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

PRINTED: 03/22/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	46A064	A. BUILDING ______ B. WING ______	C 01/03/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SIDE COMMUNITY NURSING CENTER	876 WEST 700 SOUTH SALT LAKE CITY, UT 84104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
F 202 SS=D	483.12(a)(3) DOCUMENTATION When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and medical record review it was determined that for one resident, the resident's physician did not document in the resident's medical record, that the resident's discharge from the facility was necessary for the resident's welfare and that the facility was unable to meet the needs of the resident. Findings include: Resident 1 was admitted to the facility on 10/10/05 with diagnosis which included, dementia, hypokalemia, and paranoid schizophrenia. Resident 1's medical record was reviewed on 1/3/06. Medical record review revealed a physician's order dated 12/26/05 which directed staff to , "Discharge to LDS emergency room ER to hold patient for appropriate psych placement." No other documentation could be found in the	F 202	3/28/06 POC acceptable (handwritten) F 202 483.12 (a)(3) DOCUMENTATION This facility will continue to follow the mandates as specified when discharging a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v). The facility will adopt a policy that demands face-to-face evaluations of a resident by his physician to determine continued appropriateness for placement in the current setting for any resident who may have a condition that would alter the required level of care needed, and for any resident who by his actions may be considered a danger to the health or safety of the other residents of the facility. The policy will be put into effect on January 23, 2006. The medical records of all residents being considered for discharge for conditions possibly related to paragraphs (a)(2)(i)-(iv) will be reviewed by the Director of Nursing, and the presence of documented face-to-face evaluations will be ensured. Compliance will be measured by the presence of such documentation in the medical records of qualifying residents. All transfers and discharges will be reviewed quarterly in the facility's Quality Assurance meetings. Res. #1 was discharged by the Medical Director on December 26, 2005, more than twenty four hours after acting as the aggressor in an incident that endangered the health of another resident in this facility. Many attempts to secure appropriate attention for Res. #1 were made by this facility's SSW during that interval between the event and Res. #1's discharge. Requests for direct	1/23/06

Utah Department of Health
MAR 27 2006
Bureau of Health Facility Licensing, Certification and Resident Assessment
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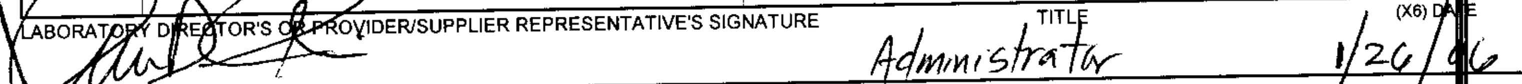

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE Administrator | (X6) DATE 1/26/06

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 202	Continued From page 1 medical record to show that the physician evaluated Resident 1's behavior to determine if discharge was necessary for Resident 1's welfare or that the facility was unable to meet the needs of Resident 1. On 1/3/06 at 10:00 AM the Director of Nursing and Social Service Worker for the facility were interviewed. Both parties denied having any further paperwork or physician's notes for review. The Director of Nursing stated he (the physician) gave the order for us to send Resident 1 to the hospital. No entries could be found, in the medical record, in the physician progress notes, nursing, social services, or assessments sections that documented that Resident 1 had been evaluated by the attending physician for appropriate interventions and or placement elsewhere due to the facility's inability to care for Resident 1.	F 202	psychiatric evaluation for Res. #1 from various inpatient and outpatient sources were denied. The only input available was from the Medical Director (who was also Res. #1's physician), himself available only by telephone but who was kept apprised of the circumstances by telephone. The Medical Director's determination of need for discharge is documented as the order for discharge, secondary to the finding that neither Res. #1's needs nor the safety of the other residents in the facility could be met under the status quo, based on the summary of Res. #1's behaviors as well as the demands of LDS Hospital and the concerns of other residents of this facility and their families. Further documentation will be found in the Nurses Notes for December 26, 2005, with a summary of Res. #1's behaviors and the concerns of this facility's administration. Documentation will also be found in the SSW's notes and well as the notes of the charge nurses from December 25 through 26, 2005. In light of the body of documentation, and since neither the form nor volume of the documentation required from the physician are specified in the regulations, the conditions of paragraphs (a)(2)(i) and (iii) were met prior to Res. #1's discharge from this facility.	
F 203 SS=D	483.12(a)(4)-(6) TRANSFER AND DISCHARGE REQUIREMENTS Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days	F 203	F 203 483.12(a)(4)-(6) TRANSFER AND DISCHARGE REQUIREMENTS The facility will continue to ensure that, before transferring or discharging a resident, the facility will notify the resident and, if known, a family member or legal	1/23/06

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F 203	Continued From page 2 before the resident is transferred or discharged. Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days. The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, it was	F 203	representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand, record the reasons in the resident's clinical record, and include in the notice the items described in paragraph (a)(6) of this section. Except as specified in paragraph (a)(5)(ii), the notice of transfer or discharge required under paragraph (a)(4) of this section will be made by the facility at least 30 days before the resident is transferred or discharged. The facility Administrator will give 30 day notices of transfer or discharge to any resident who qualifies for transfer or discharge under the conditions of 483.12(a)(4) through (6), with the exception of (a)(5)(ii). A copy of this notice will be kept in the resident's financial record by the SSW, as of 1/23/06 Record of presentation of the notice will be kept in a log by the Administrator. The log will be reviewed weekly by the SSW, and a note will be made in the log stating when the notice was presented and placed in the resident's record. All transfers and discharges will be reviewed quarterly in the facility's Quality Assurance meetings. Res. #1 was not given a 30 day notice of transfer or discharge. This was appropriate under paragraph (a)(5)(ii) of this section, as his discharge met the conditions of paragraph (a)(2)(iii). Res. #1 and his mother were both oriented to the conditions of his discharge on December	

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F 203	Continued From page 3 determined that for one resident, the facility did not notify the resident and a family member of a discharge and the reason for the move in writing and in a language and manner they understood. (Resident 1.) Findings include: Resident 1 was admitted to the facility on 10/10/05 with diagnosis which included, dementia, hypokalemia, and paranoid schizophrenia. Resident 1's medical record was reviewed on 1/3/06. No notice of discharge could be found in Resident 1's medical record detailing the reason Resident 1 was being discharged, the effective date of the discharge, the location to which Resident 1 was being discharged, a statement that Resident 1 had the right to appeal the action to the State, and the name, addresss and telephone number of the State long term care ombudsman. The notice should have been given to Resident 1 or his family member 30 days prior to being discharged or as soon as practicable if the safety of individuals in the facility would be endangered or the immediate discharge was required by the resident's urgent medical needs. On 1/3/06 at 10:45 AM the Social Service Worker (SSW) for the facility was interviewed. When asked if she had given a notice of discharge to Resident 1 or his family member, the SSW stated that she had not given a notice of discharge to Resident 1 or his family member. On 1/3/06 at 10:35 AM the Director of Nursing	F 203	26, 2005. The orientation was presented by the facility SSW in the native language of both Res. #1 and his mother, as documented in the SSW notes of December 26, 2005, with both parties informed of the reason for the discharge and where the resident was being discharged to.	

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F 203	Continued From page 4 (DON) was interviewed. When asked if she had given Resident 1 a notice of discharge, the DON stated that she had not but the SSW dealt with all of those things.	F 203		