

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2006
NAME OF PROVIDER OR SUPPLIER BASIN CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 187 WEST LAGOON STREET ROOSEVELT, UT 84066	
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F 253	Continued From page 1 four inches from the shower wall there was a 3"x4" area of missing tiles with 25 chipped tiles in that vicinity. 3. The West Shower Room had the coving pulling away from 3 of the 4 walls. 4. The North Shower room had the coving pulling away from the entire wall behind the toilet. At the bottom of the entrance door facing the hallway was a sharp 6 inch section of rough metal. 5. The entrance foyer and lobby had 2 love seats, 2 couches and 8 chairs that had numerous areas of scratched and dented wood . 6. In the East television room there was a peach colored recliner that had dirty, worn and stained fabric to the back, arms, seat and foot rest. There was also 6 buttons missing from the back cushion of the recliner. 7. In room 104, there were two broken tile on the wall next to the sink alcove below the level of the sink. The edges of the tile were sharp. 8. In room 106, there were two broken tiles on the wall next to the sink alcove below the level of the sink. The edges of the tile were sharp. The bathroom located off room 106 had a toilet tank top that had a four inch area of broken porcelain exposing sharp edges. 9. In room 401, there were two broken tiles on the wall next to the sink alcove below the level of the sink. The edges of the tile were sharp. 10. In room 402, there were two broken tiles on	F 253	3. West Shower Room The floor coving has been re-glued. The Facility Manager will monitor the area monthly and report any deviations to the Quality Assurance Committee. 4. North Shower Room The floor coving along the wall behind the toilet has been repaired. The metal kick plate on the entrance door has been replaced. 5. Entrance foyer and main lobby. All couches, chairs, tables and other wooden furniture in the entrance foyer, main and East Lobbies have been repaired. The Housekeeping Dept. will be responsible for checking this furniture once a week. 6. East Television Room The Peach colored recliner in the East television room has been removed from the facility. 7. Room 104 The broken corner wall tiles next to the sink alcove below the level of the sink have been removed. The wall corners of the sink alcove have been covered with 11/2"x11/2"x36" plastic corner guards that extend from the top of the baseboard to above the sink counter top. 8. Room 106 The broken corner wall tiles next to the sink alcove below the level of the sink have been removed. The wall corners of the sink alcove have been covered with 11/2"x11/2"x36" plastic corner guards that extend from the top of the baseboard to above the sink counter top. The broken toilet tank lid between rooms 106 and 107 has been replaced. 9. Room 401 The broken corner wall tiles next to the sink alcove below the level of the sink have been removed. The wall corners of the sink alcove have been covered with 11/2"x11/2"x36" plastic corner guards that extend from the top of the baseboard to above the sink counter top.	

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F 253	<p>Continued From page 2</p> <p>the wall next to the sink alcove below the level of the sink. The edges of the tile were sharp.</p> <p>11. In room 405, there was an 18 inch area of exposed metal with plaster missing and a 24 inch area of exposed metal and plaster missing on the corners of both sides of the sink alcove.</p> <p>11. In room 408, there was a broken tile on the wall next to the sink alcove below the level of the sink. The edges of the tile were sharp.</p> <p>On 3/30/06 at 7:20 AM, the maintenance man (MM) was interviewed. When told about the broken tiles in the residents' rooms he stated that it was on his list to fix and that he had not gotten to it yet. When asked about the broken tiles in the bathrooms and the broken threshold to the shower in the east shower room, the MM stated that it was in the "capitol budget" to replace these 2 shower areas but because "we live in the Basin, there 's only one man who does this kind of work and we haven't been able to get him into the facility yet to even look at it, let alone replace it."</p>	F 253	<p>10. Room 402 The broken corner wall tiles next to the sink alcove below the level of the sink have been removed. The wall corners of the sink alcove have been covered with 11/2"x11/2"x36" plastic corner guards that extend from the top of the baseboard to above the sink counter top.</p> <p>11. Room 405 The exposed areas of the metal corner bead on both sides of the sink alcove have been re-plastered. The wall corners of the sink alcove have been covered with 11/2"x11/2"x36" plastic corner guards that extend from the top of the baseboard to above the sink counter top.</p> <p>12. Room 408 The broken corner wall tiles next to the sink alcove below the level of the sink have been removed. The wall corners of the sink alcove have been covered with 11/2"x11/2"x36" plastic corner guards that extend from the top of the baseboard to above the sink counter top.</p> <p>The Facility Manager and Administrator will monitor the facility for deviations from the standard 483.15(h)(2) Housekeeping/Maintenance. The findings will be reported to the Quality Assurance Committee monthly.</p>	
F 281 SS=D	<p>483.20(k)(3)(i) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the the facility did not follow current professional standards of care when implementing physicians' orders for 1 out of</p>	F 281		5/29/06

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F 281 Continued From page 3
12 residents. Resident identifier: 2
Findings included:
Resident 2 was admitted to the facility 03/17/06 with diagnoses that included downs syndrome, CHF, pulmonary embolism and infarction, hypothyroidism, esophageal reflux, gout, and a fractured ankle.
Resident 2's medical record was reviewed on 3/27/06.
Resident 2's had a physician's orders dated 3/17/06 to wear TED hose (anti-embolism stockings) during waking hours AM to PM for edema. (Anti-embolism stockings are used to help prevent blood clots and decubitus ulcers from forming in the legs or to help decrease swelling in the legs.)
On 3/27/06 from 3:45 PM to 5:35 PM continuous observation of resident 2 was obtained. Resident 2 was observed not wearing his TED hose while in bed watching television. The surveyor observed a pair of TED hose located on the nightstand next to the resident. During the observation period no encouragement or promoting were observed.
On 3/28/06 at 7:15 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position on the nightstand next to the resident.
On 3/28/06 at 8:05 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position on the

F 281
F 281 The facility ensures that all current and potential residents will be provided medical services and meet professional standards of quality that are provided by appropriate qualified persons.
Resident #2 TED hose was ordered and is currently wearing them daily. This was completed after the exit interview. However, at times he continues to refuse. The skilled staff are documenting refusal.
Upon admission, the skilled nurse will meet directly with the Certified Nursing Assistants to instruct them regarding the direct care needed. Direct care will be reviewed with the nursing staff daily for the first 10 days from admission to ensure continuity of direct care. The Director of Nursing Services will contact each skilled nurse regarding direct supervision of Certified Nursing Assistants and direct care responsibilities.
An in-service will be held on April 18, 2006 to inform the Certified Nursing Assistants that the resident comprehensive care plans will be placed with the ADL charting for review and compliance. An in-service for the skilled nursing staff will be held April 26, 2006 to address the procedure and the follow through needed.

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F 281	<p>Continued From page 4</p> <p>nightstand next to the resident.</p> <p>On 3/28/06 at 8:30 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position on the nightstand next to the resident.</p> <p>On 3/28/06 at 9:00 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position on the nightstand next to the resident.</p> <p>On 3/28/06 at 9:30 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position on the nightstand next to the resident.</p> <p>On 3/28/06 at 10:40 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position on the nightstand next to the resident.</p> <p>On 3/29/06 at 9:40 AM resident 2 was observed not wearing TED hose. A pair of TED hose were observed to be in the same position as the previous day on the nightstand next to the resident.</p> <p>On 3/29/06 at 9:45 AM, a CNA (certified nursing assistant) was interviewed. The CNA stated that his TED hose should be on, and proceeded to check the resident.</p> <p>On 3/29/06 at 10:05 AM, two CNAs were observed to be assisting resident 2 with putting on the TED hose. The nurse stated that they were able to put one TED hose on, but the other was torn, and they were locating a replacement.</p>	F 281	<p>The facility will develop a visual cue to identify residents who wear TED hose. 5 staff members will be interviewed weekly for understanding of the requirements of compliance until 90% has been reached. Target date for completion is May 31, 2006.</p> <p>Monitoring will continue every 2 weeks until the staff is able to verbalize and demonstrated 100% compliance. Monthly monitoring will continue until the quality committee determines compliance.</p> <p>A quality monitor is in place and will be reviewed by the quality committee for compliance and variances monthly.</p>	5/29/06	

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F 281	Continued From page 5	F 281		
F 514 SS=E	<p>483.75(l)(1) CLINICAL RECORDS</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and interview it was determined that the facility did not maintain medical records in accordance with accepted professional standards and practices to meet the needs of 4 out of 12 sampled residents and 1 supplemental resident. (Resident identifiers: 4, 6, 8, 11, 13)</p> <p>Findings included:</p> <p>1. Resident 6 was admitted to the facility on</p>	F 514	<p>F514 The facility will maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible and systematically organized.</p> <p>All orders for MOM that were written without frequency were re-written after the exit interview. (MOM 30cc po daily, prn constipation), resident #4 MOM was re-written, resident #8 Lomotil was discontinued, resident #11 MOM was re-written, resident #13 MOM was re-written. Also, the orders written for resident #6, the Lasix and KCL were discontinued. The Bumex order for resident # 13 was clarified prior to the exit of the survey team.</p> <p>Form specifications for writing physician's orders have been given to each Skilled Nurse. An in-service has been scheduled on April 26, 2006 for verbal review and demonstration for writing physician orders. All monthly physician orders will be reviewed by the Skilled Nursing staff for accuracy. All new orders will be reviewed daily by the Director of Nursing Services and Medical Records prior to physician signature. Target date for compliance is May 31, 2006.</p>	

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F 514	<p>Continued From page 6</p> <p>11/1/00 with diagnoses that included congestive heart failure, deep vein thrombosis, Alzheimer's, dementia, and edema.</p> <p>Resident 6's medical record was reviewed on 3/28/06.</p> <p>It was documented on resident 6's March 2006 Physician's Recertification Orders that on 6/29/05 "Lasix 20 milligrams (mg) 1 tablet oral PRN (as needed)" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>It was documented on resident 6's Medication Administration Record (MAR) that on 6/29/05 "Lasix 20 mg 1 tablet oral PRN" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>It was documented on resident 6's March 2006 Physician's Recertification Orders that on 6/29/05 "Potassium Chloride CAP SA 10 MEQ (milliequivalent) 1 oral PRN" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p> <p>It was documented on resident 6's MAR that on 6/29/05 "Potassium Chloride CAP SA 10 MEQ 1 oral PRN" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>It was documented on resident 6's March 2006 Physician's Recertification Orders that on 2/24/06 "Dulcolax Suppository 1/1 per rectum (pr) PRN"</p>	F 514	<p>2 resident charts per week will be reviewed for compliance with physician orders for frequency until 90% compliance. When compliance is obtained 10% audit of resident charts will be review 1 time per month for 90 days. Monthly monitoring will continue until the quality committee determines compliance.</p> <p>A quality monitor is in place and will be reviewed by the quality committee for compliance and variances monthly.</p>	5/29/06	

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F 514	<p>Continued From page 7</p> <p>had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p> <p>It was documented on resident 6's MAR that on 2/24/06 "Dulcolax Suppository 1/1 per rectum (pr) PRN" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>2. Resident 11 was admitted to the facility on 12/1/05 with diagnoses that included Parkinson's, dementia, depression, gastric esophageal reflux disease, constipation, spasm of muscles and headache.</p> <p>Resident 11's medical record was reviewed on 3/29/06.</p> <p>It was documented on resident 11's March 2006 Physician's Recertification Orders that on 1/15/06 "Milk of Magnesia (MOM) 30 ml oral PRN" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p> <p>It was documented on resident 11's MAR that on 1/15/06 "Milk of Magnesia (MOM) 30 ml oral PRN" had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>3. Resident 4 was admitted to the facility in November of 2004 with diagnoses that included</p>	F 514		

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F 514	<p>Continued From page 8</p> <p>dementia and constipation.</p> <p>Resident 4's medical record was reviewed on 3/29/06.</p> <p>It was documented on resident 4's March 2006 Physician's Recertification Orders that on 11/13/05 "MOM 30 ml (milliliters) oral PRN." had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>It was documented on resident 4's March 2006 MAR that on 11/13/05 "MOM 30 ml oral PRN." had been prescribed. The order did not specify the frequency of administration nor any time intervals between administrations.</p> <p>4. Resident 8 was admitted to the facility in May of 2004 with diagnoses that included dementia, seizures and weakness.</p> <p>Resident 8's medical records were reviewed on 3/28/06.</p> <p>It was documented on resident 8's March 2006 Physician's Recertification Orders that on 9/1/05 "Lomotil 1 tablet oral PRN LOOSE STOOL." had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p> <p>It was documented on resident 8's March 2006 MAR that on 9/1/05 "Lomotil 1 tablet oral PRN LOOSE STOOL." had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p>	F 514		

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F 514	<p>Continued From page 9</p> <p>5. Resident 13 was admitted to the facility in September of 2003 with diagnoses that included Alzheimer's Disease and hypertension.</p> <p>Resident 13's medical record was reviewed on 3/28/06.</p> <p>It was documented on resident 13's March 2006 Physician's Recertification Orders that on 1/04/06 "MOM 30 ml oral PRN." had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p> <p>It was documented on resident 13's MAR that on 1/04/06 "MOM 30 ml oral PRN." had been prescribed. The order did not specify the frequency of administration nor any time intervals between administration.</p> <p>It was documented on resident 13's March 2006 Physician's Recertification Orders that on 9/15/03 that "Bumetanide (BUMEX) 1 mg (milligram) 1 tablet oral QD (everyday) 1 PO (by mouth) as needed for edema" was prescribed. There was no documentation in the March 2006 MAR that resident 13 was to be administered Bumex as needed.</p> <p>On the morning of 3/28/06 nurse 1 was interviewed. Nurse 1 was asked to review resident 13's March 2006 Physician's Recertification Orders for Bumex. After reviewing the order, nurse 1 was asked if resident 13 was to be administered Bumex QD and as needed for edema. Nurse 1 stated that she wasn't sure and that she would call the physician and get a clarification order.</p>	F 514		
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F 514	Continued From page 10 On 3/28/06 at approximately 4:30 PM, nurse 1 gave the surveyor a clarification order for Bumex. It was documented on the clarification order for Bumex that resident 13 was to receive Bumex 1 mg each day and that the resident "May have Bumex 1 mg 1 prn (as needed) q (every) afternoon for ^ (increased) edema.	F 514			