

ASPEN CARE CENTER
 2325 MADISON AVENUE
 OGDEN UT 84401
 STATE'S REGION CODE: 001

PROVIDER #: 465122 FACILITY BEDS
 PHONE NUMBER: (801) 399-5846
 PARTICIPATION DATE: 11/07/1989 CERTIFIED: 72

TYPE ACTION: RECERTIFICATION
 TOTAL: 72
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 04/07/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 72			
TOTAL:	52	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	5	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	27			36		36	
OTHER:	10						

CURRENT SURVEY REVISIT DATES - 06/08/2005

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
12/2001		01/2003		03/2004		04/07/2005			
			X		D				REQ F0241-DIGNITY
			X		B				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
			X		B	X C	D	04/23/2005	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	D	04/23/2005	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
			X		E				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
			X		D				REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
			X		D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	D	04/23/2005	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
						X C	D	04/23/2005	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
		X	E	X	E	X C	D	04/23/2005	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
12/2001	01/2003	03/2004	04/18/2005		
		X			K0012-CONSTRUCTION TYPE
X	X		X F		K0014-INTERIOR FINISH - CORRIDOR
		X	X F		K0015-INTERIOR FINISH - ROOMS
X	X	X	X C	04/25/2005	K0018-CORRIDOR DOORS
		X	X F		K0021-DOORS IN FIRE AND SMOKE PARTITIONS
	X	X	X C	04/26/2005	K0029-HAZARDOUS AREAS - SEPARATION
	X				K0038-EXIT ACCESS
	X				K0046-EMERGENCY LIGHTING
		X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	04/23/2005	K0064-PORTABLE FIRE EXTINGUISHERS
X			X C	04/23/2005	K0075-WASTEBASKETS
					K0130-OTHER
					K0147-EMERGENCY PLAN

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	8	1	0
HEALTH TOTAL	5	8	1	0
LIFE SAFETY CODE	8	5	4	3
LIFE SAFETY CODE + HEALTH	13	13	5	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/19/2002	UNSUBSTANTIATED
05/14/2002	UNSUBSTANTIATED
01/09/2003	UNSUBSTANTIATED
02/12/2004	SUBSTANTIATED

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