PRINTED: 07/27/2006 DEPARTMENT OF HEALTH AND HU N SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B WING 07/20/2006 465079 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 225 NORTH 200 WEST SUNSHINE TERRACE FOUNDATION **LOGAN, UT 84321** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEEDED BY FULL DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) All Nursing Staff will receive remedial 241 F 241 483.15(a) DIGNITY education regarding the following: SS=E OF THE ROLLING The facility must promote care for residents in a The importance of answering call lights in a timely manner; manner and in an environment that maintains or An emphasis that call lights enhances each resident's dignity and respect in must not be turned off at the full recognition of his or her individuality. nurses station; The importance of using proper terminology when referring to resident issues: i.e., "clothing This REQUIREMENT is not met as evidenced protectors" instead of "bibs. by: The education will take place in Wing Based upon interviews with residents and record Meetings, one-on-one, small group reviews, it was determined that the facility did not meetings, and in a memo. care for residents in a manner and in an 9/05/06 environment that maintains or enhances each This education will be accomplished by 9/05/06 and will be the responsibility of the Assistant Director of resident's dignity and respect in full recognition of Nursing Services, the Education/Quality his or her individuality. (Resident identifier: 10.) Improvement Coordinator; the Administrator, and the Director of Customer Services. Findings included: Random audits will be done each week to 1. help ensure call lights are being answered 1. During a review of Resident Council Minutes, it in a timely manner. Resident(s) identified was discovered that call bells not being answered as having been affected by this deficient in a timely manner was identified as in issue in practice will be frequently included in this September 2005, February 2006 and July 2006. audit process. 8/21/06 These audits will be conducted each week and will 2. During a confidential group interview 8 out 12 be started on 8/21/06. They will be conducted by residents agreed that they are having a problem the Education/Quality Improvement Coordinator and with call lights not being answered by staff, 7 of the Safety Director. which said it is a daily problem. Six of the All Sunshine Terrace Rehabilitation and resident's agreed that they have had their call Skilled Nursing Center Staff (other than lights turned off at the nurses station with no nursing department staff) will be educated regarding the following: response from staff. The importance of answering 3. An interview was conducted with Licensed call lights in a timely manner; Practical Nurse 1 (LPN) on 07/20/06 at 8:45 A.M. An emphasis that call lights

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

4. Resident 10 was admitted to the facility on 10/1/05 with diagnoses including: diabetes

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.

TITLE

(X6) DATE

If And in 1900 sheet Page 1 of 4

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 approvalian department of the patients of the patients

must not be turned off at the

Education regarding what they

can do to assist residents when they answer a call light; and

nurses station;

DEPARTMENT OF HEALTH AND HUN I SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUI		G	COMPLETED 07/20/2006		
465079			B, WIN	۱G			
NAME OF PROVIDER OR SUPPLIER SUNSHINE TERRACE FOUNDATION				2:	REET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH 200 WEST OGAN, UT 84321		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IX i	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 241	mellitus, nausea, carthritis, and osteo An individual intervresident 10 on 7/18 stated that on two minutes for the cal had an incontinent aid to come on one answering of the cBecause of her ch to assist her. 5. On 7/19/06 at 8: the dining room or hospice aid was old had any bigger bib CNA 1 stated that and pointed to it. T 20 feet away from conversation and owere 4 residents stable, where the control of the	hronic vertigo, hypertension, porosis. iew was conducted with 8/06 at 7:50 AM. The resident occasions she had to wait thirty light to be answered. She se accident when waiting for the e of the thirty minute delays in all light. She felt humiliated, ronic vertigo, she needs an aid 00 AM, the breakfast meal in wing 3 was being observed. A pserved asking CNA 1 if they is and where were they kept. The "bibs" were kept in a closet the surveyor was approximately the aides during this could clearly hear it. There litting at the horseshoe style onversation took place.		2241	Education regardir cannot do to assist when they answer and when they answer and when they need nursing staff assisted. The importance of terminology when it resident issues: i.e. protectors" instead. The education will take place various Department Meetings one, small group meetings, at memo. This education will be accomplished by will be the responsibility of the Assistant Nursing Services, the Education/Quality Improvement Coordinator; the Administrational Department Heads, and the Director Services. 4. The effectiveness of this Plan of Correction will be monitored by Assistant Director of Nursing, the Administrator and the Director Customer Services. It will be designed in the Correction of the Plan of Correction of Services. It will be designed in the Court of Services. It will be designed in the Court of Services. It will be designed in the Court of Services. The effectiveness of this Plan of Correction will be monitored by Assistant Director of Nursing, the Administrator and the Director Customer Services. It will be designed in the Court of Services. It will be designed in the Court of Services.	tresidents a call light ad to access tance. using proper referring to a, "clothing i of "bibs; in the a, one-on- and in a 9/05/06 and i Director of ator, the director of the of done by: com audits; council	9/05/06
F 463 \$S=E	The nurses' station resident calls throu from resident room	n must be equipped to receive ugh a communication system and toilet and bathing	F	463	continue on an ongoing basis.		8/21/06
	by: Based on observa (SNU), it was dete	NT is not met as evidenced tion of the Special Needs Unit rmined that facility did not station was equipped to			An active, operating nurse call be put in place on the Special This will be accomplished by will be the responsibility of the Information Technology and the of Environmental Services.	9/05/06 and Director of	9/05/06

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			STRUCTION	COMPLETED	
465079			B. WING				07/20/2006	
	ROVIDER OR SUPPLIER			22	25 NORT	RESS, CITY, STATE, ZIP CODE H 200 WEST UT 84321 PROVIDER'S PLAN OF CORREC	CTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ENCY MUST BE PRECEEDED BY FULL PE			(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	COMPLETION DATE
F 463	receive calls throu from resident room facilities. Findings included: On 7/19/06, begin of the call light sysmade. The follow a. The common have four call light units signaled at titriggered. b. Rooms 5, 8, 12 for each of the two Additionally, each with a call light unsignaled at the nunce that the call light contains a call light unsignaled at the nunce that the feet in length three feet in length three feet in length collisions. An interview was Management Nurn Nursing on 7/19/07 members stated call light cords from safety risk to the the facility had disting the entire SNU distinguished and the several years price.	gh a communication system has, and toileting and bathing and toileting and bathing and toileting and bathing are stem for the facility's SNU were ing was observed: shower room was observed to tunits. None of the call light he nursing station when a beds in the room. The string station when the string station when triggered, the units in each of the observed has included a string to pull to the string was approximately he.* The string was approximately he will be and Assistant Director of the and Assistant Director of the and Assistant Director of the and the facility had removed the one the residents. They also stated that sabled the call light system on the residents. They also stated that the sabled the call lights. These staff that the call light cords were system had been disabled or.	F 46	463	 3. 4. 5. 	All Residents residing on the Needs Unit will be assessed cognitive ability to use a call a appropriately. This assessm done by the Assistant Director and the Charge Nurses on the Needs Unit. It will be accomply05/06 and will continue on a basis with newly admitted Resident's Care reflect their cognitive ability to nurse call system and whether will have access to it. This were sponsibility of the Assistan Nursing, and the Charge Nursing, and the Charge Nursing, and the Charge Nurspecial Needs Unit. It will be accomplished by 9/05/06 and continue on an ongoing basis. Each Resident who has been as able to appropriately use a system, will be given access be the responsibility of the ADirector of Nursing, and the Ourses on the Special Needs be accomplished by 9/05/06 continue on an ongoing basis. In each quarterly Care Compliance call system will be responsibility to appropenurse call system will be start and will continue on an ongoing the start and will continue on an ongoing the Special Needs Unit nursy will be added to the Preventimal Maintenance Program to ensing good working order. This 9/05/06 and will be the responsibility of the Adil Special Needs Unit staff educated that they have an one system in place and how it weducation will take place in a system in place and how it weducation will take place in a system will	for their system ent will be or of Nursing he Special plished by an ongoing scidents. Plans will be or or not they are the error not they will be assessed a nurse call to it. This will said will be assessed. It will and will be compared to the error of the MDS and will be consibility of the error will be operating call works. The a Wing	9/05/06 9/05/06 9/05/06
	Director on 7/19/	conducted with the Maintenance 06 at 3:20 PM. The Maintenance				Meeting, one-on-one interac memo.	uoris, anu ili a	

DEPARTMENT OF HEALTH AND HU N SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ULTII LDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		465079	B. WIN	IG _		07/20/2006			
NAME OF PROVIDER OR SUPPLIER SUNSHINE TERRACE FOUNDATION				STREET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH 200 WEST LOGAN, UT 84321					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECT CROSS-REFERENCE			E ACTION SHOULD BE O TO THE APPROPRIATE			
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.		PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 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 Nurse, 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		