

BEAR RIVER VALLEY NURSING HOME
460 WEST 600 NORTH
TREMONTON UT 84337
STATE'S REGION CODE: 001

PROVIDER #: 46A043
PHONE NUMBER: (435) 257-4400
PARTICIPATION DATE: 03/01/1991 CERTIFIED: 38

TYPE ACTION: RECERTIFICATION
TOTAL: 38
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/30/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 38			
TOTAL:	33	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	21				38		
OTHER:	12						

CURRENT SURVEY REVISIT DATES - 08/11/2005

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
05/2002		07/2003		08/2004		06/30/2005			
X	C			X	E	X C	E	07/23/2005	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E	X	F	X	D	X C	F	07/23/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
05/2002	07/2003	08/2004	07/21/2005		
	X	X C	07/29/2005		K0025-SMOKE PARTITION CONSTRUCTION
		X C	07/29/2005		K0038-EXIT ACCESS
	X	X C	08/05/2005		K0046-EMERGENCY LIGHTING
X					K0050-FIRE DRILLS
	X				K0051-FIRE ALARM SYSTEM
X	X	X C	08/03/2005		K0052-TESTING OF FIRE ALARM
X	X	X F	09/12/2005		K0056-AUTOMATIC SPRINKLER SYSTEM
		X P	09/12/2005		K0062-SPRINKLER SYSTEM MAINTENANCE
		X C	08/03/2005		K0064-PORTABLE FIRE EXTINGUISHERS
X					K0066-SMOKING REGULATIONS
	X				K0073-FLAMMABLE FURNISHINGS
		X C	07/26/2005		K0074-COMBUSTIBLE CURTAINS
X	X				K0075-WASTEBASKETS
					K0130-OTHER

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

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	2	1	2
HEALTH TOTAL	2	2	1	2
LIFE SAFETY CODE	8	4	6	5
LIFE SAFETY CODE + HEALTH	10	6	7	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/31/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY