

PAYSON NURSING AND REHAB  
2192 WEST STATE ROAD  
PAYSON UT 84651  
STATE'S REGION CODE: 001

PROVIDER #: 465129 FACILITY BEDS  
PHONE NUMBER: (801) 465-9211  
PARTICIPATION DATE: 03/26/1992 CERTIFIED: 40

TYPE ACTION: RECERTIFICATION  
TOTAL: 40  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 04/28/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 40			
TOTAL:	32	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	3	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	20				40		
OTHER:	9						

CURRENT SURVEY REVISIT DATES - 06/28/2005

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
07/2002		09/2003		07/2004		04/28/2005			
		X	E	X	D	X	C	06/27/2005	REQ F0241-DIGNITY
		X	E						REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	D						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E			X	C	06/27/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	B					X	C	06/27/2005	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0520-FACILITY MAINTAINS QA COMMITTEE

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
07/2002	09/2003	07/2004	04/26/2005		
		X			K0018-CORRIDOR DOORS
X	X	X	X	05/05/2005	K0025-SMOKE PARTITION CONSTRUCTION
			X	04/28/2005	K0029-HAZARDOUS AREAS - SEPARATION
X	X	X	X	05/05/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
X	X		X		K0062-SPRINKLER SYSTEM MAINTENANCE
			X	05/05/2005	K0064-PORTABLE FIRE EXTINGUISHERS
X	X	X	X	05/05/2005	K0104-PENETRATIONS OF SMOKE BARRIERS

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	1	4	1
HEALTH TOTAL	3	1	4	1
LIFE SAFETY CODE	5	3	4	4
LIFE SAFETY CODE + HEALTH	8	4	8	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
11/20/2001	SUBSTANTIATED
12/12/2001	UNSUBSTANTIATED
09/24/2003	UNSUBSTANTIATED
12/09/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY