

AMERICAN FORK HOSPITAL TCU  
 170 NORTH 1100 EAST  
 AMERICAN FORK UT 84003  
 STATE'S REGION CODE: 001

PROVIDER #: 465121 FACILITY BEDS  
 PHONE NUMBER: (801) 763-3375  
 PARTICIPATION DATE: 06/15/1989 CERTIFIED: 12

TYPE ACTION: RECERTIFICATION  
 TOTAL: 12  
 TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 03/03/2005

TOTAL: 9  
 MEDICARE: 9  
 MEDICAID: 0  
 OTHER: 0

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
 SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 12

18 18/19 19 ICF/MR  
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 12

CURRENT SURVEY REVISIT DATES - 05/16/2005

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
07/2002		05/2003		04/2004		03/03/2005			
				X	E	X	C	04/06/2005	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X	C	04/30/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

85 NEW SURVEY	85 NEW SURVEY	2000 EXIS SURVEY	2000 EXIS SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
07/2002	05/2003	04/2004	03/03/2005			
X	X			X	04/20/2005	K0011-COMMON WALL
X						K0018-CORRIDOR DOORS
X						K0033-EXIT PARTITIONS
X						K0034-STAIRS AND SMOKE PROOF TOWERS
	X					K0074-COMBUSTIBLE CURTAINS
X						K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	1	0	0
HEALTH TOTAL	2	1	0	0
LIFE SAFETY CODE	1	1	1	5
LIFE SAFETY CODE + HEALTH	3	2	1	5

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=FSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT