

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  UT207339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  04/24/2008
NAME OF PROVIDER OR SUPPLIER  THE INN AT BARTON CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 499 EAST 500 SOUTH BOUNTIFUL, UT 84010		
(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) COMPLETE DATE
A5172	R432-270-22(8)(b) Food Services  All personnel who prepare or serve food shall have a current Food Handler's permit.  This Statute is not met as evidenced by: THIS IS A CLASS II DEFICIENCY. In reviewing employee files it was determined that 4 of 10 employees who prepare or serve food did not have a current Food Handler's permit. These are employees #1, #3, #5, and #9.	A5172	A5172 FOOD SERVICES  In preparing Barton Creek's Plan of Correction it was discovered that two of the employees that did not have their food handler's permit actually did have them. This error was the result of inefficient filing in the employee's records. To correct this from occurring again the following action as been taken:  1. It is now a policy that <i>all</i> employees at Barton Creek, regardless of their position, are required to have a current Food Handlers permit <i>before</i> they begin their first shift. South Davis Community Hospital's Human Resource department will be responsible for enforcing this policy change. 2. Barton Creek's Customer Relation Director has been assigned to notify and track all current employees who do and do not have a permit and will review the tracking quarterly. All employees assigned to serve and handle food, have their permits in place. 3. A copy of the Food Handler's Permit will be kept in the employee's personal files at SDCH Human Resource department, as well as in a confidential file in Barton Creek's administration office. 4. A copy of the employee's permits who were cited during the state survey is attached. Employee #1 is no longer working for Barton Creek as of May 1, 2008.	

Your Agency Name *The Inn On Barton Creek*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]*

TITLE *ADMINISTRATOR*

(X6) DATE *5/20/08*

Utah Department of Health

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A 000	Initial Comments  Based on the annual survey conducted on 4/17/07, the facility was found to be in substantial compliance with R432-270 rules governing Assisted Living Facilities. No deficiencies were cited.	A 000		
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Your Agency Name	TITLE	(X6) DATE
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