

CROSSLANDS HEALTH CARE CTR
575 EAST 11000 SOUTH
SANDY UT 84070
STATE'S REGION CODE: 001

PROVIDER #: 465110 FACILITY BEDS
PHONE NUMBER: (801) 571-7600
PARTICIPATION DATE: 04/09/1987 CERTIFIED: 120

TYPE ACTION: RECERTIFICATION
TOTAL: 120
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 03/10/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
TOTAL:	111	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	54	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	38					120	
OTHER:	19						

CURRENT SURVEY REVISIT DATES - 05/16/2005

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
04/2002		03/2003		02/2004		03/10/2005			
				X	E	X C	D	04/29/2005	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	E	04/29/2005	REQ F0241-DIGNITY
				X	E	X P	B	04/29/2005	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
						X P	B	04/29/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	D	04/29/2005	REQ F0258-COMFORTABLE SOUND LEVELS
				X	B	X C	D	04/29/2005	REQ F0271-PHYSICIAN ORDERS FOR RES AT TIME OF ADMISSION
X	D								REQ F0272-COMPREHENSIVE ASSESSMENTS
X	B								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D						REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X P	B	04/29/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	D	X	E	X	E				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E								REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D	X	E			X C	D	04/29/2005	REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
						X C	D	04/29/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
									REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
04/2002	03/2003	02/2004	03/08/2005		
			X C	04/21/2005	K0012-CONSTRUCTION TYPE
X		X			K0025-SMOKE PARTITION CONSTRUCTION
	X				K0029-HAZARDOUS AREAS - SEPARATION
X		X			K0038-EXIT ACCESS
		X	X C	04/21/2005	K0046-EMERGENCY LIGHTING
		X	X P	04/21/2005	K0050-FIRE DRILLS
	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
		X	X C	04/21/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
			X P	04/21/2005	K0070-SPACE HEATERS
X	X				K0073-FLAMMABLE FURNISHINGS
			X C	04/21/2005	K0076-MEDICAL GAS SYSTEM
					K0147-EMERGENCY PLAN

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	8	4	4	5
HEALTH TOTAL	8	4	4	5
LIFE SAFETY CODE	7	6	3	3
LIFE SAFETY CODE + HEALTH	15	10	7	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/25/2004	SUBSTANTIATED
10/28/2004	UNSUBSTANTIATED
05/04/2005	UNSUBSTANTIATED
05/25/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY