

TRINITY MISSION HEALTH & REHAB OF PROV PROVIDER #: 465082 FACILITY BEDS TYPE ACTION: RECERTIFICATION
1053 WEST 1020 SOUTH PHONE NUMBER: (801) 373-2630 TOTAL: 99
PROVO UT 84601 PARTICIPATION DATE: 08/01/1981 CERTIFIED: 99 TYPE OWNERSHIP: FOR PROFIT - INDIVIDUAL
STATE'S REGION CODE: 001

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

RESIDENT CENSUS ON 11/18/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 99			
TOTAL:	65	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	11	SUSPENSION RESCINDED:					
MEDICAID:	43				99		
OTHER:	11						

CURRENT SURVEY REVISIT DATES - 01/20/2005

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
09/2001		X	D						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	E				REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	E	X	D				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	D	X	D	X	E				REQ F0241-DIGNITY
		X	D	X	D				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	D	X	D	X	E				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	B				REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0315-RES NOT CATHETERIZED UNLESS UNAVOIDABLE
		X	H			X C	E	01/14/2005	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE
		X	H			X C	E	01/14/2005	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	E	X	E				REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
		X	E	X	E				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E	X	D				REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
		X	E	X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	H						REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
		X	H						REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
		X	H						REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
		X	H						REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	H			X C	D	01/14/2005	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
		X	H			X C	E	01/14/2005	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	H			X C	D	01/14/2005	REQ F0505-PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS
		X	H						REQ F0508-FACIL PROVIDES/OBTAINS RADIOLOGY SERVICES
		X	H						REQ F0520-FACILITY MAINTAINS QA COMMITTEE
		X	H						REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED					PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION		
09/2001	10/2002	12/2003	11/24/2004			K0012-CONSTRUCTION TYPE
	X			X C	12/17/2004	K0017-CORRIDOR WALLS
X				X P	12/17/2004	K0018-CORRIDOR DOORS
		X				K0029-HAZARDOUS AREAS - SEPARATION
X						K0038-EXIT ACCESS
	X			X P	12/17/2004	K0050-FIRE DRILLS
	X					K0052-TESTING OF FIRE ALARM
X	X	X	X F			K0054-SMOKE DETECTOR MAINTENANCE
	X					K0056-AUTOMATIC SPRINKLER SYSTEM
X						K0062-SPRINKLER SYSTEM MAINTENANCE
		X				K0072-FURNISHING AND DECORATIONS
X	X					K0074-COMBUSTIBLE CURTAINS
			X C		12/01/2004	K0130-OTHER
						K0147-EMERGENCY PLAN

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COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	14	12	2
HEALTH TOTAL	5	14	12	2
LIFE SAFETY CODE	5	3	6	5
LIFE SAFETY CODE + HEALTH	10	17	18	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
04/15/2005	SUBSTANTIATED
05/04/2005	SUBSTANTIATED
06/07/2005	SUBSTANTIATED
09/29/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
12/18/2003	OBSERVATIONAL