

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

PRINTED: 12/04/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/30/2006
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NAME OF PROVIDER OR SUPPLIER WASATCH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3430 HARRISON BOULEVARD OGDEN, UT 84403
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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 170 SS=B	<p>483.10(i)(1) MAIL</p> <p>The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident and staff interviews, it was determined that the facility failed to provide Saturday mail delivery to the residents. The findings included:</p> <p>1. During a confidential resident group meeting on 11/29/06 at 10:30 AM, the residents revealed that they did not receive mail on Saturdays. The resident group stated that mail is delivered to the facility but is not distributed to the residents on Saturdays. All of the resident's who attended the meeting, agreed they would like to receive their mail on Saturday.</p> <p>2. An interview with the Activities Director was held on 11/29/06 at 1:30 PM. The Activities Director stated that mail was delivered to the facility on Saturday, but that it was put in her office and distributed to the resident's on Monday.</p>	F 170	<p>This plan of correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>F170 (B) Mail</p> <p>Corrective Action for Identified Residents</p> <p>Residents will begin receiving mail on Saturdays on December 2, 2006. The charge nurse will distribute mail every Saturday.</p> <p>Identification of Residents Potentially Affected</p> <p>All residents have the potential to be affected.</p> <p>Measures to Prevent Recurrence</p> <p>Director of Nursing Services (DNS) or designee will inservice the licensed nurses and certified nursing</p>	
F 309 SS=D	<p>483.25 QUALITY OF CARE</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p>	F 309	<p>Utah Department of Health 12-15-06 DEC 18 2006 12 W08 3V6 019877 7657 Bureau of Health Facility Licensing, Certification and Resident Assessment</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 12/13/06
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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.

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F 309	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record and interview, it was determined the facility did not obtain laboratory test as ordered by the physician for 1 of 11 sample residents. Resident identifier 5. Findings include: Resident 5 was admitted to the facility on 6/16/06 and readmitted on 7/17/06, with diagnoses that included coronary artery disease, atrial fibrillation, dementia, hypothyroidism, depression, hypertension, and arthritis. Resident 5's medical record was reviewed on 11/28/06. A physician's telephone order, dated 9/25/06, documented "Draw CMP (complete metabolic panel) in the AM on 9/26/06". Review of resident 5's medical record, there was no CMP laboratory results dated 9/26/06. In an interview with the Director of Nursing, on 11/29/06 at 9:30 AM, she said the order for the CMP for 9/26/06 was missed.	F 309	assistants (C.N.A.) by 12/1/06. This inservice will explain the importance and necessity of delivering the mail to the residents on Saturday. Monitoring/Quality Assurance The DNS or designee will audit the identified measures to prevent reoccurrence 1 times per week for 6 weeks. The DNS or designee will then report to the Performance Improvement Committee (Quality Assurance). The Committee will then determine further audits and reports. The DNS will be responsible for continued compliance. Completion date: 01/26/2007 This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	

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F 309		F 309	<p>F309 (D) Quality of Care</p> <p>Corrective Action for Identified Residents</p> <p>Resident 5's missed CMP lab was drawn on 10/3/06.</p> <p>Identification of Residents Potentially Affected</p> <p>All residents have the potential to be affected.</p> <p>Measures to Prevent Recurrence</p> <p>Director of Nursing Services (DNS) of designee will inservice the licensed nurses by 12/4/06. The inservice will explain the importance of monitoring all ordered labs and ensuring timely lab draws.</p> <p>Monitoring/Quality Assurance</p> <p>The DNS of designee will audit the identified measures to prevent reoccurrence 2 times per week for 3 weeks, and then weekly for 4 weeks. The DNS or designee will then report to the Performance Improvement Committee (Quality Assurance). The Committee will</p>	

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F 309		F 309	<p>then determine further audits and reports.</p> <p>The DNS will be responsible for continued compliance.</p> <p>Completion date: 01/26/2007</p>		