

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

PRINTED: 07/13/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>465140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/18/2006</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS HOSPITAL TCU</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 3900 SOUTH SALT LAKE CITY, UT 84124</b>
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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 371 SS=E	<p>483.35(i)(2) SANITARY CONDITIONS - FOOD PREP &amp; SERVICE</p> <p>The facility must store, prepare, distribute, and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility did not prepare, distribute and serve food under sanitary conditions.</p> <p>Findings include:</p> <p>During an inspection of the unit on 5/17/06 the following was observed.</p> <p>Refrigerator/Freezer in the day room:</p> <ul style="list-style-type: none"> <li>a. A shake dated 5/13/06, which was not labeled.</li> <li>b. A container of cake, which was not label or dated.</li> <li>c. An iceberg milkshake, which was not covered, label or dated.</li> <li>d. A 2 liter caffeine free coke, which was not dated.</li> <li>e. A container of liquid, which was not label or dated.</li> <li>f. A container of sushi, which was not label or dated.</li> </ul>	F 371	<p>F371</p> <p>The refrigerator/freezer was cleaned out and non labeled items discarded. A sign was placed on the refrigerator to instruct families and patients of labeling/dating items.</p> <p>While stocking the refrigerator/freezer in the day room, the dietary aide will inspect and discard any outdated or non labeled items.</p> <p>A cleaning inspection will be completed on every shift by the nursing staff and under the direction of the TCC director.</p> <p>The cleaning inspections will be reviewed in the TCC Quality Improvement Committee on a monthly basis for 3 months and then quarterly for compliance. This will be under the direction of the TCC director with participation of the hospital Quality Director.</p>	6/12/06
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7/12/06  
 7/13/06  
 7/17/06  
 Approved  
 [Signature]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  	TITLE  <b>Director TCC</b>	(X6) DATE  <b>4/2/06</b>
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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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NAME OF PROVIDER OR SUPPLIER  <b>ST MARKS HOSPITAL TCU</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 EAST 3900 SOUTH SALT LAKE CITY, UT 84124</b>		
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F 371	<p>Continued From page 1</p> <p>g. A bowl of strawberries, which was not label or dated.</p> <p>h. A container of noodle and beef mixture, which was not label or dated.</p> <p>i. A container of brown liquid, which was not label or dated.</p> <p>j. Two opened containers of 2% milk, which was not dated.</p> <p>k. A bag with six rolls, which was not label or dated.</p> <p>l. An aluminum foil wrapped eclair, which was not label or dated.</p> <p>m. A bag of Asian noodles, which was not label or dated.</p> <p>n. A plate of cottage cheese, pineapples and crackers, which was not label or dated.</p> <p>o. A strawberry pie, which was not dated.</p> <p>p. A bowl with a peach slice, which was not covered, label or dated.</p> <p>q. A bowl of soup, which was not label or dated.</p> <p>The following was observed on the countertop:</p> <p>a. A container with egg drop soup, which was not label or dated.</p> <p>b. A sliced up orange, which was not label or dated.</p>	F 371		

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