

HERITAGE HILLS HEALTH CARE CENTER
 1100 NORTH 400 EAST
 NEPHI UT 84648
 STATE'S REGION CODE: 001

PROVIDER #: 465107
 PHONE NUMBER: (435) 623-1721
 PARTICIPATION DATE: 12/22/1986 CERTIFIED: 80

FACILITY BEDS
 TYPE ACTION: RECERTIFICATION
 TOTAL: 80
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 11/04/2004

TOTAL: 54
 MEDICARE: 10
 MEDICAID: 30
 OTHER: 14

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDEED:
 SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 80

18 18/19 19 ICF/MR
 80

CURRENT SURVEY REVISIT DATES - 12/10/2004

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		09/2002		11/2003		11/04/2004			
X	E	X	B	X	E				REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	B						REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
		X	B						REQ F0241-DIGNITY
						X	C	12/05/2004	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
									REQ F0257-COMFORTABLE & SAFE TEMPERATURE LEVELS
X	D								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	E				REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E								REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	B	X	E				REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
		X	E						REQ F0444-WASH HANDS WHEN INDICATED
		X	B						REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	E						REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
10/2001	09/2002	11/2003	11/02/2004		
X		X	X	11/05/2004	K0018-CORRIDOR DOORS
			X		K0029-HAZARDOUS AREAS - SEPARATION
X			X	11/04/2004	K0038-EXIT ACCESS
	X		X		K0050-FIRE DRILLS
	X		X		K0056-AUTOMATIC SPRINKLER SYSTEM
	X		X		K0062-SPRINKLER SYSTEM MAINTENANCE
		X	X	11/04/2004	K0073-FLAMMABLE FURNISHINGS
			X		K0075-WASTEBASKETS
X	X		X		K0130-OTHER
		X	X	12/15/2004	K0144-GENERATRS INSPECTED/TESTED

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

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

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/06/2003	UNSUBSTANTIATED
10/29/2003	UNSUBSTANTIATED
09/02/2004	UNSUBSTANTIATED
03/16/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY