

COUNTRY VIEW MANOR
2901 WEST CENTER STREET
PROVO UT 84601
STATE'S REGION CODE: 001

PROVIDER #: 465134 FACILITY BEDS
PHONE NUMBER: (801) 373-5079
PARTICIPATION DATE: 06/03/1993 CERTIFIED: 50

TYPE ACTION: RECERTIFICATION
TOTAL: 50
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 08/18/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 50			
TOTAL:	40	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	1	SUSPENSION RESCINDED:	--	---	--	---	
MEDICAID:	34				50		
OTHER:	5						

CURRENT SURVEY REVISIT DATES - 10/12/2005

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
10/2002		10/2003		07/2004		08/18/2005			
		X	E	X	E				REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	D								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D								REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
X	B								REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
X	D								REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D								REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
		X	D			X C E		09/30/2005	REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
									REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
X	D			X	B				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST	2000 EXIS	2000 EXIS	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
10/2002	10/2003	07/2004	08/30/2005			
		X				K0011-COMMON WALL
X		X	X F	10/21/2005		K0012-CONSTRUCTION TYPE
	X	X				K0018-CORRIDOR DOORS
		X				K0029-HAZARDOUS AREAS - SEPARATION
		X				K0046-EMERGENCY LIGHTING
			X P	10/21/2005		K0050-FIRE DRILLS
			X P	10/21/2005		K0054-SMOKE DETECTOR MAINTENANCE
X	X	X	X P	10/21/2005		K0056-AUTOMATIC SPRINKLER SYSTEM
		X				K0062-SPRINKLER SYSTEM MAINTENANCE
			X P	10/21/2005		K0069-COOKING EQUIPMENT
			X P	10/21/2005		K0076-MEDICAL GAS SYSTEM
X						K0130-OTHER
		X				K0147-EMERGENCY PLAN

EDITION OF LSC APPLIED

85 NEW	2000 EXIS	2000 EXIS	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
10/2002	10/2003	07/2004	08/30/2005			
		X				K0011-COMMON WALL
X						K0012-CONSTRUCTION TYPE
	X	X				K0046-EMERGENCY LIGHTING
		X				K0056-AUTOMATIC SPRINKLER SYSTEM
X						K0062-SPRINKLER SYSTEM MAINTENANCE
						K0130-OTHER

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	1	2	3	6
HEALTH TOTAL	1	2	3	6
LIFE SAFETY CODE	6	11	3	5
LIFE SAFETY CODE + HEALTH	7	13	6	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
12/04/2000	SUBSTANTIATED
12/28/2004	UNSUBSTANTIATED
01/11/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

