

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: UT207345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/20 08
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NAME OF PROVIDER OR SUPPLIER ORCHARD COVE/ BOUNTIFUL RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 485 EAST 500 SOUTH BOUNTIFUL, UT 84010
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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) COMPLETE DATE
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A4721	<p>R432-270-19(2)(d)(iii) Medication Administration</p> <p>The delegation authority must provide and document supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration.</p> <p>This Statute is not met as evidenced by: THIS IS A CLASS II DEFICIENCY</p> <p>Based on medical record review, observation of medication pass and staff interview, it was determined that the delegating authority was not evaluating, supervising and training unlicensed assistive personnel assisting with medication administration. Identifiers: 1, 4, 9, and 11.</p> <p>Findings Include:</p> <p>On 3/19/08 at 11:40 A.M., a caregiver (CG) at the facility was observed, during a medication pass, crushing medications for residents. The caregiver was asked how it is determined which resident medications were crushed and which ones are not crushed. She stated she was trained by another CG who told her which residents needed their medications crushed. When asked how many residents at the facility get medications crushed, she stated there are 9 of 21 current residents getting their medications crushed.</p> <p>On 3/19/08, the facility RN was interviewed via telephone. She was asked how facility staff knew which resident medications were to be crushed. She stated, "I document on the service plan which resident medications need to be crushed."</p> <p>Resident 1 was admitted to the facility, on 6/9/06, with diagnoses including dementia and hypertension. The CG passing medications</p>	A4721	<p>A4721 Medication Administration</p> <p>The delegating authority has evaluated and identified the Residents who may have medications crushed.</p> <p>The service plans of the identified Residents have been updated by the delegating authority, indicating that medications may be crushed.</p> <p>For those Residents whose medications may be crushed, an entry has been included in the Medication Administration Record indicating that "Resident's medications may be crushed requiring initials of the CNA who is assisting with medication administration.</p> <p>The delegating authority has, and will continue to identify medications that should not be crushed, with a "DO NOT CRUSH" alert in the Medication Administration Record.</p> <p>An in-service will be planned and presented by the delegating authority, prior to the end of April 2008, where the CNAs who assist with medication administration will be made aware of these changes.</p>	04/30/08
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PRC accepted 4/20/08

Utah Department of Health

APR 14 2008

Bureau of Health Facility Licensing, Certification and Resident Assessment

Your Agency Name

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Craig Lopez, PA Administrator

TITLE

(X6) DATE

04/04/2008

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NAME OF PROVIDER OR SUPPLIER ORCHARD COVE/ BOUNTIFUL RETREAT	STREET ADDRESS, CITY, STATE, ZIP CODE 485 EAST 500 SOUTH BOUNTIFUL, UT 84010
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A4721	<p>Continued From page 1</p> <p>stated this resident's medications are being crushed. Resident 1's service plan, dated 1/24/08, was reviewed. There was no documentation in the service plan by the facility RN to crush medications.</p> <p>Resident 4 was admitted to the facility, on 8/14/07, with diagnoses including IDDM (insulin dependent diabetes mellitus), and depression. Resident 4's medications were observed being crushed and then administered.</p> <p>On 3/19/08, resident 4's MAR (medication administration record) was reviewed on 3/19/08, there was no documentation on the MAR to crush resident 4's medications.</p> <p>Resident 4's most recent service plan, dated 8/31/07, showed documentation that medications were to be given "whole".</p> <p>Resident 9 was admitted to the facility on 3/10/06 with diagnoses including Alzheimer's, depression, CAD (coronary artery disease). Resident 9's medications were observed being crushed and then administered.</p> <p>On 3/19/08, resident 9's MAR (medication administration record) was reviewed on 3/19/08, there was no documentation on the MAR to crush resident 9's medications.</p> <p>Resident 9's most recent service plan, dated 3/20/07, showed documentation that medications were to be given "whole".</p> <p>Resident 11 was admitted to the facility on 9/14/07 with diagnoses including dementia, heart disease and insomnia. Resident 11's medications were observed being crushed and</p>	A4721		
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Your Agency Name
STATE FORM

6899

579111

If continuation sheet 2 of 3

Cathy Ferguson, Administrator 04/04/2008

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A4721	<p>Continued From page 2</p> <p>then administered.</p> <p>On 3/19/08, resident 11's MAR (medication administration record) was reviewed, there was no documentation on the MAR to crush resident 11's medications.</p> <p>Resident 11's most recent service plan, dated 9/14/07, showed documentation that medications were to be given "whole".</p>	A4721		
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If continuation sheet 3 of 3

Craig Ferguson, Administrator 04/04/2008

Utah Department of Health

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NAME OF PROVIDER OR SUPPLIER ORCHARD COVE/ BOUNTIFUL RETREAT		STREET ADDRESS, CITY, STATE, ZIP CODE 485 EAST 500 SOUTH BOUNTIFUL, UT 84010		
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A 000	Initial Comments Based on the annual survey conducted on 2/8/07, the facility was found to be in substantial compliance with R432-270 rules governing Assisted Living Level II's.	A 000		

Your Agency Name

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE