

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

PRINTED: 03/28/2006
FORM APPROVED
OMB NO. 0938-0391


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2006
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NAME OF PROVIDER OR SUPPLIER UTAH STATE VETERANS NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 FOOTHILL BOULEVARD SALT LAKE CITY, UT 84113
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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 164 SS=D	<p>483.10(e), 483.75(l)(4) PRIVACY AND CONFIDENTIALITY</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility did not provide privacy for 1 supplemental resident. (Resident identifiers: 17)</p> <p>Findings included:</p>	F 164	<p>F 164</p> <p>The plan of correction is to replace the missing blind. (Completed 2/6/06 at 4:00 PM).</p> <p>To identify other residents, the CNA staff will be in-serviced March 9th, 2006 that when they are putting a resident to bed or doing cares, they will close the blind for privacy. If the blind is broken or missing, they will report this immediately to housekeeping. The housekeeping staff will have work order forms on their carts. They will fill one out as "blinds needing repair, or missing", and give this immediately to the facility environment manager, who will see that the blind is repaired or replaced..</p> <p>To ensure that this plan is sustained, the facility environment manager will in-service the housekeepers March 9th, 2006. As they clean each room daily, they will do a visual check to make sure every room has a blind. If they find one "broken or missing", they will fill out a work order, and immediately give this to the facility environment manager.</p> <p>The facility environment manager will purchase at least two back up blinds of each size needed in the facility. This will assure availability to replace broken and missing blinds immediately as needed.</p>	<p>March 23, 2006</p>
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F 164
 2/6/06
 acceptable
 complete date
 2/23/06
 Ryan M...

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3-03-06
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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 is requisite to continued program participation.

Utah Department of Health
4/17/06
APR 10 2006

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F 164 Continued From page 1
On 2/6/06 at 2:40 PM, during a general observations tour of the facility it was observed that in room G 11 the window to the outside did not have a covering on it so as to afford privacy for client 17 who resided in the bed closest to the window. Bed B's privacy curtain was intact but did not cover the window to the outside when drawn.

F 164 The facility environment manager or his designee will do a "blinds round" once every quarter to assure that every blind in the facility is in place. This will become part of the documentation that is kept on file by the facility environment manager.

F 240 SS=D 483.15 QUALITY OF LIFE
A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

F 240 The facility environment manager will be responsible for monitoring this plan of correction.
This plan of correction will be brought to the March 17, 2006 Q.A. meeting by the facility environment manager. A problem log will be filled out, and work orders regarding blinds, with dates for broken or missing blinds noted, and dates completed will be attached for two (2) months.

March 23, 2006

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility did not provide care to promote or enhance the resident's quality of life for 1 of 17 sample residents who spent most of his time in his room in bed. (Resident identifier: 5)

Findings included:
Resident 5 was admitted to the facility September 2003 with diagnoses that included hydrocephalus, tremors, diabetes and obesity. January 2005, resident 5 was identified with a pressure ulcer on his buttocks. August 2005, resident 5 was put on bedrest as a nursing intervention to help resolve his slow healing pressure ulcer.

On 1/30/06 at 3:30 PM, during initial tour of the facility, the nurse assisting with tour stated that

F240 The plan of correction is that every morning a member of the activity staff will talk with the resident and go over the days calendar of events. He will be given a choice of activities in which he would like to attend. The activity staff will encourage him to participate, at a minimum, in one group activity each day. He will be involved in one (1) hour in room activity of his choice per day. He will have special visits by a volunteer two

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F 240	<p>Continued From page 2</p> <p>resident 5 was occasionally confused but that he would be a good candidate to be interviewed. The surveyor asked if the resident was too confused to answer complex questions. The nurse stated that resident 5 was not too confused and that he was interviewable.</p> <p>On 1/31/06 at 2:30 PM and 2/2/06 at 9:00 AM, resident 5 was interviewed in his room. Resident 5 stated that he had to get up and go to bed when the nurses said. Resident 5 stated that he tried to go to facility activities but that the nurses wouldn't let him go. Resident 5 stated that there was nothing to do in his room except watch television. Resident 5 stated that there was nothing good on television that he wanted to watch. Resident 5 stated that he tried to go to facility activities but that the nurses wouldn't let him go.</p> <p>On 2/7/06 at 1:15 PM, an interview was conducted with a family member who visited resident 5 regularly. Resident 5's family member stated that the resident had a period of being delusional, but that was resolved with a medication change. The family member stated that resident 5's memory had improved since he had been put on a dementia medication.</p> <p>The family member stated that, "Unless he is eating, he spends all of his time in bed." The family member stated that resident 5 was not happy to be in bed all the time. The family member stated that resident 5's television was on at times, but that he only watched it once in awhile. The family member stated that there wasn't much on television that resident 5 liked to watch. The family member stated that the radio was never on in resident 5's room and that they no longer played his books on tape.</p>	F 240	<p>(2) times per week. He will continue to eat his meals in the dining room with his fellow residents. The activities attended will continue to be documented on his attendance sheet. (See attachment #1). As soon as it is reasonable, with no harm to the resident, activities will be gradually increased.</p> <p>To identify other residents, the Director of Nursing reports daily in update meeting, on those residents who are having skin or medical concerns. Those residents who are identified as being at risk for having skin or medical concerns, would be discussed. If having long periods of "time up" would compound the risk to the resident, this would be discussed. The resident identified, would be then be reassessed by the activity manager to see what changes needed to be made to the residents activity care plan. The care plan would reflect the residents optimal participation in activities, due to any medical need for some restriction. This determination would be based on nursing assessments, and the recommendations made by the resident's physician. This would then be discussed by the activity manager with the resident and responsible party, so that everyone would be aware of the need to limit activity until the medical concern is resolved.</p>	
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2006	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Attachment 1

PARTICIPATION

1	COFFEE SOCIAL	9	CURRENT EVENTS	17	RELIEF SOCIETY	25	RING TOSS	33	PARTIES / SOCIALS	41	Meet & Greet
2	GROOMING	10	MENTAL GAMES	18	COMMUNION	26	BEAN BAG	34	COMMUNITY / RIDES	42	IXI VISITS
3	MUSIC	11	ARTS & CRAFTS	19	NON-DENOMINAL	27	PUZZLES	35	RESIDENT COUNCIL	43	FAMILY VISITS
4	ENTERTAINMENT	12	LETTERS HOME	20	FITNESS/EXERCISE	28	BASKETBALL	36	PET THERAPY	44	MUSIC/INTERESTS
5	RESPIRE TAPES	13	COOKING	21	BOWLING	29	BINGO	37	VOLUNTEER VISITS	45	Cultural Diversity
6	REMINISCING	14	BIRTHDAY SOCIAL	22	HORSESHOES	30	TABLE GAMES	38	SIT IN SOCIAL AREA	46	TV in Room/Social Area
7	SENSORY	15	SIT / WALK OUTSIDE	23	PARACHUTE	31	CARDS	39	VALIDATION	47	Special Event
8	VIDEO	16	CHURCH SERVICES	24	BALL TOSS	32	VOLLEY BALL	40	ORIENTATION	48	Rest & Relax

PATIENT NAME:

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F 240	<p>Continued From page 3</p> <p>Resident 5's family member stated that they appreciated the fact that the facility was trying to resolve the resident's pressure ulcer on his coccyx, but that the resident needed some balance in his life. The family member stated that it had been months since the resident had been able to attend the activities because of having to be in bed. Resident 5's family member stated that they understood his pressure ulcer was looking better, but that the resident needed more than that.</p> <p>Resident 5's family member stated that the resident had always been a people person and very social. The family member stated that resident 5 was an accomplished artist and had an art therapist working with him at one time. The family member stated that, prior to having to stay in bed, resident 5 had participated in all of the facility activities and that he loved them. The family member stated that resident 5 especially loved hearing the newspaper, going to movies and going out to dinner. The family member stated it had become a constant battle between the nurses and the activities department.</p> <p>On 2/2/06 at 7:40 AM, the recreation therapist (TRT) was interviewed. The TRT stated that resident 5 used to attend all of the activities. The TRT stated that resident 5 used to be very active and happy. Now the nurses say he can't go to the activities because he has to go to bed to keep pressure of his buttocks. The TRT stated that resident 5 continued to be allowed to attend church services on Sunday and sometimes Family Home Evening on Monday nights. The TRT stated she had tried to get resident 5 into an occasional activity, but that the nurses would take</p>	F 240	<p>To assure that this plan is achieved and sustained, the activity manager would meet with the team leader weekly, and review the progress being made on the medical concern reflected in weekly nursing notes, and assessments. The activity manager would then increase or decrease activities for the resident based on these findings. This would be documented by the activity manager in her progress notes weekly, and also update the resident's care plan as needed.</p> <p>The activity staff would meet weekly with the resident to ensure that he/she feels that their activity needs are being met, and document this in the activity progress notes.</p> <p>The Activity manager will be responsible for monitoring this plan of correction.</p> <p>This plan of correction will be brought to the March 17th, 2006 Q.A. Meeting. A problem log will be written, and tracking done for any additional residents being care planned for any restriction due to a medical concern. This will be tracked for a two (2) month period.</p>	
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F 240	<p>Continued From page 4</p> <p>him from the activity and have him assisted to bed.</p> <p>On 2/2/06 at 2:00 PM, an interview was conducted with a nursing assistant who provided cares for resident 5 during the day shift. The nursing assistant stated that resident 5, "Usually goes down right after meals. He's not up more than he needs to be." The nursing assistant stated that resident 5 had attended an activity that morning.</p> <p>On 2/2/06 at 2:10 PM, an interview was conducted with a nursing assistant who provided cares for resident 5 during the afternoon shifts. The nursing assistant stated that resident 5 "goes down right after meals." The nursing assistant stated that. "Sometimes he complains that he wants to get up. I guess the nurses could override it, but he needs his pressure ulcer healed."</p> <p>On 2/2/06 at 2:15 PM, the charge nurse/RN (registered nurse) was interviewed. The RN stated that she had not been aware of resident 5's attendance to activities, but that she knew he had gone that morning. The RN stated that resident 5 did go to church and priesthood meeting on Sundays.</p> <p>On 2/6/06 at 4:00 PM, an interview was conducted with the nurse who provided cares for resident 5. The nurse stated that resident 5 gets up just before meals and goes back down right after. The nurse stated, "We let him go to church."</p> <p>On 1/30/06 at 3:30 PM, during tour, resident 5 was observed to be in his room in bed.</p>	F 240			

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F 240	<p>Continued From page 5</p> <p>Observations on 1/31/06:</p> <p>At 7:14 AM, resident 5 was observed to be in his room in bed. A nursing assistant assisted resident 5 to get up and to dress. Resident 5 was assisted into his wheelchair and taken to the dining room for breakfast.</p> <p>At 8:30 AM, resident 5 was the last resident remaining in the dining room. As a nursing assistant cleared off his table, she asked the resident if he needed help to eat. Resident 5 stated he did. The nursing assistant sat down to assist resident 5.</p> <p>At 8:38 AM, resident 5 was assisted from the dining room and taken to his room. Resident 5 was observed to be in his wheelchair at his bedside when the nursing assistant left to assist another resident. The privacy curtain was drawn behind him.</p> <p>At 8:55 AM, resident 5 was observed as he was assisted into bed.</p> <p>At 9:15 AM, resident 5 was observed to be sleeping in bed. The television was on and a cartoon was playing.</p> <p>At 10:55 AM, resident 5 was observed to be sleeping in bed.</p> <p>At 12:20 PM, resident 5 was observed in the dining room for lunch.</p> <p>From 1:30 PM was observed to be awake in bed.</p> <p>At 2:30 PM, resident 5 was interviewed in his</p>	F 240		

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F 240	<p>Continued From page 6</p> <p>room. Resident 5 was laying in his bed.</p> <p>Observations on 2/1/06:</p> <p>At 8:40 AM, resident 5 was observed to be in the dining room.</p> <p>At 9:15 AM, resident 5 was observed to be in bed. The resident agreed to continue his interview. The surveyor advised the resident she would return soon to complete the interview. The resident asked, "Do you promise?"</p> <p>At 9:30 AM, resident 5 was interviewed in his room. Resident 5 was laying in his bed.</p> <p>At 11:45 AM, resident 5 was observed to be in bed.</p> <p>At 1:30 PM, resident 5 was observed to be in bed.</p> <p>At 3:00 PM, resident 5 was observed to be in bed.</p> <p>At 4:15 PM, resident 5 was observed to be in bed. A musical program was being presented in the main dining room.</p> <p>At approximately 4:45 PM, the survey team shared the observations and concern regarding the amount of time resident 5 was required to spend in bed.</p> <p>Resident 5's medical record was reviewed on 1/31/05.</p> <p>The 8/25/05 interdisciplinary (IDT) care plan meeting notes revealed that resident 5, "only attends 1-3 activities / wk (week) d/t (due to) wound. Nsg (nursing) requests to be in bed."</p>	F 240		

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F 240	Continued From page 7 The facility's care plan problem number 2 and 10a for resident 5, dated 9/15/05, revealed the resident had a problem of alteration in thought processes related to altered thought process secondary to Alzheimer's dementia, manifested by modified impaired decisions, needs cues and reminders for social and daily activities, "Less than 1/3 participation." The goal that had been established by the facility for resident 5 was, "Will participate in 1 group activity with assist, in addition to daily 1:1 through next review." The facility staff's approaches for assisting resident 5 to reach the goal included: "2. Encourage socialization and participation in social activities. 3. Encourage involvement in activities that promote use of sensory, social and cognitive skills such as music, exercise and sports." The staff who were designated to perform those interventions included nursing, social services and activities. The facility's care plan problem number 16a for resident 5, dated 9/15/05, revealed the resident had a potential for alteration in skin integrity related to: incontinence of bowel and bladder, decreased hydration, stroke, dementia, Parkinson's and "Resident rubs head & (and) extremities against walls, bed frame ect. (etcetera) causing shallow abrasions" manifested by decreased ability to change position independently, inability to toilet self, decreased sensation to pain and/or pressure, current or history of altered skin integrity. The goal of resident 5's care plan was that the resident, "Will have no alteration in skin integrity, unless unavoidable, through next review." The facility's planned interventions included "Assist with position changes and ROM (range of motion) as	F 240			

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F 240	<p>Continued From page 8</p> <p>necessary," but did not include keeping the resident in bed.</p> <p>The facility's care plan problem number 20 for resident 5, dated 9/15/05, revealed the resident had a potential for harm related to a potential for decreased perfusion and ischemia. The facility's interventions included, "Encourage exercise as tolerated." The staff who were designated to perform the intervention included nursing and activities.</p> <p>The facility's care plan problem number 24 for resident 5, dated 8/29/05, revealed the resident had a potential for decreased airway exchange. The facility's interventions included, "Encourage exercise as tolerated." The staff who were designated to perform the intervention included nursing and activities.</p>	F 240		
F 252 SS=E	<p>483.15(h)(1) ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, observation, record review and review of the operations and policy manual for the Special Needs Unit (SNU), it was determined that the facility did not provide a homelike environment for 4 out of 17 sampled residents. Specifically, the residents on the SNU were not allowed access to their personal possessions to the extent possible. The facility</p>	F 252	<p>F 252</p> <p>Those residents in the SNU who are assessed and found capable of accessing their closets will be provided a key. The key will be attached to the closet in such a way that the resident will easily be able to open their closet.</p>	<p><i>March 23, 2006</i></p>

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F 252 Continued From page 9

locked the residents' closets for 20 out of 21 residents residing in the SNU without assessing or care planning each residents abilities and needs. Resident identifiers: 1, 3, 10 and 12.

Findings included:

On 1/30/06 at 3:35 PM, during the initial tour of the SNU, the charge nurse in the SNU was interviewed. The nurse stated that the residents like to wander in and out of each others rooms so the closets in each of the residents' rooms are kept locked. The nurse then showed the surveyor her key to the closet and opened one of the resident's closet door. It was observed at that time that there were clothes and personal hygiene items kept in the closet.

Residents 1, 3, 10 and 12 resided in the SNU. A review of their medical records completed on 2/7/06 revealed no individualized care plans or assessments pertaining to the locked residents' closets.

On 01/31/06 at 7:05 AM, it was observed that all the closets on the SNU were locked, except for the closet in room G9b which had no lock.

On 01/31/06 at 9:25 AM, it was observed that all the closets on the SNU were locked, except for the closet in room G9b which had no lock.

On 02/01/06 at 9:00 AM, a LPN (Licensed Practical Nurse) on the SNU was interviewed. When asked if any of the residents were care planned for locked closets on the SNU, she stated, "No, it's just an understood program."

On 02/02/06 at 3:31 PM, the LPN on the SNU

F 252

Each resident in the SNU will be assessed as to their physical ability to unlock their closet, and their cognitive safety awareness so as not to harm themselves by possibly drinking the peri wash, lotion and etc.. The results of this assessment will be reflected in each resident's individual care plan.

This care plan will be updated in IDT meeting or sooner if there is a change in the residents abilities. New admits to the SNU, will be assessed, and a care plan written upon admission.

The CNA's will be in serviced March 9th, 2006 regarding this new protocol for the residents in the unit. They will help monitor those residents daily to ensure that they can access their closet when they want, and if the residents ability changes, they will alert their team leader who will do another assessment and change the care plan to reflect new results of the assessment.

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F 252	<p>Continued From page 10</p> <p>was interviewed. She stated that all of the closets on the SNU are locked for the safety of the residents. She stated that the aides have keys to all of the locked closets. She stated that the residents kept clothes, hygiene materials, and personal belongings in the closets. When asked if there were residents who would benefit from having access to their closets the LPN named 7 residents.</p> <p>A review of the operations and policy manual for the Special Needs Unit, on the page entitled "Purpose of SNU /Theory /Concept /Benefits", revealed the following:</p> <p>Paragraph 2, "Through proper activities and interventions, the resident can achieve their optimal goals in both their physical and mental well-beings".</p> <p>Paragraph 4, "Though the independence may vary from resident to resident, each will be allowed to achieve the optimal level they are capable of reaching".</p> <p>Paragraph 5, "A plan of care is developed for each resident to define their strengths and weaknesses, and a comprehensive approach devised to help that individual satisfy their needs and wants on a daily basis".</p> <p>On 02/09/06 at approximately 10:00 AM at the exit conference the Administrator was interviewed. The Administrator stated that it was part of the policy on the SNU to keep all of the closets locked to prevent residents from taking personal items from other residents. When asked if the residents were individually care planned or assessed to have their closets locked</p>	F 252	<p>The team leader will be responsible for monitoring this plan of correction. He/She will, daily, in rounds meeting ask the CNA's if any of the residents identified to access their closet have been unable to do so.</p> <p>This plan of correction will be monitored by the team leader, and any problems identified with the plan of correction will be brought to the attention of the Director of Nursing.</p> <p>This plan of correction will be brought to the March 17th, Q.A. meeting. The Director of Nursing will monitor the information given to her by the team leader for a two (2) month period to ensure that this new protocol is being followed and any changes to care plans are noted during this time period.</p>	
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F 252	Continued From page 11 she stated, "No".	F 252		
F 325 SS=G	<p>483.25(i)(1) NUTRITION</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and interview, the facility did not ensure that one of seventeen sampled residents maintained acceptable nutritional status, such as body weight, as evidenced by: Resident 10 weighed 190 pounds on January 2006. On 2/1/06, resident 10 weighed 172.0 pounds. Resident 10 had a 9.4 % weight loss in a one-month period. Client identifier: 10</p> <p>Findings included:</p> <p>Resident 10 is an 81 year old resident admitted to the facility in September of 2005 with diagnoses of dementia with depressive features, hyperlipidemia, and Benign Prostatic Hypertrophy.</p> <p>1. The following observations were made of resident 10 on 01/31/06 between 7:35 AM and 9:30 AM.</p> <p>At 7:35 AM, it was observed that resident 10 was not in the dining room for breakfast. At 7:55 AM Resident 10 was observed to be in his bed.</p>	F 325	<p>F325</p> <p>The corrective action was that the RD reviewed the residents intake and weight records. She instituted interventions including three (3) high protein, high calorie snacks per day between meals. A new tracking form was created to identify the percentage of each of these snacks consumed by the resident. (See attachment #8). The resident intake of 2.0 supplement was increased to six (6) times per day between and with meals, instead of the (3) times per day he was receiving. The resident was placed on weekly weights. The family was notified of the resident's weight loss, and they have requested Hospice care for their resident.</p>	<p><i>March 23, 2006</i></p>

Mea. intake

Month/Year FEBRUARY 2006

Attachment 8

15

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
feal %				R	R	25	40	R	R	R			R	20	10		R	O	R	R	R	R	R	R	R	10	75	10			
lt: Y/N					R		R	meat pass	-	-							R		N	N	N	N	N	N	N	N	N	N	N		
uids (cc)				R	120	20	360	480	-	-			240	360	240		240		360	360	360	360	240	160	360	360	260	240			

300 - 360 cc stand.

20

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
feal %				fecal		R	80	R	60	60			R	20			60		R	80	R	75	R	R	100	90		50			
lt: Y/N				M/270		Y	Y	Y	-	-			-		-				M/270	N	N	M/270	N	N	N	N	N	N	N		
uids (cc)				120	100	240	240	240	240	360		100			120		220		120	240	520	240	120	240	360	360	260	240			

15

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
feal %						75	80	R	50	50			50		20		50		R	50	R	50	75	20	20	100		50			
lt: Y/N						240	100	N	N	N			N				N		N	N	N	N	N	N	N	N	N	N	N		
uids (cc)					480	240	200	120	140	140		360			360		300		120	240	240	240	240	360	360	360	360	170			

20

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
feal %						R	50	20	50	50		10	R	100	10	R	100	R	100	100	R	100		100	100	100	100				
lt: Y/N						R	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
uids (cc)					240	240	240	120	120	120		360	360	240	240	240	240	240	240	240	240	180	120	120	120	120	360	120			

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F 325 Continued From page 12

Resident 10 had communicated to the surveyor that he wanted to get out of bed. Resident 10 was continuously observed in his room until 8:30 AM. At 8:30 AM, resident 10 was taken to the shower room by two CNAs (certified nursing assistant). At 8:45 AM, resident 10 was taken to the dining room. He was provided with an instant pudding snack, orange juice, milk, and water. At 9:20 AM, a CNA was observed to encourage resident 10 to eat a spoonful of pudding. At 9:25 AM, a CNA was observed to encourage resident 10 to drink some of his juice. At 9:30 AM, resident 10's food was taken away by the CNAs. Resident 10 had consumed all of his orange juice, half of his water, 2 spoonfuls of pudding, and 1 swallow of milk. No supplements or alternative food items were offered.

2. On 01/31/06 at 9:14 AM, a CNA was interviewed. The CNA stated that resident 10 had been refusing meals, and only liked pudding. She stated that the CNAs try to encourage him to eat.

3. On 01/31/06 a review of resident 10's medical record was completed. The following was documented.

a) On 09/02/05 an initial "Nutritional Risk Review" form of resident 10 was completed by the facility. It was documented that resident 10 was 6 feet 6 inches tall with an IBW (Ideal Body Weight) range from 193-235 pounds (lbs).

b) A review of the monthly weights since admission were documented as follows:

September 2005 - 204 lbs.

October 2005 - 198 lbs.

F 325

To identify residents that might have the potential for risk, the facility has instituted a formal "Nutritional At Risk" meeting which will be held weekly. The director of nursing, dietary manager, nutrition aide, and the administrator will attend. A review of those residents with weight loss at 1 wk 2.5%, at 1 mo 5%, and those with decreased oral intake at 50% or less. [REDACTED], best practice guidelines, will be used to determine what interventions will be put into place to meet the residents nutritional needs..

The dietary manager will continue to monitor weekly weights, monthly weights, and will add the monitoring of weekly intakes of all residents. Those identified at risk, will be reviewed in the weekly NAR meeting, and interventions will be implemented as needed. Residents identified with continuous low intakes of two (2) weeks or more, will be placed on weekly weights times one (1) month. If low intakes continue and weights start to drop, other interventions will be put into place following best practice guidelines.

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F 325	<p>Continued From page 13</p> <p>November 2005 - 194 lbs.</p> <p>December 2005 - 190 lbs.</p> <p>January 2006 - 190 lbs.</p> <p>January 31, 2006 - 172 to 170 lbs.</p> <p>c) The last dietary order written for resident 10 was dated 9/29/05. The order outlined a Special Nutrition Program (SNP), increased fiber with Bran, fruit and prune juice as ordered.</p> <p>d) A review of the "Monthly Meal Tracking" forms dated from September 2005 to January 2006 documented that resident 10 had been LOA (leave of absence) for an average of 5 days a week for lunch. It was also documented that resident 10 was refusing breakfast and dinner meals at the facility.</p> <p>e) It was documented on a "Fall/Incident Charting" form dated 1/05/06, that resident 10 had fallen on 1/05/06. On 1/06/06 the following was documented on the day 2 section of the form:</p> <ol style="list-style-type: none"> (1) Resident 10 was complaining of back and neck pain. (2) Resident 10 was having increased problems with ambulation. (3) An x-ray taken on 1/5/06 revealed that the resident had compression of the thoracic 12 disc and degenerative joint disease of the spine. (4) The physician ordered that resident 10 needed to rest and have a decrease in his activities. (5) The physician ordered Flexeril (muscle
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F 325	<p>Monitoring by the dietary manager will be done weekly. She will be looking at weekly weights, weekly intakes, and monthly weights.</p> <p>The dietary manager will be responsible for monitoring this plan of correction.</p> <p>The dietary manager will bring this plan of correction to the March 17th, Q.A. meeting. Tracking for the areas identified, are already being tracked and reported on monthly during Q.A. by the dietary manager. This will continue.</p>
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F 325	<p>Continued From page 14 relaxer) to be given to the resident</p> <p>On 1/07/06 the following was documented in the Day 3 section of the form:</p> <p>(1) Resident 10 was administered Lortab every 4 hours for pain. (2) Resident 10 was being turned every 2 hours and bed bath given.</p> <p>f) There was no documented evidence in the medical record to demonstrate that resident 10 was provided with any dietary interventions, since his fall in January, during the month of January 2006. A review of the "Nurses Notes" (NN) and the "Monthly Meal Tracking" (MMT) for January 2006 documented the following:</p> <p> NN - 01/08/06 - "Patient eating well, good appetite. Drinking fluids." MMT - 1/08/06 - Documented that resident refused breakfast, ate 30% of lunch, and ate 20% of dinner.</p> <p> NN - 1/10/06 - "2 cups orange juice. Later ate a cup of grapes... Ate 100% of noon meal." MMT - 1/10/06 - Documented that resident 10 refused breakfast, ate 40% of dinner.</p> <p> NN - 1/11/06- "Ate well." MMT - 1/11/06 - Documented that resident 10 refused breakfast, ate 80% of lunch, and 40% of dinner.</p> <p> NN - 1/19/06 - Resident 10's friend brought in lunch... "Ate about 50% and drank 1/2 bottle of Pepsi." MMT - 1/19/06 - Documented that resident 10 ate 5% of breakfast, and 10% of dinner.</p>	F 325		
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F 325	<p>Continued From page 15</p> <p>NN - 1/24/06 - "Refusing to eat yesterday and today. Will drink fluids most of the time.</p> <p>g) On 2/1/06 at 8:06 AM a second CNA was interviewed. The CNA stated that resident 10 had refused all of his food for breakfast that day. The CNA stated that resident 10 will sometimes eat in other areas of the facility, but seems worse when he is eating in the dining room. The CNA stated that since resident 10 had fallen and stopped leaving the facility for lunch, he appeared to have lost about 10 pounds in the last month.</p> <p>h) On 02/01/06 at 9:04 AM, the RNA (restorative nursing assistant) was asked by the surveyor to weigh resident 10. It was reported that resident 10 weighed 172 pounds, which demonstrated a 9.4% (18 pound) weight loss during January 2006. At 9:50 AM, the RNA weighed resident 10 a second time and stated that he weighed 170 pounds which demonstrated a 10.5% weight loss.</p> <p>i) On 02/01/06 continuous observation of resident 10 from 9:04 AM to 10:45 AM, revealed that resident 10 drank a glass of juice for his snack at 10:00 AM. No other snacks were offered during that time period.</p> <p>j) On 2/02/06 at 7:43 AM, resident 10 was observed in the dining room at breakfast. Resident 10 was observed to drink his juice and water, but refused to eat his meal. No supplements or alternative food items were offered.</p> <p>k) On 02/02/06 at 9:32 AM, the Dietary Manager (DM) was interviewed. When asked if she was aware that resident 10 was refusing meals, she</p>	F 325			

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F 325	<p>Continued From page 16</p> <p>stated that he had been refusing and his intakes percentages had always been low. The DM then stated that since his admission to the facility, the resident had been going out to lunch with a friend and his weights had been fairly stable. However, no tracking of resident 10's LOA lunches were done. When asked if she had been notified that resident 10 had fallen and was no longer going out for lunch, she stated, not until yesterday (2/1/06). When asked if she had been notified that staff thought he was losing weight in January, the DM stated "No".</p> <p>l) On 02/06/06 at approximately 12:00 PM, resident 10's friend was interviewed. She stated that resident 10 ate well prior to his fall the first week of January. She stated that prior to his fall she had been taking resident 10 out to his favorite restaurant. The friend stated that since the fall she had not been able to take him out to lunch. She stated that she had brought him in some lunches and drinks, but she noticed that his appetite had decreased.</p> <p>m) On 1/31/06 at 12:30 PM, the Registered Dietician (RD) was interviewed. The RD stated that she spent twelve hours per month in the facility. The RD stated the residents' assessments were all completed by the DM. The RD stated that the DM let her know which residents had weight concerns.</p> <p>On 02/06/06 at 4:15 PM, the RD was interviewed. When asked if she had been notified by staff that resident 10 had been losing weight during January, she stated that she had not been notified. She stated that the dietary order dated 9/29/05 was the last dietary order that she had written for him.</p>	F 325		

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F 371
SS=E 483.35(h)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE

The facility must store, prepare, distribute, and serve food under sanitary conditions.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined the facility did not store, prepare and distribute foods under sanitary conditions.

Findings included:

A brief, initial observation was made in the kitchen on 1/30/06 at 2:30 PM. The day cook stated the dietary staff were completing cleanup from the lunch meal. Observations included:

The reach in refrigerator contained:
Five mighty shake supplements that were not dated with the thaw date. Mighty shake supplements expire 14 days after they have been thawed.

An open container of fiber apple juice that was less than 1/3 full, had no open date.
Three opened catsup bottles had no open date.

A bowl that contained packaged coffee creamers was on the counter. The bowl was soiled with a build up of what appeared to be dry food splatters.

Sectioned plates were stacked upright on the serving counter. To avoid getting dust or splatters in them, dishes should be stored inverted.

F 371

F371

The corrective action, and the systemic changes made to ensure that this plan of correction is achieved and sustained, are as follows:

1. The nutrition aide will daily, randomly, do a check of four (4) food items in all storage locations, to assure proper dating is being done. This audit will be done on a date and label log sheet. (See attachment #2). The dietary manager will do a random audit of this date and label log weekly. The dietary manager will also randomly check dates on items in all storage areas weekly.

2. The bowl that was seen on the counter, was just brought in from the coffee cart in the dining room. This cart is utilized by the residents so that they can help themselves to coffee and hot chocolate before and after the dining time. A new bowl is put on the cart for each dining time, three (3) times per day. In our efforts to help the resident have a sense of independence, we feel that they should continue to be able to help themselves whenever possible.

*Mark
13, 2006*

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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	<p>Continued From page 18</p> <p>The metal shelf under the steam table was soiled with gritty, sticky dust and debris.</p> <p>The metal shelf above the steam table was soiled with a gritty, sticky dust around the plate covers and around a circular, shiny area on the counter that was the size of the plate covers. The sticky dust was observed by the surveyor on 1/30/06, 1/31/06, 2/5/06 and 2/6/06. On 2/6/06, the surveyor and the Dietary Manager (DM) observed that the metal shelf on top of the serving counter was soiled with the gritty, sticky dust around the plate covers.</p> <p>Greasy dirt build up was observed to be on the floor behind the oven and stove. The stove front and drip well had crumbs and food spills.</p> <p>The toaster had brown and gold greasy buildup on it.</p> <p>The Frymaster had old dark oil with a build up of brown crumbs around the edges of the oil and patches of brown crumbs floating on top of the oil. The Frymaster had a build up of grease on the back.</p> <p>A warm-tray cart was soiled with dried on drips and splatters.</p> <p>The plate warmer was running at 130 degrees with plates in it. The covers to the plate compartments were soiled and the bottom of the warmer was soiled.</p> <p>Clean cloths and aprons were stacked, uncovered, on a metal shelf with cleaning chemicals. The dirty mop bucket was inverted over a drain near the shelf and was touching the</p>	F 371	<p>3. The stacked plates that were observed on the serving counter, were placed there for meal service not storage. Storage for these plates is underneath the serving counter, with the plates inverted, and stacked five (5) high.</p> <p>4. The shelf under the steam table was cleaned, and has been added to the daily cleaning schedule for both cooks to document that it has been cleaned.</p> <p>5. The metal shelf above the steam table was cleaned, and has been added to the daily cleaning schedule for the dietary staff to document that it has been cleaned.</p> <p>6. The floor behind the stove, stove front and drip well, the toaster, warm-tray cart, and the plate warmer were cleaned. These areas are listed on the daily cleaning schedule for the dietary staff to document that these areas have been cleaned.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/28/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2006
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NAME OF PROVIDER OR SUPPLIER UTAH STATE VETERANS NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 FOOTHILL BOULEVARD SALT LAKE CITY, UT 84113
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F 371	<p>Continued From page 19</p> <p>aprons.</p> <p>The FOOD CODE 2001, of The United States Department of Health and Human Services specifies that;</p> <p>Laundered linens shall be stored in a clean, dry location where they are not exposed to splash, dust, or other contamination.</p> <p>The flour bin was observed to be soiled with loose and adhered substances. A cup was in the flour bin with it's handle in the flour.</p> <p>A bin containing thickener and the bin cover were dusty and soiled with loose and adhered substances. A cup was in the thickener.</p> <p>The sugar bin and the bin cover were dusty and soiled with loose and adhered substances. In the bin, there was a hardened area of sugar with a yellowish border around it.</p> <p>A bin containing cocoa powder and the bin cover were dusty and soiled with loose and adhered substances.</p> <p>A bin containing bread crumbs and the bin cover were dusty and soiled with loose and adhered substances.</p> <p>The FOOD CODE 2001, of The United States Department of Health and Human Services specifies that:</p> <p>Equipment Closures - must be designed to protect stored food from contaminants and foreign matter that may fall into the food. The presence of food debris or dirt may provide a suitable environment for the growth of micro organisms which employees may inadvertently</p>	F 371	<p>7. The frymaster had brown crumbs and grease on it due to the fact that it had been used for the noon meal. This appliance must be cooled down before it can be cleaned safely. This appliance was observed at 2:30 PM, which would not have given it enough time to be safe for cleaning. This appliance is on the daily cleaning schedule, and will be documented as cleaned when cleaning has safely been completed.</p> <p>The documentation and audit trail for the above areas will be documented on the "daily cleaning schedule"(See attachment #3). The dietary manager will audit this weekly, and randomly, visually check areas to assure compliance.</p> <p>1. The clean cloths and aprons will be kept in plastic bags, and stored on the shelf until used.</p> <p>2. The bins noted have been cleaned, and the cracked lids replaced. All cups have been removed, and the dietary staff have been educated on the proper cleaning, use, and storage of bins and measuring utensils.</p>	
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DAILY CLEANING SCHEDULE

Week of: _____

Item	Frequency	By Whom	Initial						
			Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Range / Catch Pan	daily	Cooks	/	/	/	/	/	/	/
Grill	daily	Cooks	/	/	/	/	/	/	/
Clean Ovens	daily	Cooks	/	/	/	/	/	/	/
Steam Tables	daily	Cooks	/	/	/	/	/	/	/
Tray Line	daily	Cooks	/	/	/	/	/	/	/
Blender / Food Processor	as used	Cooks							
Mixer	as used	Cooks							
Slicer	as used	Cooks							
Toaster	as used	Cooks							
Knife Rack									
Can Opener - After each use	as used	Cooks							
Refrigerator	daily	5 Am							
Freezer	daily	Am Cook							
Carts	daily	dishwasher							
Tray Carts - Wipe / Sanitize	daily	5 Am							
Walk-in - Sweep / Mop	daily	Pm Cook							
Dessert Lowerators Clean In & Out	daily	5 Am							
Juice Dispenser	daily	5 Am							
Milk Dispenser Hot Choc	daily	5 Am							
Coffee Machine	daily	5 Am							
Beverage Station	daily	11 Am							
Condiment/ Silverware Bins/ Cart	daily	11 Am							
Ice Machine - Scoop	daily	3 pm							
Hand Sink - Soap / Paper Towels	daily	NA							
Dish Room	daily	Dishwasher							
Garbage Disposal	daily	Dishwasher							
Garbage Cans & Lids Washed	daily	11 Am							
Storeroom - Sweep / Mop	daily	Pm Cook							
Cans Dusted in Storeroom	daily	3 pm							
Dining Room Tables - Clean / Sanitize	3x daily	House Keepers							
All Counters / Cook's Tables	daily	Cooks	/	/	/	/	/	/	/
Wash Walls in ^{Dish} Cook's Area	daily	Dishwasher							
Kitchen Floors	daily	Pm Cook							
Mop Bucket - Empty / Clean	daily	11 - Am							
Mops - Wash / Clean	daily	11 - Am							

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F 371	<p>Continued From page 20</p> <p>transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests.</p> <p>The hot fruit compote was cooling, uncovered, on the prep counter. The dietary aide stated the fruit dish was to be served as dessert for the evening meal. The evening meal was not scheduled until 5:00 PM, more than two hours later.</p> <p>Wiping cloths were observed to be in a bucket of sanitizing solution at the end of the tray line counter. The day cook was asked to use facility test strips to test the level of sanitizer in the bucket. The cook first tested the sanitizer with chlorine test strips. Then the cook tested the sanitizer levels with quaternary test strips. The sanitizing solution for cleaning kitchen surfaces tested at 100 ppm (parts per million) quaternary. The test results were verified by the cook, the dietary aide, and the surveyor. The cook stated the manufacturer recommendation was 200 ppm.</p> <p>Before leaving the kitchen area, the cook was asked if the dietary staff were finished with the after lunch cleanup. The cook stated that they were through. None of the listed observations had been corrected before the surveyor left the kitchen.</p> <p>On 1/31/06 at 3:55 PM, the evening cook was asked to use facility testing strips to test the sanitizer in three wiping cloth buckets that were on the prep counter and the tray line counter. The cook was not able to locate any testing strips. The evening cook was interviewed. She stated that the quaternary solution is pre-mixed automatically by a machine and should come out of the hose at the proper strength. The cook</p>	F 371	<p>3. Dietary staff have been educated to cover all food not being attended to, and the importance of the food temperature danger zone. This team huddle, was held March 1, 2006, (See attachment #4).</p> <p>4. The dietary manager called the ecolab company, and explained that the bucket solution was not staying at the 200 ppm as stated on the product label. They came in on Feb.13, 2006, and in serviced the dietary manger/staff present regarding usage of a new sanitizing product called, oasis 146. (See attachment #5). The testing strips for this product are located above the sink in the dish room, and all staff have been educated as to their location, refer to attachment #4. Staff were told to not leave cloths on the counters, and to replace the sanitizing buckets every two (2) hours with oasis 146.</p> <p>The RD is going to conduct an in service on March 7th, 2006 with all dietary staff. The topic is "immediate jeopardy triggers". This will include all of the areas listed above that were identified in the survey. (See attachment #6).</p>	
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Huddle 3/1/06

Flour Bin, thickener, sugar and bread crumbs are to be item free (scoops) and if you need any of these items, you take what you need and whatever measuring device you use, you take that to the dishwashing area. Do Not Leave In Bin.

The test strips for the Quat is to be left above the sink in the dish area.

Any food not being attended to needs to be covered up.

All clothes and aprons need to be in a bag until used.

Katherine Medez
Miguel Martinez
Luis Medina
[Signature]

Josy Martinez
[Signature]

Product Specification Document

Oasis 146 Multi-Quat Sanitizer

910787

CLASSIFICATION:

Quat sanitizer

SCOPE:

Disinfectant - Cleaner - Sanitizer - Deodorizer with Organic Soil Tolerance for Hospitals, Institutional and Industrial Use Institutions - Hospitals - Nursing Homes - Health Care Facilities - Schools - Restaurants - Food Services

DIRECTIONS FOR USE:**DIRECTIONS FOR USE:**

It is a violation of Federal law to use this product in manner inconsistent with its labeling.

Apply *Oasis 146 Multi-Quat Sanitizer* with a cloth, mop or mechanical spray device. When applied with a mechanical spray device, surface must be sprayed until thoroughly wetted. Prepare fresh solution at least daily or when use solution becomes visibly dirty.

Disinfection in Hospitals, Nursing Homes, and Other Health Care Institutions For disinfecting floors, walls, countertops, bathing area, lavatories, bed frames, tables, chairs, garbage pails and other hard, nonporous surfaces. Add 1.0 oz. *Oasis 146 Multi-Quat Sanitizer* per gallon of water (8 mL/L). Apply to previously cleaned hard surfaces. Treated surfaces must remain wet for 10 minutes. At this use level, *Oasis 146 Multi-Quat Sanitizer* is effective against *Pseudomonas aeruginosa*, *Staphylococcus aureus* and *Salmonella choleraesuis* in the presence of 5% blood serum when evaluated by the AOAC Use-Dilution test. This product is not to be used as a terminal sterilant/high level disinfectant on any surface or instrument that (1) is introduced directly into the human body, either into or in contact with the bloodstream or normally sterile areas of the body, or (2) contacts intact mucous membranes but which does not ordinarily penetrate the blood barrier or otherwise enter normally sterile areas of the body. This product may be used to pre-clean or decontaminate critical or semi-critical devices prior to sterilization or high-level disinfection.

Non-Acid Toilet Bowl Disinfectant / Cleaner Directions: Remove gross filth prior to disinfection.

From Concentrate: Add 1/2 oz. to the bowl and mix. Brush over exposed surfaces and under the rim, allow to stand for 10 minutes and flush.

From Use Solution: Empty toilet bowl or urinal and apply 1 oz. per gallon use-solution to exposed surfaces and under the rim with a cloth, mop, sponge or mechanical spray. Brush or swab thoroughly. Let stand for 10 minutes and flush.

For Heavy Duty Use: Empty toilet bowl or urinal and apply 4 oz. per gallon use-solution to exposed surfaces including any under the rim with a cloth, mop, sponge or sprayer. Brush or swab thoroughly. Let stand for 10 minutes and flush.

Deodorization: This product deodorizes garbage storage areas, garbage bins, toilet bowls and any other hard nonporous surfaces in odor causing areas. Mix 1/2 oz. per gallon of water and apply solution to surfaces. Thoroughly wet surfaces, allow to air dry.

Sanitizing Directions: *Oasis 146 Multi-Quat Sanitizer* can be used to sanitize hard, non-porous food contact surfaces such as tables, counters, and food processing equipment. Pre-flush or pre-scrape utensils, glasses and hard, non-porous surfaces to remove gross food particles, pre-soak if necessary. Thoroughly wash surfaces with detergent followed by a potable water rinse. Tilt all movable surfaces for proper drainage. Sanitize in 150 ppm to 400 ppm solution (0.25 oz. - 0.67 oz. per 1 gal. of water.) Immerse utensils, glasses, and plates for at least 1 minute. Thoroughly wet immovable surfaces using cloth, spray or sponge for 1 minute. Place sanitized utensils, glasses, and plates on rack or drain board to dry. Let immovable surfaces drain and air dry. Do not rinse. Prepare a fresh solution daily.

Sanitizing Equipment - Food Processing Plants - Restaurants: For sanitizing pre-cleaned food processing equipment or utensils in federally inspected meat and poultry processing plants or restaurants. Clean equipment with a good detergent and follow with a potable water rinse, then rinse equipment with a sanitizing solution of 1 oz. to 2.67 oz. *Oasis 146 Multi-Quat Sanitizer* per 4 gallons of water (150 - 400 ppm). Surfaces should be exposed to the sanitizing solution for a period of not less than 1 minute. Allow equipment to drain thoroughly and air dry.

Restaurant and Bar Rinse - Sanitizing Eating and Drinking Utensils

1. Scrape and pre-flush utensils to remove excess soil.
2. Wash with good detergent or compatible cleaner (see your Ecolab representative for a recommendation).
3. Rinse with potable water.
4. Sanitize in a solution of 0.25 – 0.67 oz. Oasis 146 Multi-Quat Sanitizer to 1 gallon of water (150 – 400 ppm). Immerse all utensils for at least 1 minute. Use 2 minutes exposure time if required by governing sanitary code.
5. Drain and air dry.

NOTE:

FOR MECHANICAL OPERATIONS: A prepared use solution may not be reused for sanitizing, but may be reused for other purposes such as cleaning.

FOR MANUAL OPERATIONS: Prepare a fresh sanitizing solution as soon as it becomes diluted or soiled.

DO NOT MIX WITH ANYTHING BUT WATER

PRODUCT INFORMATION:

State	Liquid		
Appearance	Red transparent		
Fragrance	Disinfectant		
pH – conc:	6.5 – 9.0	pH – use dilution:	6.0 - 8.0
% P	0 %		
Kosher	No		
USDA	Letter of Guaranty available		
Conc. Test	Volumetric, quat test kit # 317, or QT 40 test strips (.25 - .67 oz/gal = 150 - 400 ppm)		
Hazard Rating (HMIS)	Health - 3	Fire - 0	Reactivity - 0

REGULATORY INFORMATION:

EPA Registration Number: 1677-198

MICROBIOLOGY:

Oasis 146 Multi-Quat Sanitizer is proven effective against:

Hospital use disinfectant (1 oz/gallon water)

<i>Pseudomonas aeruginosa</i>	<i>Staphylococcus aureus</i>	<i>Salmonella choleraesuis</i>
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STABILITY & STORAGE:

Shelf life of concentrate: 12 Months

Usage Notes:

- *Recommended dilution levels for food service sanitizing applications:*

Spray bottle	250 ppm	0.42 oz/gal
3 – comp sink	250 ppm	0.42 oz/gal
Sanitizer pail w/cloths	350 ppm	0.58 oz/gal
- *When testing dilution strength using quat test strips, always follow temperature guidelines printed on the test strip dispenser – i.e. solution temp between 65 and 75 degrees.*
- *Replace sanitizing solutions when they become visibly soiled or solution strength falls below minimum ppm requirement on the product label.*



For Sales and Service Call:

1-800-352-5326

Account # _____

Your Ecolab Representative is:

Dell Steed



SUMMARY REPORT OF MEETING

IMMEDIATE JEOPARDY TRIGGERS – INSERVICE #3: Covering Category I: #13 and #6, Category B: #5

Type of Meeting: _____ (Training, Department, Committee, etc.)

Conducted or Presented by: _____ Date: _____

Time: _____ Length of Presentation: _____

(Upon completion of inservice, attach policies and forms covered to this page)

- Cleaning Schedules Functioning
 - ♦ Refer to *Policy and Procedure Manual*
- Sanitizer Use
 - ♦ Refer to *Policy and Procedure Manual*
- Pot and Pan Sanitizing (Show Form 405)
 - ♦ Refer to *Policy and Procedure Manual*
- Dishmachine Temperatures (Show Form 408)
 - ♦ Refer to *Policy and Procedure Manual*
- Personal Hygiene
 - ♦ Refer to *Policy and Procedure Manual*
- Hand Washing and Glove Use
 - ♦ Refer to *Policy and Procedure Manual*
- Proper Storage of Chemicals
 - ♦ Refer to *Policy and Procedure Manual*
- Prevention of Infestation of Insects and Rodents
 - ♦ Refer to *Policy and Procedure Manual*

RD HAS MATERIALS FOR THIS INSERVICE

In Attendance: (Please Sign)

Name	Name	Name
1. _____	8. _____	15. _____
2. _____	9. _____	16. _____
3. _____	10. _____	17. _____
4. _____	11. _____	18. _____
5. _____	12. _____	19. _____
6. _____	13. _____	20. _____
7. _____	14. _____	21. _____

PLEASE ATTACH DETAILED MINUTES OR NOTES AND MATERIALS DISCUSSED, IF APPROPRIATE.

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F 371 Continued From page 20

transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests.

The hot fruit compote was cooling, uncovered, on the prep counter. The dietary aide stated the fruit dish was to be served as dessert for the evening meal. The evening meal was not scheduled until 5:00 PM, more than two hours later.

Wiping cloths were observed to be in a bucket of sanitizing solution at the end of the tray line counter. The day cook was asked to use facility test strips to test the level of sanitizer in the bucket. The cook first tested the sanitizer with chlorine test strips. Then the cook tested the sanitizer levels with quaternary test strips. The sanitizing solution for cleaning kitchen surfaces tested at 100 ppm (parts per million) quaternary. The test results were verified by the cook, the dietary aide, and the surveyor. The cook stated the manufacturer recommendation was 200 ppm.

Before leaving the kitchen area, the cook was asked if the dietary staff were finished with the after lunch cleanup. The cook stated that they were through. None of the listed observations had been corrected before the surveyor left the kitchen.

On 1/31/06 at 3:55 PM, the evening cook was asked to use facility testing strips to test the sanitizer in three wiping cloth buckets that were on the prep counter and the tray line counter. The cook was not able to locate any testing strips. The evening cook was interviewed. She stated that the quaternary solution is pre-mixed automatically by a machine and should come out of the hose at the proper strength. The cook

F 371

The RD has been requested to do a more, thorough monthly sanitation review, to make sure the noted items that were found during survey are resolved. She will report any areas of concern to the dietary manager. (See attachment #7).

The dietary manager is responsible for monitoring this plan of correction.

The dietary manager will bring this plan of correction to the March 17th, Q.A. meeting. A problem log will be written, and two (2) months of tracking will be completed assuring that the plan of correction is in place and being followed.

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F 371	<p>Continued From page 21</p> <p>stated the solution needed to be changed every two hours.</p> <p>On 2/6/06, the DM was asked to use facility testing strips to test the sanitizing solution in the wiping cloth bucket that was on the counter. The DM stated the sanitizing solution for wiping kitchen surfaces tested to be 100 ppm quaternary in the wiping cloth bucket. The DM stated that the solution should have been 200 ppm. One wet wiping cloth was observed to be on the food prep counter, not in the sanitizing solution.</p> <p>The FOOD CODE 2001, of The United States Department of Health and Human Services specifies that:</p> <p>Wiping cloths in use must be placed in sanitizer bucket between uses. This ensures that the cleaning cloth is ready for the next use. Otherwise, it is possible to have build-up of food debris in the cloth and growth of pathogenic microorganisms. . . Moist, warm environment is ideal for bacterial growth.</p> <p>The sanitizer strength must be checked regularly throughout the day, and sanitizer bucket must be emptied and replenished when sanitizer is too weak and/or water contains food particles.</p>	F 371			