

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2006
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NAME OF PROVIDER OR SUPPLIER SUNSHINE TERRACE FOUNDATION	STREET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH 200 WEST LOGAN, UT 84321
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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 SS=E	<p>483.15(a) DIGNITY</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon interviews with residents and record reviews, it was determined that the facility did not 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. (Resident identifier: 10.)</p> <p>Findings included:</p> <p>1. During a review of Resident Council Minutes, it was discovered that call bells not being answered in a timely manner was identified as in issue in September 2005, February 2006 and July 2006.</p> <p>2. During a confidential group interview 8 out 12 residents agreed that they are having a problem with call lights not being answered by staff, 7 of which said it is a daily problem. Six of the resident's agreed that they have had their call lights turned off at the nurses station with no response from staff.</p> <p>3. An interview was conducted with Licensed Practical Nurse 1 (LPN) on 07/20/06 at 8:45 A.M. LPN 1 stated that the call lights can be disabled at the nurses station without the staff having to go into the room to turn a call light off.</p> <p>4. Resident 10 was admitted to the facility on 10/1/05 with diagnoses including: diabetes</p>	F 241	<p>1. All Nursing Staff will receive remedial education regarding the following:</p> <ul style="list-style-type: none"> The importance of answering call lights in a timely manner; An emphasis that call lights must not be turned off at the nurses station; The importance of using proper terminology when referring to resident issues: i.e., "clothing protectors" instead of "bibs." <p>The education will take place in Wing Meetings, one-on-one, small group meetings, and in a memo.</p> <p>This education will be accomplished by 9/05/06 and will be the responsibility of the Assistant Director of Nursing Services, the Education/Quality Improvement Coordinator, the Administrator, and the Director of Customer Services.</p> <p>1. Random audits will be done each week to help ensure call lights are being answered in a timely manner. Resident(s) identified as having been affected by this deficient practice will be frequently included in this audit process.</p> <p>These audits will be conducted each week and will be started on 8/21/06. They will be conducted by the Education/Quality Improvement Coordinator and the Safety Director.</p> <p>2. All Sunshine Terrace Rehabilitation and Skilled Nursing Center Staff (other than nursing department staff) will be educated regarding the following:</p> <ul style="list-style-type: none"> The importance of answering call lights in a timely manner; An emphasis that call lights must not be turned off at the nurses station; Education regarding what they can do to assist residents when they answer a call light; and 	9/05/06 8/21/06
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8/9/06 POC acceptable
 Completion date 9/5/06
 BUCANHO RW

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alyce Bosch RW NHA Administrator</i>	TITLE Administrator	(X6) DATE 8/07/06
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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 must be submitted to the Bureau of Health Facility Licensing, Certification and Resident Assessment.

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F 241	Continued From page 1 mellitus, nausea, chronic vertigo, hypertension, arthritis, and osteoporosis. An individual interview was conducted with resident 10 on 7/18/06 at 7:50 AM. The resident stated that on two occasions she had to wait thirty minutes for the call light to be answered. She had an incontinence accident when waiting for the aid to come on one of the thirty minute delays in answering of the call light. She felt humiliated. Because of her chronic vertigo, she needs an aid to assist her. 5. On 7/19/06 at 8:00 AM, the breakfast meal in the dining room on wing 3 was being observed. A hospice aid was observed asking CNA 1 if they had any bigger bibs and where were they kept. CNA 1 stated that the "bibs" were kept in a closet and pointed to it. The surveyor was approximately 20 feet away from the aides during this conversation and could clearly hear it. There were 4 residents sitting at the horseshoe style table, where the conversation took place.	F 241	<ul style="list-style-type: none"> Education regarding what they cannot do to assist residents when they answer a call light and when they need to access nursing staff assistance. The importance of using proper terminology when referring to resident issues: i.e., "clothing protectors" instead of "bibs; <p>The education will take place in the various Department Meetings, one-on-one, small group meetings, and in a memo.</p> <p>This education will be accomplished by 9/05/06 and will be the responsibility of the Assistant Director of Nursing Services, the Education/Quality Improvement Coordinator, the Administrator, the individual Department Heads, and the Director of Customer Services.</p> <p>4. The effectiveness of this Plan of Correction will be monitored by the Assistant Director of Nursing, the Administrator and the Director of Customer Services. It will be done by:</p> <ul style="list-style-type: none"> Evaluating the random audits; and Tracking Resident Council Meeting discussions and concerns. 	9/05/06
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation of the Special Needs Unit (SNU), it was determined that facility did not ensure the nurse's station was equipped to	F 463	<p>This monitoring will begin on 8/21/06 and will continue on an ongoing basis.</p> <p>F-463</p> <p>1. An active, operating nurse call system will be put in place on the Special Needs Unit. This will be accomplished by 9/05/06 and will be the responsibility of the Director of Information Technology and the Director of Environmental Services.</p>	8/21/06 9/05/06

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F 463	Continued From page 3 Director stated that the call system for the entire SNU did not work because it was disabled. The Maintenance Director initially stated that he believed the call light cords were removed because they presented a choking danger to the residents. He followed by stating the call light system continued to signal at the nursing station when the call light cords were removed. Due to this, the Maintenance Director stated the call light system was completely disabled. The Maintenance Director said he did not know if the cords in the bathrooms posed a choking risk to the residents and that the system had been disabled for at least 8-10 years.	F 463	This education will be accomplished by 9/05/06 and will be the responsibility of the Assistant Director of Nursing Services, the Special Needs Unit Head Nuree, and the Education/Quality Improvement Coordinator. This entire plan of correction was integrated into the Sunshine Terrace Foundation's Quality Assurance System as a part of our Quality Improvement Steering Committee Meeting held 8/07/06 (See exhibit A).	9/05/06	8/07/06