

FAIRVIEW CARE CENTER - EAST
455 SOUTH 900 EAST
SALT LAKE CITY UT 84102
STATE'S REGION CODE: 001

PROVIDER #: 46A058
PHONE NUMBER: (801) 355-6891
PARTICIPATION DATE: 11/01/1991 CERTIFIED: 36

TYPE ACTION: RECERTIFICATION
TOTAL: 36
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 03/08/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 36	
TOTAL:	28	ADMISSION SUSPENDED:	18	18/19	19
MEDICARE:	0	SUSPENSION RESCINDED:			ICF/MR
MEDICAID:	28				36
OTHER:	0				

CURRENT SURVEY REVISIT DATES - 04/25/2005

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
11/2001		12/2002		01/2004		03/08/2005			
				X	D				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	E				REQ F0241-DIGNITY
X	D	X	B	X	E				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	G				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	C	X	E				REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
X	D			X	E				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	D	X	E	X C	E	04/21/2005	REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
		X	E	X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D	X C	D	03/21/2005	REQ F0494-NURSE AIDE TRAINING/COMPETENCY
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
11/2001	12/2002	01/2004	03/22/2005		
	X	X			K0012-CONSTRUCTION TYPE
		X	X C	04/01/2005	K0017-CORRIDOR WALLS
		X	X C	05/06/2005	K0018-CORRIDOR DOORS
X		X			K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
X	X	X			K0025-SMOKE PARTITION CONSTRUCTION
	X	X			K0038-EXIT ACCESS
X	X	X	X N		K0039-CORRIDOR WIDTH
			X P	05/06/2005	K0046-EMERGENCY LIGHTING
	X		X P	05/06/2005	K0050-FIRE DRILLS
	X				K0052-TESTING OF FIRE ALARM
X	X	X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	05/06/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
			X P	05/06/2005	K0069-COOKING EQUIPMENT
			X C	04/01/2005	K0072-FURNISHING AND DECORATIONS
X	X	X	X N		K0074-COMBUSTIBLE CURTAINS
X			X C	04/01/2005	K0104-PENETRATIONS OF SMOKE BARRIERS
		X	X C	05/06/2005	K0130-OTHER
			X C		K0147-EMERGENCY PLAN

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	2	8	4	2
HEALTH TOTAL	2	8	4	2
LIFE SAFETY CODE	12	9	10	6
LIFE SAFETY CODE + HEALTH	14	17	14	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
01/08/2004	SUBSTANTIATED
03/08/2004	SUBSTANTIATED
11/15/2004	UNSUBSTANTIATED
03/08/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY