

MOUNTAIN VIEW HEALTH SERVICES
5865 SOUTH WASATCH DRIVE
OGDEN UT 84403
STATE'S REGION CODE: 001

PROVIDER #: 465086 FACILITY BEDS
PHONE NUMBER: (801) 479-8480
PARTICIPATION DATE: 11/04/1981 CERTIFIED: 155

TYPE ACTION: RECERTIFICATION
TOTAL: 155
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 12/15/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 155			
TOTAL:	37	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	3	SUSPENSION RESCINDED:	--	--	--	----	
MEDICAID:	24					155	
OTHER:	10						

CURRENT SURVEY REVISIT DATES - 02/07/2005

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
10/2001		X	D			X P	B	01/30/2005	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E	X	E				REQ F0161-SURETY BOND OR OTHER ASSURANCE
		X	B	X	D	X C	E	01/30/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
		X	B						REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	G	X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E	X	D	X C	D	01/30/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	E	X	E						REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	E	X	G	X	E				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D			X	C				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E	X	D	X	C				REQ F0315-RES NOT CATHETERIZED UNLESS UNAVOIDABLE
		X	D						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E	X	E				REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
		X	D						REQ F0331-GRADUAL DOSE REDUCTIONS OF ANTIPSYCHOTIC DRUGS
		X	E	X	E				REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
		X	D	X	C				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	E	X	C				REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
		X	D						REQ F0463-RESIDENT CALL SYSTEM
		X	E						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

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	11/2002	10/2003	12/13/2004	01/30/2005	K0012-CONSTRUCTION TYPE
		X	X C	01/30/2005	K0018-CORRIDOR DOORS
	X	X	X C		K0027-DOORS IN SMOKE PARTITIONS
	X	X	X		K0029-HAZARDOUS AREAS - SEPARATION
	X	X	X		K0038-EXIT ACCESS
	X	X	X		K0046-EMERGENCY LIGHTING
	X	X	X		K0047-EXIT SIGNS
	X	X	X C	02/02/2005	K0050-FIRE DRILLS
	X	X	X F		K0052-TESTING OF FIRE ALARM
	X	X	X C	01/30/2005	K0054-SMOKE DETECTOR MAINTENANCE
	X	X	X		K0056-AUTOMATIC SPRINKLER SYSTEM
	X	X	X		K0062-SPRINKLER SYSTEM MAINTENANCE
	X	X	X		K0064-PORTABLE FIRE EXTINGUISHERS
	X	X	X		K0074-COMBUSTIBLE CURTAINS
	X	X	X		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	3	7	9	5
HEALTH TOTAL	3	7	9	5
LIFE SAFETY CODE	5	8	7	5
LIFE SAFETY CODE + HEALTH	8	15	16	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
11/04/2004	SUBSTANTIATED
12/15/2004	UNSUBSTANTIATED
06/22/2005	SUBSTANTIATED
10/13/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY