

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

PRINTED: 02/08/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/18/2023
NAME OF PROVIDER OR SUPPLIER WEST JORDAN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 WEST 7800 SOUTH WEST JORDAN, UT 84088		
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W 194	Continued From page 1 by protruding his tongue out and moving it. He expresses a "no" by protruding his tongue and NOT moving it. At 12:10 PM, Client 3 was observed at the lunchtime meal. Employee 21 was observed asking Client 3 what his meal and condiment choices were using "yes" and "no" questions. Employee 21 reminded Client 3 to indicate yes by moving his tongue back and forth and to blink his eyes for no. Throughout lunch, as Employee 21 was interacting with Client 3, Client 3 was observed to move his tongue for yes and to occasionally protrude his tongue and not move it. Client 3 was observed to blink for no only when reminded to do so. After lunch, Employee 21 was interviewed regarding Client 3's communication style. Employee 21 stated that staff need to use yes and no questions when communicating with him and that Client 3 will indicate his preferences by sticking out his tongue and moving it from side to side for yes and blinking his eyes for no. At 3:00 PM, Para-Qualified Intellectual Disabilities Professional (QIDP) 1 was interviewed and acknowledged that Client 3 does indicate yes by moving his tongue after protruding it and indicates no by protruding his tongue and not moving it. Para-QIDP 1 further acknowledged that Employee 21 was not able to demonstrate the skills and techniques necessary to implement Client 3's IPP.	W 194	-inservice employee 21 and all other employees of client 3 and all other 74 client's communication needs. -inservice employee 21 and all other employees of client 3's preference to communicate using his tongue for indicating yes and no. -inservice employee 21 and all other employees how client 3 expresses his needs non-verbally. -if client 3 chooses to expand his non-verbal communication in other ways then employee 21 and all other employees will be inserviced. -inservice employee 21 and all other employees of client 3 preference to communicate using his tongue and indicating yes and no. -Inservice employee 21 and all other employees of client 3's communication needs so he is able to receive continuous active treatment.	03/18/2023	
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific	W 227	-inservice employee 21 and all other employees, the skills and techniques necessary to implement Client 3's IPP and all other 74 clients.	03/18/2023	

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W 227	<p>Continued From page 2</p> <p>objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that 1 of 8 sampled individual program plans (IPP) did not state the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Client Identifier 2.</p> <p>Findings include:</p> <p>On 1/17/2023 at 10:30 AM, Client 2's file was reviewed.</p> <p>Client 2 was a 42 year old female who was admitted to the facility on 11/1/2022 with diagnoses which included moderate intellectual disability, vitamin D deficiency, Down syndrome and thyrotoxicosis.</p> <p>A "Functional Assessment," dated 11/17/2022, was reviewed. The "Recreation and Leisure Skills Evaluation" section stated that the "TRT (Therapy Recreation Technician) would like to recommend a money management goal and safety skills goal to identify her name and where she lives." The assessment further indicated that Client 2 had some skills in these areas, but required additional assistance in fully reaching the goals.</p> <p>An IPP, dated 11/17/2022, was reviewed. The IPP indicated that Client 2 had six formal goals:</p> <p>1. Self-medication administration</p>	W 227	<p>The facility will ensure continuous active treatment to support achievement of all client goals indicated in their IPP care plan. The facility will ensure continuous active treatment in all areas indicated in her IPP for client 2 and all other 74 clients by;</p> <ul style="list-style-type: none"> -Quality Assurance checks will be completed to ensure that all IPP goals as indicated are in place per care plan. Quality Assurance checks will be completed by Medical records, Para QIDP, TRT, and Program Coordinators quarterly. -All care plans will be audited to ensure there is a clear link between the specific objectives and the functional assessment data and recommendations. -All objectives will be measureable and appropriate for the client. -inservice all employees on IPP care plans, where they are located and how to implement. -all functional assessments will be audited to ensure that needs are being met as indicated. -all money management skills will be audited and goals will be implemented as indicated. -all safety skills will be audited and goals will be implemented as indicated. -QIDP's will oversee quality assurance checks and ensure that adequate inservicing and staff training is completed. -Discussed in quarterly QA meeting held on 02/16/2023 and will be included in all future quarterly meetings. <p>-QIDP and TRT will ensure that a money management and safety skill goals are implemented for client 2.</p>	<p>03/18/2023</p> <p>03/1/2023</p>

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W 247	<p>Continued From page 4</p> <p>client choice and self-management, for 2 of 6 sampled supplemental clients. Client Identifiers: 11 and 12.</p> <p>Findings include:</p> <p>1. Client 11, a 57 year old male, was admitted to the facility on 5/10/2022 with diagnoses which included moderate intellectual disability, microcephaly, blindness and deafness.</p> <p>On 1/18/2023 at 8:00 AM, the dining room was entered.</p> <p>Employee 12 was observed in the dining room, assisting Client 11 to eat his breakfast meal.</p> <p>At 8:02 AM, Employee 12 was observed to spoon up the food and feed Client 11.</p> <p>At 8:03 AM, Client 11 was observed to pick up the spoon and feed himself independently.</p> <p>At 8:04 AM, Client 11 was observed to pick up the cup and drink from it independently.</p> <p>At 8:05 AM, Employee 12 was observed to spoon up the food and feed Client 11.</p> <p>Employee 12 was not observed to prompt Client 11 to feed himself.</p> <p>At 9:15 AM, a review of Client 11's Functional Assessment, dated 5/19/2022, was conducted.</p> <p>Under "Upper Extremities," Client 11 was assessed to have "... 9. Some limitations..."</p>	W 247	<p>-employee 12 and all other employees will be inserviced on active treatment-encouraging independence. -QIDP's will monitor active treatment and complete more training as needed.</p> <p>-employee 12 and all other employees will be inserviced to follow mealtime active treatment goals.</p> <p>-Quality Assurance checks will be completed by para QIDP's to ensure that all employees follow the prompt sequence.</p>	<p>03/1/2023</p> <p>03/1/2023</p> <p>03/1/2023</p>	

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W 247	<p>Continued From page 5</p> <p>Under "Holds small object placed in hand," Client 11 was assessed to be "...able to do, 75% of the time."</p> <p>Under "Uses utensil with hand over hand assist," Client 11 was assessed to be "...able to do, 75% of the time."</p> <p>Under "Moves hand and arms purposely," Client 11 was assessed to be "...able to do, 75% of the time."</p> <p>Under "Holds utensils," Client 11 was assessed to have "... 29. Frequency...occurs daily."</p> <p>Under "Scoops food," Client 11 was assessed to have "...30. Frequency...occurs, but not often..."</p> <p>Under "Takes food to mouth," Client 11 was assessed to have "...Frequency...occurs, but not often..."</p> <p>Under "Holds glass," Client 11 was assessed to have "...Frequency...occurs, but not often..."</p> <p>Under "Takes glass to mouth," Client 11 was assessed to have "...Frequency...occurs, but not often..."</p> <p>At 1:00 PM, an interview was conducted with the facility Para Qualified Intellectual Disability Professional (QIDP) 3, who acknowledged Client 11 was capable of feeding himself and was not given the opportunity to demonstrate that skill to the degree he was capable of.</p> <p>2. Client 12 was a 45 year old male who was</p>	W 247	<p>-All employees will be inserviced on Client 11's mealtime goal and all other 74 clients mealtime goals as applicable.</p> <p>-All employees on client choice and self management. Encouraging independence and self management skills.</p> <p>-Inservice all employees to follow prompt sequence.</p>	03/1/2023	

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W 247	<p>Continued From page 6</p> <p>admitted to the facility on 5/21/2019 with diagnoses including severe intellectual disability, cerebral palsy and Raynaud's phenomenon.</p> <p>On 1/18/2023 at 10:50 AM, the "off site day program" was entered and lunch was observed in the formal dining area.</p> <p>Employee 11 was observed in the dining room, assisting Client 12 to eat his lunch.</p> <p>At 11:35 AM, Employee 11 was observed to scoop food onto a spoon and feed Client 12.</p> <p>At 11:37 AM, Client 12 was observed to pick up a straw cup and drink from it independently.</p> <p>At 11:38 AM, Employee 11 was again observed to scoop food onto a spoon and feed Client 12 repeatedly.</p> <p>Employee 11 was not observed to prompt Client 12 to feed himself.</p> <p>At 12:25 PM, a review of Client 12's Functional Assessment, dated 4/6/2022, was conducted.</p> <p>Under "Upper Extremity Functionality," Client 12 was assessed to have "some limitations."</p> <p>Under "Holds small object placed in hand," Client 12 was assessed to be "....able to do, 75% of the time."</p> <p>Under "Holds utensils," Client 12 was assessed as "...Occurs frequently."</p> <p>Under "Scoops food," Client 12 was assessed as</p>	W 247	<p>-employee 11 and all other employees will be inserviced on Client 12's mealtime goals and all other 74 clients mealtime goals as applicable.</p> <p>-all employees will be inserviced on offering choices, encouraging independence and prompt sequence. -Para QIDP will monitor active treatment</p> <p>-Para QIDP's and program coordinators will complete quality assurance checks weekly and further inservicing will be completed as needed. -All employees will be inserviced on client management, choice and encouraging independence. -Para QIDPs will monitor active treatment</p>	<p>03/1/2023</p> <p>03/1/2023</p>	

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W 247	Continued From page 7 "...Occurs frequently." Under "Takes food to mouth," Client 12 was assessed as "...Occurs frequently." Under "Eats independently if food is chopped or cut," Client 12 was assessed as "...Occurs daily." At 12:35 PM, an interview was conducted with the Resident Advocate, who acknowledged Client 12 was capable of feeding himself and was not given the opportunity for client choice and self-management.	W 247		03/1/2023
W 249	THIS IS A REPEAT DEFICIENCY FROM THE RELICENSURE SURVEY DATED 2/23/2022. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined that as soon as the interdisciplinary team had formulated 2 of 8 sampled client's individual program plans and 2 of 6 sampled supplemental client's individual program plans, each client did not receive a continuous active treatment program consisting	W 249	-All employees will be inserviced on all mealtime goals for client 12 and all other 74 clients. -All employees will be inserviced on continuous active treatment and encouraging independence in all ADL's. The facility will ensure continuous active treatment to support the achievement of the objectives identified for client 5,11, 14, 15 and all other 71 clients by; -inservice all employees in all environments to follow prompt sequence and encourage independence for all active treatment scenarios. -inservice all employees to follow prompt sequence -inservice all employees where individual individual program plans are located for reference when providing active treatment by monitoring, documenting and redirecting any concerns as they arise. Quality Assurance will be done weekly and further inservicing will be completed as needed -Mealtime data collection book will be initiated that holds all mealtime current formal active treatment goals. All employees will be inserviced where to locate this book to reference as needed during the meal. -Cue cards will be made for all clients that will be made available on each dining room table of the clients and their dining room needs. -All employees will be inserviced on utilizing dish bins to clean up dirty dishes so the clients can be encouraged to be as independent as possible with cleaning up the dishes. -Para QIDP's, staff developer, EP tech, Program Coordinators, TRT will monitor active treatment programs for quality assurance. Plan of Correction will be reviewed and discussed in quarterly Quality Assurance meetings as well as monthly department meetings. Q director will ensure that this is happening as indicated. -Discussed in quarterly meeting held on 02/16/2023 and will be included in all future quarterly meetings.	03/18/2023

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W 249	<p>Continued From page 8</p> <p>of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in their individual program plans. Client Identifiers: 5, 11, 14 and 15.</p> <p>Findings include:</p> <p>1. Client 11, a 57 year old male, was admitted to the facility on 5/10/2022 with diagnoses which included moderate intellectual disability, microcephaly, blindness and deafness.</p> <p>On 1/18/2023 at 8:00 AM, the dining room was entered.</p> <p>Employee 12 was observed in the dining room, assisting Client 11 to eat his breakfast meal.</p> <p>At 8:02 AM, Employee 12 was observed to spoon up the food and feed Client 11.</p> <p>At 8:03 AM, Client 11 was observed to pick up the spoon and feed himself independently.</p> <p>At 8:04 AM, Client 11 was observed to pick up the cup and drink from it independently.</p> <p>At 8:05 AM, Employee 12 was observed to spoon up the food and feed Client 11.</p> <p>Employee 12 was not observed to prompt Client 11 to feed himself.</p> <p>At 9:15 AM, a review of Client 11's Individual Program Plan (IPP), dated 5/19/2022, was conducted.</p>	W 249	<p>-employee 12 and all other employees will be inserviced to follow prompt sequence and encourage independence for all active treatment scenarios.</p> <p>-inservice all employees to follow prompt sequence, encouraging independent responses. -Para QIDP's will monitor active treatment</p> <p>-Quality Assurance checks will be completed as spot checks daily to remind all staff to encourage independence in all environments, following the prompt sequence.</p>	03/18/2023	03/18/2023

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W 249	<p>Continued From page 9</p> <p>Client 11 had a formal "Self-Feeding" goal, with a start date of 6/2022.</p> <p>The goal stated, "[Client 11] has the ability to use utensils for self-feeding with prompting and assistance as needed from staff. He has the potential to improve his level of self-feeding with limited staff assist.</p> <p>Step/Training Notes:</p> <ol style="list-style-type: none"> [Client 11] will grasp spoon. [Client 11] will scoop the food onto his spoon. [Client 11] will bring the food to his mouth. [Client 11] will clear food in his mouth. [Client 11] will return the spoon to his plate. [Client 11] will release the spoon periodically during the meal to take a drink." <p>2. Client 5, a 65 year old male, was admitted to the facility on 6/7/2022 with diagnoses which included moderate intellectual disability, schizoaffective disorder and major depressive disorder.</p> <p>On 1/17/2023 at 11:30 AM, a review of Client 5's IPP, dated 7/7/2022, was reviewed.</p> <p>Client 5 had a formal "Family Style Dining" goal, with a start date of 8/2022.</p> <p>The goal had eight (8) steps and stated the following:</p>	W 249	<p>-inservice all staff to encourage full potential of all clients to improve independence of ADL's. -Para QIDP will audit to ensure that all functional assessments are accurate and the needs for each client are addressed with appropriate objectives.</p>	03/18/2023	

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W 249	<p>Continued From page 10</p> <p>"1. [Client 5] will accept the tray from staff.</p> <p>2. [Client 5] will carry tray to table.</p> <p>3. [Client 5] will put the plate on the table.</p> <p>4. [Client 5] will put the cup on the table.</p> <p>5. [Client 5] will put the utensils on the table.</p> <p>6. [Client 5] will pour liquids into cup.</p> <p>7. [Client 5] will pour food onto plate.</p> <p>8. [Client 5] will return the dirty dishes to the kitchen at the end of the meal."</p> <p>At 12:05 PM, Client 5 was observed to enter the dining room and transfer to a dining room chair at a dining room table.</p> <p>Employee 11 was observed to go to the kitchen and return to the dining room with a plate of food. Employee 11 was observed to place the plate of food, cups with liquid and utensils in front of Client 5. Client 5 was observed to begin to eat his lunch meal. Upon completion of his meal, Client 5 was observed to leave the dining room. Facility staff were observed to clear off his dirty dishes and return them to the kitchen. Client 5 was not observed to run his "family style dining" program.</p> <p>On 1/18/2023 at 10:45 AM, Client 5's day program was entered.</p> <p>At 11:00 AM, Client 5 was observed to enter the</p>	W 249	<p>-inservicing will be completed for Client 5's goals and all other 74 clients with mealtime goals.</p> <p>-All employees including direct care, kitchen staff, med techs, Para QIDP, Program Coordinators, EP tech, and Resident Advocate will be inserviced on monitoring family style dining and teaching the clients to follow the steps outlined in their goals.</p> <p>-Clients will be encouraged to retrieve their tray and food from the kitchen if appropriate following each client's care plan.</p>	03/18/2023

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W 249	<p>Continued From page 11 dining room and sit at a dining room table.</p> <p>At 11:15 AM, Employee 19 was observed to go to the kitchen and return to the dining room with a plate of food. Employee 19 was observed to place the plate of food, cups with liquid and utensils in front of Client 5. Client 5 was observed to begin to eat his lunch meal. Upon completion of his meal, Client 5 was observed to leave the dining room. Facility staff were observed to clear off his dirty dishes and return them to the kitchen. Client 5 was not observed to run his "family style dining" program.</p> <p>3. Client 14, a 41 year old male, was admitted to the facility on 9/24/2009 with diagnoses which included profound intellectual disability, hydrocephalus with ventriculoperitoneal shunt, hypertension and macrocrania.</p> <p>On 1/18/2023 at 7:35 AM, the dining room was entered.</p> <p>Client 14 was observed to sit at a dining room table and receive assistance to eat his breakfast meal.</p> <p>Upon completion of the meal, Client 14 was observed to leave the dining room table. Facility staff were observed to clear off his dirty dishes and return them to the kitchen.</p> <p>At 9:20 AM, a review of Client 14's IPP, dated 10/6/2022, was conducted.</p> <p>Client 14 had a formal "Modified Family Style Dining" goal, with a start date of 11/2022.</p>	W 249	<p>-All employees will be inserviced on family style dining practices, encouraging independence through each step of their goal. - Inservice all employees in all environments to follow prompt sequence and encourage independence for all active treatment scenarios. -Para QIDP's will monitor active treatment</p> <p>-All employees will be inserviced to follow prompt sequence, encouraging independence. -All employees will be inserviced where to find and how to reference -All employees will be inserviced where to find and how to use the mealtime data collection book that holds all mealtime current formal active treatment goals. -All employees will be inserviced to reference dining room cue cards that will be made available on each dining room table for all clients.</p> <p>-All employees will be inserviced on utilizing dish bins and client 14 and all other 74 clients will be encouraged to be as independent as possible with clearing off their dirty dishes into the dish bin and/or returning their dishes to the dish room.</p>	<p>03/18/2023</p> <p>03/18/2023</p> <p>03/18/2023</p>

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 46G011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/18/2023
NAME OF PROVIDER OR SUPPLIER WEST JORDAN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 WEST 7800 SOUTH WEST JORDAN, UT 84088		
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W 249	<p>Continued From page 12</p> <p>The goal had five (5) steps and stated the following:</p> <ol style="list-style-type: none"> "1. [Client 14] will set plate on the table. 2. [Client 14] will set drinks on the table. 3. [Client 14] will set utensils to the side of his plate. 4. [Client 14] will scoop/pour food onto plate. 5. [Client 14] will place dirty dishes in the dish bin." <p>At 10:45 AM, Client 14's day program was entered.</p> <p>At 11:00 AM, Client 14 was observed to enter the dining room and sit at a dining room table.</p> <p>At 11:20 AM, a Day Program Employee was observed to go to the kitchen and return to the dining room with a plate of food. The Day Program Employee was observed to place the plate of food, cups with liquid and utensils in front of Client 14. Client 14 was observed to begin to eat his lunch meal. Upon completion of his meal, Client 14 was observed to leave the dining room. Facility staff were observed to clear off his dirty dishes and return them to the kitchen. Client 14 was not observed to run his "modified family style dining" program.</p> <p>At 1:00 PM, an interview was conducted with the facility Para Qualified Intellectual Disability Professional (QIDP) 3, who acknowledged that as soon as the interdisciplinary team had</p>	W 249	<p>-All employees, including Day Program Employees will be inserviced on family style goals.</p> <p>-All family style goals will receive Quality Assurance checks at least weekly to ensure that all materials needed are available for all family style goals as well as all necessary adaptive equipment is available as needed.</p> <p>-All employees will be inserviced to encourage independence from all clients to utilize dish bins to clear their dishes from the table when finished with meal.</p>	03/18/2023	

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W 249	Continued From page 14 do not do [run the self-med program] every day." At 7:15 AM, Client 15's comprehensive functional assessment, individual pathway plan, formal goals and medication list were requested. A program goal titled "Self-Medication," with a start date of 7/7/2022, was reviewed. The program consisted of three steps: "1. [Client 15] will verify his name on the packet of medication." 2. [Client 15] will identify the purpose of fluoxetine (anxiety/depression). 3. [Client 15] will identify the side effects of fluoxetine (headache, dry mouth and sleepiness)." At 7:27 AM, an interview was conducted with the Director of Nursing, who acknowledged that Client 15 did not receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	W 249			
W 252	THIS IS A REPEAT DEFICIENCY FROM THE RELICENSURE SURVEY DATED 2/23/2022. PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1) Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.	W 252	-All employees will be inserviced to ensure that all clients receive a continuous active treatment program in accordance to the IPP outlining their interventions needs and the sufficient number and frequency to support the achievement of the objectives identified.	03/18/2023	

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W 252	<p>Continued From page 16</p> <p>An IPP, dated 6/16/2022, was reviewed. Client 9 had an "Eating with a spoon" goal with an implementation date of 6/2022. Data was to be collected four (4) to eight (8) times per month.</p> <p>The data sheets for the previous four (4) months were reviewed. Data was collected one (1) time in September and zero (0) times in October.</p> <p>At 3:35 PM, an interview was conducted with Employee 17, who acknowledged that Client 8 and 9's data relative to accomplishment of the criteria specified in the IPP objectives was not collected a sufficient number of times as outlined by the IPP.</p> <p>3. Client 1 was a 45 year old male who was admitted to the facility on 8/16/2022 with diagnoses including mild intellectual disabilities, puritus, cachexia and anxiety.</p> <p>An IPP, dated 9/1/2022, was reviewed. Client 1 had a "Bathing" goal with an implementation date of 9/1/2022. Data was to be collected four (4) to eight (8) times per month.</p> <p>The data collection sheets for the previous four (4) months were reviewed. Data was collected one (1) time in October, two (2) times in November and zero (0) times in December.</p> <p>Client 1 had a "Laundry" goal with an implementation date of 9/2022. Data was to be collected four (4) to eight (8) times per month.</p> <p>The data collection sheets for the previous four (4) months were reviewed. Data was collected</p>	W 252	<p>-Client 9's program plan objectives will be inserviced to all employees</p> <p>-All employees will be inserviced to follow client program plans as written and offering formal and informal opportunities frequently.</p> <p>-All employees will be inserviced on Client 9's "eating with a spoon" goal and the frequency at which formal data should be recorded to meet program plan objectives.</p> <p>-All employees will be inserviced on offering continuous active treatment always encouraging independence.</p> <p>-All employees will be inserviced of the criteria specified in Client 8 and 9 as well as all other 73 client's Individual Program Plan objectives in order to collect a sufficient number of data collection each month.</p> <p>-All employees will be inserviced to facilitate continuous active treatment in all environments informally and formally.</p> <p>-Program Coordinators will be responsible to complete weekly quality assurance checks of data. These checks will be turned into the Para QIDP's and Q director.</p> <p>-Weekly quality assurance checks will be included in all weekly meetings led by the Q director.</p> <p>-All employees will be inserviced of the criteria specified for Client 1's "bathing" goal.</p> <p>-Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in October, November and December.</p> <p>-All employees will be inserviced of the criteria specified for Client 1's "laundry" goal.</p> <p>-Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in October, November and December.</p>	<p>03/18/2023</p> <p>03/18/2023</p> <p>03/18/2023</p> <p>03/18/2023</p>

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W 252	<p>Continued From page 17</p> <p>zero (0) times in October, zero (0) times in November and one (1) time in December.</p> <p>4. Client 6 was a 27 year old female who was admitted to the facility on 2/23/2022 with diagnoses including Retts Syndrome, profound intellectual disability and acute respiratory failure.</p> <p>An IPP, dated 3/17/2022, was reviewed. Client 6 had a "Communication" goal with an implementation date of 3/17/2022. Data was to be collected five (5) to eight (8) times per month.</p> <p>The data sheets for the previous four (4) months were reviewed. Data was collected one (1) time in September, one (1) time in October, one (1) time in November and zero (0) times in December.</p> <p>Client 6 had a "Grooming" goal with an implementation date of 3/17/2022. Data was to be collected four (4) to eight (8) times per month.</p> <p>The data sheets for the previous four (4) months were reviewed. Data was collected zero (0) times for the months of September, October, November and December.</p> <p>At 3:00 PM, an interview was conducted with Para-Qualified Intellectual Disabilities Professional (QIDP) 1, who acknowledged that Client 1 and 6's data relative to accomplishment of the criteria specified in the IPP objectives was not collected a sufficient number of times as outlined by the IPP.</p> <p>5. Client 2 was a 42 year old female who was</p>	W 252	<p>-All employees will be inserviced of the criteria specified for Client 6's "communication" goal. -Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in October, November and December. -All employees will be inserviced on offering continuous active treatment always encouraging independence.</p> <p>-All employees will be inserviced of the criteria specified for Client 6's "grooming" goal. -Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in September, October, November and December.</p> <p>-All employees will be inserviced and receive training about Client 1 and 6's IPP as well as all other 73 clients regarding their IPP objectives and collecting a sufficient data collection as indicated in the goal criteria. -All employees will be inserviced on offering continuous active treatment always encouraging independence.</p>	<p>03/18/2023</p> <p>03/18/2023</p> <p>03/18/2023</p>

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W 252	<p>Continued From page 18</p> <p>admitted to the facility on 11/1/2022 with diagnoses including moderate intellectual disability, vitamin D deficiency, Down syndrome and thyrotoxicosis.</p> <p>An IPP, dated 11/17/2022, was reviewed. Client 2 had three goals: Showering, Washing Hair and Self-medication administration. The implementation dates were 12/1/2022. Data was to be collected 4-8 times per month for all three goals.</p> <p>The data collection sheets for the month of December 2022 were reviewed. Data was collected zero (0) times for all three goals.</p> <p>At 3:15 PM, Para-QIDP 2 was interviewed and acknowledged data relative to accomplishment of the criteria specified in Client 2's IPP objectives were not documented in measurable terms.</p> <p>6. Client 3 was a 29 year old male who was admitted to the facility on 5/12/2011 with diagnoses which included severe intellectual disability, cerebral palsy, neck scoliosis and chronic constipation.</p> <p>An IPP, dated 7/21/2022, was reviewed. Client 3 had three goals: Communication, Recreation and Dressing. The implementation dates were 8/1/2022. Data was to be collected 4-8 times per month for all goals except for the communication goal, which was to be collected 5-8 times per month.</p> <p>The data collection sheets for the previous three (3) months were reviewed.</p>	W 252	<p>-All employees will be inserviced of the criteria specified for Client 2's showering, washing hair and self medication goals.</p> <p>--Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in December.</p> <p>-All employees will be inserviced on Client 2's IPP objectives and documenting in measurable terms. All employees will be inserviced to ensure enough data is collected to meet IPP objective criteria.</p> <p>-Program Coordinators and TRT will be responsible to complete weekly quality assurance checks of data. These checks will be turned into the Para QIDP's and Q director.</p> <p>-Weekly quality assurance checks will be included in all weekly meetings led by the Q director.</p>	<p>03/18/2023</p> <p>03/18/2023</p>	

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W 252	<p>Continued From page 19</p> <p>For Client 3's communication goal, data was collected one (1) time in December and two (2) times each in November and October.</p> <p>For Client 3's Recreation goal, data was collected zero (0) times in December and zero (0) times in October.</p> <p>For Client 3's Dressing goal, data was collected one (1) time in December.</p> <p>At 2:45 PM, Para-QIDP 1 was interviewed and acknowledged data relative to accomplishment of the criteria specified in Client 3's IPP objectives were not documented in measurable terms.</p> <p>7. Client 4, a 48 year old male, was admitted to the facility on 8/29/1983 with diagnoses which included profound intellectual disability, cerebral palsy, intermittent explosive disorder and hypertension</p> <p>An IPP, dated 1/16/2022, was reviewed and revealed that Client 4 had a formal goal for bathing.</p> <p>Client 4's bathing goal was started on 7/2022 and stated the following:</p> <p>"[Client 4] has demonstrated potential in assisting staff with bathing. He is able to grasp a washcloth and has the available range of motion to participate in this task...[Client 4] will wash his chest, stomach, top of thighs and face independently 45% of the time for three (3) consecutive months of data. Data should be collected a minimum of 4-8 x monthly and the level of assistance should be documented.</p>	W 252	<p>-All employees will be inserviced of the criteria specified for Client 3's "communication" goal. --Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in October, November and December.</p> <p>-All employees will be inserviced of the criteria specified for Client 3's "recreation" goal. -More recreation staff have been hired to increase Recreation Department staffing. -All employees will be inserviced to offer continuous active treatment in all environments.</p> <p>-All employees will be inserviced of the data needed relative to accomplishing the criteria specified in Client 3's IPP objectives. All data will be collected in measurable terms as Quality Assurance checks are completed each weekly by Program Coordinators and team discussion weekly led by Q director.</p>	<p>03/18/2023</p> <p>03/18/2023</p> <p>03/18/2023</p>

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W 252	<p>Continued From page 20</p> <p>Steps/Training Notes:</p> <ol style="list-style-type: none"> [Client 4] will reach for a grasp a wet/soapy wash cloth from staff [Client 4] will maintain grasp on the wash cloth [Client 4] will wash his chest [Client 4] will wash his stomach [Client 4] will wash his right arm [Client 4] [will] hand cloth back to staff." <p>Data collection sheets, dated August 2022 through December 2022, were reviewed.</p> <p>No data was collected in August 2022 or September 2022. Data was collected two (2) times in October 2022, two (2) times in November 2022 and two (2) times in December 2022.</p> <p>On 1/18/2023 at 1:00 PM, an interview was conducted with the facility Para QIDP 3, who acknowledged data relative to accomplishment of the criteria specified in Client 4's individual program plan objectives was not documented in measurable terms.</p>	W 252	<p>-All employees will be inserviced of the criteria specified for Client 4's "bathing" goal.</p> <p>-Disciplinary action was taken toward management staff that did not ensure staff were tracking adequate data for this goal in August, September, October, November and December.</p> <p>-All employees will be inserviced on the importance of offering continuous active treatment in all environments and documenting the trials so that there is an accurate representation of their progress in each monthly QIDP review.</p> <p>-Program Coordinators will be responsible to complete weekly quality assurance checks of data. These checks will be turned into the Para QIDP's and Q director.</p> <p>-Weekly quality assurance checks will be included in all weekly meetings led by the Q director.</p>	<p>03/18/2023</p> <p>03/18/2023</p>
W 289	<p>MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(4)</p>	W 289		

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W 289	<p>Continued From page 21</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the use of systematic interventions to manage inappropriate client behavior were not incorporated into the client's individual program plan, for 1 of 8 sampled clients and 2 of 6 sampled supplemental clients. Client Identifiers: 4, 10 and 14.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client 4, a 48 year old male, was admitted to the facility on 8/29/1983 with diagnoses which included profound intellectual disability, cerebral palsy, intermittent explosive disorder and hypertension. <p>On 1/17/2023 at 10:50 AM, a review of Client 4's medical record was conducted.</p> <p>An Individual Program Plan (IPP), dated 6/16/2022, was reviewed.</p> <p>Client 4 was assessed to have the following maladaptive behaviors:</p> <ol style="list-style-type: none"> Biting hands Spitting Pulling hair Throwing things in the dining room 	W 289	<p>The facility will ensure that the use of systematic interventions to manage inappropriate client behavior are incorporated into Client 4, 10 and 14 and all other 72 clients by:</p> <ul style="list-style-type: none"> -QIDP's will audit all behavior support plans for each client and implement behavior support plans as indicated. All behavior support plans will be assessed to ensure that they outline behavior needs as indicated for each client. -Q director and Medical Records will audit all Behavior Support plans. -Functional Assessments and Behavior Assessments will be audited to ensure that they are current and all needs are indicated. -Included in Quarterly meeting held on 02/16/2023 and will be included in all future quarterly meetings. -All employees will be inserviced on all client behavior support plans. -All employees will be inserviced on general guidelines. -QIDP's will ensure that all employees receive training needed to incorporate interventions needed to manage inappropriate client behavior. -QIDP's will ensure that all behavior interventions/ supports are part of the IPP -QIDP's will ensure that a description of the behavior occurring and extra provisions required are included in the Behavior Support Plans. -QIDP's will ensure that as behaviors change the change is reflected in the Behavior Support Plans. -All employees will be encouraged to build a positive relationship with each client. -All employees will be inserviced where to find Behavior Support Plans as a part of the client's IPP care plan. 	03/18/2023	

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W 289	Continued From page 22 5. Pinching breasts 6. Taking off his clothes 7. Swearing A Behavior Support Plan (BSP), dated 3/13/2012 and last updated 6/29/2022, was reviewed. The BSP was observed to address attention-seeking, taking clothes off and throwing things in the dining room. The BSP was not observed to address biting hands, spitting, pulling hair, pinching breasts or swearing. 2. Client 10, a 47 year old male, was admitted to the facility on 5/28/1983 with diagnoses which included cerebral palsy, profound intellectual disability, anorexia, major depressive disorder and quadriplegia. On 1/17/2023 at 2:20 PM, a review of Client 10's medical record was conducted. An IPP, dated 8/21/2022, was reviewed. Client 10 was assessed to have the following maladaptive behaviors: 1. Aggression 2. Public masturbation 3. Hands in mouth	W 289	-Client 4's Behavior Support Plan will be revised to include "biting hands, spitting, pulling hair, pinching or swearing." -All employees will be inserviced on Client 4's Behavior Support Plan so there is consistency. -All employees will be inserviced about documenting behaviors in PCC. -QIDP will review documenting behaviors monthly in PCC. -All employees will be inserviced to fill out a behavior report if the observed behavior is significant and/or not indicated in the targeted behaviors identified in the client's care plan.	03/18/2023	

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W 289	<p>Continued From page 24</p> <p>At 7:57 AM, Client 14 was observed sitting in his wheelchair near the nurse station. Client 14 was observed to repeatedly bite his left hand and scream.</p> <p>At 9:30 AM, a review of Client 14's medical record was conducted.</p> <p>An IPP, dated 10/6/2022, was reviewed.</p> <p>Client 14 was assessed to have the following maladaptive behaviors:</p> <ol style="list-style-type: none"> 1. Biting hands 2. Chewing on shirt 3. Pinching 4. Refusing to eat 5. Refusing to feed himself 6. Refusing to get out of bed 7. Refusing to walk 8. Taking off shoes and socks 9. Taking off his shirt 10. Non agitated vocalization 11. Agitated vocalization <p>At 9:16 AM, Client 14's BSP was requested from facility Medical Records.</p>	W 289	<p>-QIDP will ensure that Client 14 has a Behavior Support plan that written that outlines interventions that are needed to be implemented for screaming and biting his hand in formal and informal settings to support Client 14. -All employees will be inserviced to redirect Client 14's behaviors of screaming, throwing his dishes and biting his hand as indicated in the behavior support plan. -All employees will be inserviced on Client 14's Behavior Support plan.</p>	03/18/2023

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NAME OF PROVIDER OR SUPPLIER WEST JORDAN CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3350 WEST 7800 SOUTH WEST JORDAN, UT 84088		
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W 289	Continued From page 25	W 289			
	Facility Medical Records stated Client 14 did not have a BSP. No BSP was provided.		-QIDP will ensure that Client 14 has a Behavior Support plan that written that outlines interventions that are needed to be implemented for screaming and biting his hand in formal and informal settings to support Client 14. -All employees will be inserviced on Client 14's Behavior Support plan.	03/18/2023	
	At 1:00 PM, an interview was conducted with the facility Para Qualified Intellectual Disability Professional 3, who acknowledged the use of systematic interventions to manage inappropriate client behavior was not incorporated into Client 5, 10 and 14's individual program plans.		-QIDP will ensure that Client 14 has a Behavior Support plan that written that outlines interventions that are needed to be implemented for screaming and biting his hand in formal and informal settings to support Client 14. -All employees will be inserviced on Client 14's Behavior Support plan.	03/18/2023	
W 341	NURSING SERVICES CFR(s): 483.460(c)(5)(ii)	W 341			
	Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that nursing services did not include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel in methods of infection control.		The facility will ensure that all employees will follow appropriate protective and preventative health measures that include, but are not limited to the control of communicable diseases and infections by: -All employees will be inserviced on infection control and preventative health measures. -DON and Interdisciplinary team will conduct trainings for all employees on communicable diseases and infections. -All employees will be inserviced on clean and dirty dish protocols. -All employees will be inserviced on infection control -All employees will be inserviced on cleaning procedures in the dining room. -All employees will be inserviced on communicable diseases and how to prevent them through preventative health measures. -Management staff namely; QIDP's, Nurses, and DON will complete spot checks daily to ensure that all staff are following all infection control procedures. -Q director will include the control of communicable diseases and infections in weekly meetings attended by management staff. -Q director will include the control of communicable diseases and infections in daily beginning of shift meetings. -Control of communicable diseases and infections will be included in new employee orientation. -Discussed in quarterly Quality Assurance meeting held on 02/16/2023 and will be included in all future QA meetings.	03/1/2023	
	Findings include: On 1/18/2023 at 10:45 AM, the facility-owned Day Program was entered. At 11:00 AM, an observation of the dining room during the lunch meal was conducted.				

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W 382	Continued From page 27 Findings include: On 1/18/2023 at 7:45 AM, an environmental tour of the facility was conducted. At 7:48 AM, the "Nurses" medication cart was observed in the south hallway across from the dirty laundry room. The medication cart was observed to be unlocked and unattended. No staff were observed to be near the medication cart or within eye-line of the medication cart. For approximately four (4) minutes, the medication cart was observed to be unlocked and unattended. Several clients and employees were observed to pass the medication cart during this time. At 7:51 AM, Employee 14 was observed to approach and lock the medication cart. At 1:15 PM, an interview was conducted with the facility Director of Nursing, who acknowledged the facility did not keep all drugs and biological locked except when being prepared for administration.	W 382	-All employees will be inserviced that medication carts need to be locked at all time except when being prepared for medication administration by the nurse. -All employees will be inserviced that if they notice the medication cart is left unlocked they will stand by the cart and get the nurse's attention to return to the cart immediately. -All employees will be inserviced that Nurses/ Med techs when passing medication need to stay with the medication. All drugs and biologicals are to be locked up at all times except when being prepared for administration. -All employees will be inserviced to not distract nurse/med tech so that their attention is pulled away from medication administration during that time when possible. -All nurses and med techs will be inserviced that all drugs and biologicals are to be locked up at all times except when being prepared for administration. -All employees will be inserviced that if they notice the medication cart is left unlocked they will stand by the cart and get the nurse's attention to return to the cart immediately. -All employees including all Nursing Department will be inserviced on keeping all drugs and biologicals locked except when being prepared for administration	03/1/2023 03/1/2023 03/1/2023 03/1/2023	
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the	W 436			

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W 436	<p>Continued From page 29</p> <p>On 1/18/2023 at 8:10 AM, Client 10 was observed sitting in his wheelchair at a dining room table. The facility Program Coordinator was observed to sit to the left of Client 10. The facility Program Coordinator was observed to feed Client 10 his breakfast meal by putting Client 10's pureed food into a cup with a metal spoon, mixing the pureed food with liquids and handing Client 10 the cup. Client 10 was observed to pick up cup with his left hand and drink from it. No other spoons were observed in front of Client 10.</p> <p>At 10:45 AM, Client 10's day program was entered.</p> <p>At 11:10 AM, Client 10 was observed sitting in his wheelchair at a dining room. Employee 18 was observed to stand on Client 10's right side and feed him his lunch with a metal spoon.</p> <p>A review of Client 10's diet card was conducted. Under "Adaptive Equipment," the diet card stated "brown adaptive spoon."</p> <p>A brown adaptive spoon was observed on the table in front of Client 10. Employee 18 was not observed to prompt Client 10 to use the brown adaptive spoon to feed himself.</p> <p>At 1:00 PM, an interview was conducted with the Para Qualified Intellectual Disability Professional (QIDP) 3, who acknowledged the facility did not furnish and teach Client 10 to use a brown adaptive spoon, that was identified by the interdisciplinary team as needed by Client 10, to assist with feeding himself.</p>	W 436	<p>-Para QIDP will ensure that Client 10's dining scenario is updated and all employees will be inserviced on the dining scenario to understand how best to support Client 10 while he is dining. The scenario will include which side staff should be on and his preferences regarding his food being scooped on a brown adaptive spoon and his preferences with his drinks.</p> <p>-All employees will be inserviced to follow Client 10's dining scenario located in his IPP care plan as well as all other 74 client's dining scenarios located in their IPP care plans.</p> <p>-Para QIDP will ensure that Client 10's dining scenario is updated and all employees will be inserviced on the dining scenario to understand how best to support Client 10 while he is dining. The scenario will include which side staff should be on and his preferences regarding his food being scooped on a brown adaptive spoon and his preferences with his drinks.</p> <p>-All employees will be inserviced to follow Client 10's dining scenario located in his IPP care plan as well as all other 74 client's dining scenarios located in their IPP care plans.</p> <p>-All employees will be inserviced on Client 10's dining scenario.</p> <p>-All employees will be inserviced to offer continuous active treatment in all environments always encouraging independence.</p> <p>-All employees will be inserviced on Client's mealtime goal.</p> <p>-All employees will be inserviced to offer continuous active treatment in all environments always encouraging independence.</p> <p>-All employees will be inserviced on Client 10's IPP careplan as well as all other 74 clients and their IPP careplan.</p> <p>-All employees will be inserviced where to locate IPP care plans to reference</p> <p>-All employees will be inserviced on Client 10's adaptive brown spoon.</p>	03/18/2023	
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W 436	<p>Continued From page 30</p> <p>2. Client 9 was a 39 year old female who was admitted to the facility on 8/29/2006 with diagnoses including profound intellectual disability, fetal alcohol syndrome and seizure disorder.</p> <p>On 1/17/2023 at 12:20 PM, an observation of the lunch time meal was conducted.</p> <p>Resident 9 was observed sitting in a chair at the dining room table. Client 9 was provided a plate guard, mesh, Adapkin and a regular spoon with her meal. No other spoon was observed in front of Client 9. Employee 16 was observed sitting in a chair to the right of Client 9. Employee 16 was observed to provide hand over hand assistance to Client 9 with grasping and scooping her food onto her spoon.</p> <p>On 1/18/2023 at 8:40 AM, a review of Client 9's medical record was conducted.</p> <p>An Individual Pathway Plan (IPP), dated 7/15/2022, was reviewed. Under the area labeled "Adaptive Equipment," the following was observed: "...small built up spoon..."</p> <p>At 9:15 AM, an interview was conducted with the QIDP, who acknowledged that the facility did not furnish and teach Client 9 to use a small built up adaptive spoon, that was identified by the interdisciplinary team as needed by Client 9, to assist with feeding herself.</p>	W 436	<p>-All employees will be inserviced on Client 9's mealtime goal, her adaptive equipment needs and her IPP care plan. -All employees will be inserviced to offer continuous active treatment in all environments for Client 9 and all other 74 clients. -Para QIDP will ensure that program implementation for each client as identified in their care plan is followed</p> <p>-All employees will be inserviced on Client 9's IPP care plan as well as all other 74 client's IPP care plans -Para QIDP will ensure that program implementation for each client as identified in their care plan is followed -All employees will be inserviced to follow individual care plans as written</p>	<p>03/18/2023</p> <p>03/18/2023</p>	

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E 000	Initial Comments Emergency preparedness E-000 Initial Comments: Statutory and regulatory authority for this Emergency preparedness survey that was conducted on 01-18-2023 in the presence of the facility manager are found in 42 Code of Federal Regulations, Section 483.73 The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid.	E 000			
K 000	INITIAL COMMENTS Statutory and regulatory authority for this Life Safety Code survey that was conducted on 01-18-2023 in the presence of the facility manager are found in 42 Code of Federal Regulations, Section 483.70, (a) and the 2012 Edition, NFPA 101 Life Safety Code including NFPA publications referenced therein. The facility was found to be in compliance with the requirements for participation in Medicare and Medicaid. There were no deficiencies cited during this survey.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Heather Miller* TITLE *Administrator* (X6) DATE *2/20/23*

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.