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

PRINTED: 04/24/2006 FORM APPROVED

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	
		465067	B. WIN	3	04/1	3/2006
NAME OF PF	ROVIDER OR SUPPLIER		T	STREET ADDRESS OFT STATE ZID		0,2000
ROCKY N	IOUNTAIN CARE CL	EARFIELD	:	STREET ADDRESS, CITY, STATE, ZIP (1450 SOUTH 1500 EAST CLEARFIELD, UT 84015	JODE	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG		ON SHOULD BE LE APPROPRIATE	COMPLETION DATE
F 514 SS=E	483.75(l)(1) CLINIC	CAL RECORDS	F 5	14 SEE ATTACHED	SHEET	
	resident in accorda standards and prac	aintain clinical records on each nce with accepted professional tices that are complete; nted; readily accessible; and nized.	5/9 PUI OM	oce cuptable		ļ
	information to ident resident's assessm services provided; t	ning conducted by the State;	Cor	resperble nplition date 5/31/06 Busenbank	R	
	This REQUIREMEN	NT is not met as evidenced				
 	Based on record red did not maintain clir in accordance with standards and pract	view and interview, the facility inical records on each resident accepted professional tices that are complete and inted for 3 of 18 sample 1, 2, and 8).		5/9/06 - Per cau à adm date is 5/3/	teleplin Compelie 106 ada	v m lid
!	Findings included:			- Jermoun	J.	
	On 4/10/06 through records were review	4/12/06 clinical medical /ed.		<i>U</i> S	usenbar	R RN
· · · · · · · · · · · · · · · · · · ·				Utah Department (of Health	
f	for the month of Apr	ysician's recertification order il 2006 signed by the		5-4-06 MAY 0 8 200		
f i	feeding order for res HN or equivalent ov	for a tube feeding. The tube sident 1 read: "Fibersource er X (times) 15 hours 750 cc		NWS 0390 000H Bureau of Health Facility Certification and Resident	liconoina	

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SI COMPLE	
		465067	B. Wii	NG _		04/1	3/2006
	ROVIDER OR SUPPLIER	LEARFIELD		1.	REET ADDRESS, CITY, STATE, ZIP CODE 450 SOUTH 1500 EAST CLEARFIELD, UT 84015		
(X4) 1D PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 514	day from 6 AM - 2 750 cc QID (four ti (every day)." The Medication Ac April 2006 for the 6 Fibersource HN. I 350 cc H2O (wate PM) Up. 2300 (11 The physician's re were not consister 2. Resident 2 was 1/23/03 with diagn dysphagia, multiple edema. On 9/13/05, the re dietary tube feedin order, which was s 9/13/05. The dieta order read to "ensi increase flush to 2 tid (three times a co Resident 2 had a p for the month of Ja physician on 1/23/ feeding order for re HN per GFT (gast feeding) 90 cc/hr > 200 ml H2O TID" An order to reduce times a day (order	children of Fibersource HN per AM, 75 cc/hour. Fluid bolus imes a day) to feeding QD dministration Record (MAR) for tube feeding read: "Formula Rate 75 cc/hr. Tube irrigation r) Q (every) 6 Hrs. 1300 (1:00:00 PM) Down." certification order and the MAR at. admitted to the facility on oses including: Parkinson's, e sclerosis, hemiplegia and gistered dietitian made a grecommendation telephone ary recommendation telephone ure adeq. (adequate) hydration 50 ml (milliliters) H2O (water)	F	514			

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NAME OF PROVIDER OR SUPPLIER ROCKY MOUNTAIN CARE CLEARFIELD (X4) ID PREFIX TAC SUMMAY STATEMENT OF DEFICIENCES (EACH DEFICIENCES PROVIDERS PLAN OF CORRECTION PULL PREFIX TAC F 514 Continued From page 2 recertification order) could not be found in the medical record. A review of the January 2006 MAR revealed that resident 2 was receiving the 250 ml water flush three times a day. The physician's orders and the MAR were not consistent. 3. Resident 8 was admitted to the facility on 8/10/05 with diagnoses including: Pneumonia, cellutilits, neurogenic biadder and multiple sclerosis. A physician order, dated 8/10/05, for resident 2 read: "Trunk restraint while in w/c (wheelchair)." No subsequent recertification orders were found regarding the trunk restraint. A discontinuation order for the truck restraint could not be located in the medical record. The Director of Nursing was interviewed on 04/10/06 at 1:30 PM. She stated that the wheelchair resident 8 was using had been changed and that there was no longer a need for the trunk restraint. The Director of Nursing stated later that the trunk restraint than 5 ms and		FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION 3	(X3) DATE S COMPL	
STREET ADDRESS, CITY, STATE, ZIP CODE 1450 SOUTH 1500 EAST CLEARFIELD, UT 34015 (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 2 recertification order) could not be found in the medical record. A review of the January 2006 MAR revealed that resident 2 was receiving the 250 ml water flush three times a day. The physician's orders and the MAR were not consistent. 3. Resident 8 was admitted to the facility on 8/10/05 with diagnoses including: Pneumonia, cellulitis, neurogenic bladder and multiple sclerosis. A physician order, dated 8/10/05, for resident 2 read: "Trunk restraint while in w/c (wheelchair)." No subsequent recertification orders were found regarding the trunk restraint. A discontinuation order for the truck restraint could not be located in the medical record. The Director of Nursing was interviewed on 04/10/06 at 1:30 PM. She stated that the wheelchair resident 8 was using had been changed and that there was no longer a need for the trunk restraint. The Director of Nursing stated later that the trunk restraint was in fact being used while resident 8 was observed in the wheelchair, in the hallway, on 4/10/06 at 2:00 PM. The front release belt (furnk restraint) was observed to be in use at			465067	B. WI	1G		04/1	13/2006
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 2 recertification order) could not be found in the medical record. A review of the January 2006 MAR revealed that resident 2 was receiving the 250 ml water flush three times a day. The physician's orders and the MAR were not consistent. 3. Resident 8 was admitted to the facility on 8/10/05 with diagnoses including: Pneumonia, cellulitis, neurogenic bladder and multiple sclerosis. A physician order, dated 8/10/05, for resident 2 read: "Trunk restraint while in w/c (wheelchair)." No subsequent recertification orders were found regarding the trunk restraint. A discontinuation order for the truck restraint could not be located in the medical record. The Director of Nursing was interviewed on 04/10/06 at 1:30 PM. She stated that the wheelchair resident 8 was using had been changed and that there was no longer a need for the trunk restraint. The Director of Nursing stated later that the trunk restraint was in fact being used while resident 8 was observed in the wheelchair, in the hallway, on 4/10/06 at 2:00 PM. The front release belt (trunk restraint) was observed to be in use at			LEARFIELD		14	I50 SOUTH 1500 EAST	•	
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	F 514	recertification order medical record. A review of the Jar resident 2 was reconsistent 2 was reconsistent. The physician's organistent. Resident 8 was 8/10/05 with diagnocellulitis, neurogen sclerosis. A physician order, read: "Trunk restration or could not be located." The Director of Nu 04/10/06 at 1:30 P wheelchair resident the trunk restraint. In later that the trunk while resident 8 was obtallway, on 4/10/06 belt (trunk restrain).	nuary 2006 MAR revealed that eiving the 250 ml water flush ders and the MAR were not admitted to the facility on oses including: Pneumonia, ic bladder and multiple dated 8/10/05, for resident 2 int while in w/c (wheelchair)." ertification orders were found a restraint. Indeed for the truck restraint and in the medical record. It is a was interviewed on the was no longer a need for the Director of Nursing stated restraint was in fact being used as in the wheelchair. It is a was even in the wheelchair, in the coat 2:00 PM. The front release	F {	514			

Rocky Mountain Care Center- Clearfield Plan of Correction

It All new generated orders will be written on a 3 carbon copy form and distributed as follows: a. Medical Records b. Resident's chart (medical record) c. Clinical Coordinator checks all new orders with the checks all new orders with the checked with the order inputted on the computer for accuracy. 4. Dictary recommendation orders will be reviewed and double checked at IDT meetings 5. Process will be reviewed at quarterly Q. I meetings x 2 to assure accuracy & compliance. 1. All new generated orders into resident's chart implemented checked at IDT meetings x 2 to assure accuracy & compliance. 1. All new generated orders into cords Dept implemented in mplemented (05/31/06) Effective 05/09/06 Transfers new orders into computer form. Implemented c. Clinical Coordinator: d. Nursing Team Leader receiving implemented Implemented Implemented Implemented 1. All new orders with the checked and Double checked at IDT Implemented 1. All new orders with the checked and Double checked at IDT Records, Q.I. Committee Transfers new orders into computer form. Implemented 1. All new orders with the checked and Double	TAG	Plan of Correction	Responsible Party	Completion Date
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ation di and di and ewed at Nursing, Dietary, Medical pliance. Records, Q.I. Committee		on the computer for accuracy.		
ewed at Nursing, Dietary, Medical Records, Q.I. Committee pliance.		4. Dietary recommendation	Dietary Dept.	Effective 05/09/06
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ewed at Nursing, Dietary, Medical x 2 to Records, Q.I. Committee pliance.		double checked at IDT		
t Nursing, Dietary, Medical Records, Q.I. Committee 2.		meetings		
Ç.		5. Process will be reviewed at	Nursing, Dietary, Medical	7/06 and 10/06
assure accuracy & compliance.		quarterly Q. I meetings x 2 to	Records, Q.I. Committee	
		assure accuracy & compliance.		