

HOBBLE CREEK NURSING AND REHABILITATIO PROVIDER #: 46A068 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 469 NORTH MAIN PHONE NUMBER: (801) 489-9408 TOTAL: 44
 SPRINGVILLE UT 84663 PARTICIPATION DATE: 12/01/1991 CERTIFIED: 44 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

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

RESIDENT CENSUS ON 12/02/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 44			
TOTAL:	22	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	20				44		
OTHER:	2						

CURRENT SURVEY REVISIT DATES - 02/10/2005

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
11/2001		08/2002		09/2003		12/02/2004			
		X	D						REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	G						REQ F0241-DIGNITY
						X C	E	01/31/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E						REQ F0272-COMPREHENSIVE ASSESSMENTS
		X	D						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	D						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D					X C	E	01/31/2005	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D				REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	D								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	D			X	D				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
						X C	E	01/31/2005	REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
		X	D			X C	E	01/31/2005	REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
		X	D						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D								REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	D						REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
		X	D						REQ F0494-NURSE AIDE TRAINING/COMPETENCY
		X	D						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	2000 EXIST	2000 EXIS	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY		
11/2001	08/2002	09/2003	12/08/2004		
X	X	X	X F		K0025-SMOKE PARTITION CONSTRUCTION
			X C	02/06/2005	K0046-EMERGENCY LIGHTING
		X			K0060-SPRINKLER ALARM SYSTEM
X	X	X			K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0075-WASTEBASKETS
			X F		K0104-PENETRATIONS OF SMOKE BARRIERS
X					K0130-OTHER
			X P	01/15/2005	K0154-AUTOMATIC SPRINKLER SYSTEM
			X P	01/15/2005	K0155-FIRE ALARM SYSTEM OUTAGE REQUIREMENTS

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

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	2	9	4
HEALTH TOTAL	4	2	9	4
LIFE SAFETY CODE	5	4	2	3
LIFE SAFETY CODE + HEALTH	9	6	11	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/12/2003	UNSUBSTANTIATED
10/09/2003	SUBSTANTIATED
09/02/2004	UNSUBSTANTIATED
12/02/2004	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY