

ASPEN PARK REHABILITATION  
 1430 EAST 4500 SOUTH  
 SALT LAKE CITY UT 84117  
 STATE'S REGION CODE: 001

PROVIDER #: 465162 FACILITY BEDS  
 PHONE NUMBER: (801) 272-8000  
 PARTICIPATION DATE: 06/08/2005 CERTIFIED: 20

TYPE ACTION: INITIAL  
 TOTAL: 20  
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

RESIDENT CENSUS ON 06/08/2005

LTC ADMISSION/SUSPENSION DATES

TOTAL CERTIFIED BEDS: 20

-----  
 TOTAL: 5  
 MEDICARE: 5  
 MEDICAID: 0  
 OTHER: 0

-----  
 ADMISSION SUSPENDED:  
 SUSPENSION RESCINDED:

-----  
 18 18/19 19 ICF/MR  
 -- ---- -- ----  
 20

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
								06/08/2005	

\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	2000 NEW CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
					K0039-CORRIDOR WIDTH
				06/06/2005	
			X F		

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