

HISTORY FACILITY PROFILE

DAVIS HOSPITAL & MED CTR SNF
 1600 WEST ANTELOPE DRIVE
 LAYTON UT 84041
 STATE'S REGION CODE: 001

PROVIDER #: 465127
 PHONE NUMBER: (801) 825-9561
 PARTICIPATION DATE: 09/04/1991 CERTIFIED: 10

FACILITY BEDS
 TYPE ACTION: RECERTIFICATION
 TOTAL: 10
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 07/22/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 10			
TOTAL:	3	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	2	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	0		10				
OTHER:	1						

CURRENT SURVEY REVISIT DATES - 09/19/2002

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
02/2000		01/2001		11/2001		07/22/2002			
				X	D				REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
				X	D				REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
	X	E				X C	E	08/14/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
	X	D	X	D					REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 NEW	85 NEW	85 NEW	85 NEW	PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION	
02/2000	01/2001	11/2001	08/08/2002		
X			X C	10/31/2002	K0018-CORRIDOR DOORS
			X C	10/31/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
	X		X C	10/31/2002	K0072-FURNISHING AND DECORATIONS

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

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

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