

AVALON CARE CENTER
 523 NORTH MAIN STREET
 BOUNTIFUL UT 84010
 STATE'S REGION CODE: 001

PROVIDER #: 465156 FACILITY BEDS TYPE ACTION: INITIAL
 PHONE NUMBER: (801) 951-1600 TOTAL: 122
 PARTICIPATION DATE: 07/16/2004 CERTIFIED: 122 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 06/28/2004	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 122			
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TOTAL: 6	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 0	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 3			122		
OTHER: 3					

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3	S/S	PRIOR 2	S/S	PRIOR 1	S/S	CURRENT	S/S	PLAN/DATE	
SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	OF CORRECT	PROGRAM REQUIREMENTS
						06/28/2004			

*** NO DEFICIENCIES WERE FOUND ***

EDITION OF LSC APPLIED

PRIOR 3	PRIOR 2	PRIOR 1	2000 NEW		
SURVEY	SURVEY	SURVEY	CURRENT	PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
			SURVEY	OF CORRECTION	
			06/28/2004		
			X C	07/14/2004	K0018-CORRIDOR DOORS
			X C	07/12/2004	K0025-SMOKE PARTITION CONSTRUCTION
			X C	07/16/2004	K0050-FIRE DRILLS
			X C	07/16/2004	K0062-SPRINKLER SYSTEM MAINTENANCE

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	0	0
HEALTH TOTAL	0	0	0	0
LIFE SAFETY CODE	4	0	0	0
LIFE SAFETY CODE + HEALTH	4	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP= CONDITION REQ= REQUIREMENT