needs ere added ude Trach RT and RT Will be rsing and	
	9/26/05 and 10/26/0	eadmitted to the facility 5 with diagnoses which pathy and quadriplegia.				<u>.</u>

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F 328	reviewed, including documentation. A review a resider he was re-admitted a tracheostomy are atracheostomy type were no admission settings, cares or process. On 10/8/05, a respective following on a AM) Placed pt (pai piece)1410 (2:10 (suctioning) large stated pt was blue bedpt hunched of	dent 9's medical record was g all respiratory notes and at 9's medical record revealed d to the facility on 9/26/05 with	F 328				
	baggin [sic] pt, pul- coupious [sic] amo mouth and throut [services) activated placed pulse ox (o saturation) Pt wa (oxygen). Secretic secretions" Based on the resp documentation res from 11:30 AM unt The documentation respiratory therapis	se weak and thready, pt had bunt of red frothy secretions in sic], EMS (emergency medical by RN (registered nurse, aid xImeter) SPO2 32 (oxygen as baged [sic] on 100% O2 ons a total of 70cc Red frothy					
ORM CMS-25	67(02-99) Previous Version	s Obsolete Event ID: C4DD11	Facility (D	: UT0022	If continuation sheet	Page 11 of 1	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	E CONSTRUCTION	(X3) DATE COMP	(X3) DATE SURVEY COMPLETED	
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	respiratory staff more he did not have an was in respiratory of A physician's order ventilator and place not be found in the The physician progreviewed. There we that the physician hote resident 9's we On 11/21/05 at 3:00 was interviewed. The was interviewed. The was interviewed. The placed on a trach president's respiratory protocol On 11/21/05 at 3:18 supervisor was interviewed that on 10/8/05, the with resident 9 called that she suctioned in was blue and she be pressure on the ver respiratory therapis resident 9 had an oventilator as needed On 11/22/05 at 5:10 therapist was interviewed admission ord ventilator information.	that any nursing staff or conitored resident 9 to ensure increased work of breathing or distress during that time period. If to take resident 9 off of the e-him on a trach piece could emedical record. It is notes for resident 9 were was no documented evidence had documented in a progress reaning parameters. If it is parameters. If it is noted from the ventilator and biece he would chart on the contrate and oxygen saturations es. He stated "that would be it." If it is parameter is parameter is parameter is parameter in the stated and hour later he bagged him and increased the intilator and oxygen. The stated at that time is further stated at that time interest further stated at that time interest is parameter in the stated all resident's iders with tracheostorny and on. The respiratory therapist then 9's medical record and increased the stated all resident's iders with tracheostorny and on. The respiratory therapist then 9's medical record and	F 328				

ORM CMS-Z567(02-99) Previous Versions Obsolete

Event ID: C4D011

Facility ID: UT0022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C 11/28/2005	
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Respiratory	Admission	Orders

Attention: Dr:				Date:	
Diagnosis:	ICD-9:				
Patient Name:					
Ventilator Orders:					
Mode: Rate:			Volume:		T. CO.
PEEP:		-			
Titrate 02 to keep Sp02 >90% []yes []no			Weaning	Protocol Per Respiratory [] ves [] no	****
		X.		Protocol Per Respiratory [] yes [] no	
T					COURS S
Trach Orders: Brand;		_		Size:	
#	lyes	[]no		2016
	lyes	I]no		2322
Suction PRN]yes]]no	7	
		•			
Change Equipment per RT policy		********		[]yes []no	
RT to Evaluate and treat				[]yes []no	1000
Oximetry BID and PRN				[]yes []no	200
Aerosol PRN for thick secretions				I lves I ino	200
Other Description College		819#X			
Other Respiratory Orders:			······································		
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1 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	- N N •		`		
Physicians signature:				Date:	