

WEST SIDE COMMUNITY NURSING CENTER PROVIDER #: 46A064 FACILITY BEDS TYPE ACTION: RECERTIFICATION
876 WEST 700 SOUTH PHONE NUMBER: (801) 355-9649 TOTAL: 36
SALT LAKE CITY UT 84104 PARTICIPATION DATE: 12/01/1991 CERTIFIED: 36 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

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

RESIDENT CENSUS ON 07/09/2003		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 36			
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TOTAL:	30	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	0	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	27					36	
OTHER:	3						

CURRENT SURVEY REVISIT DATES - 08/12/2003

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	
05/2001		10/2001		07/2002		07/09/2003				
				X	D	X	C	D	07/29/2003	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	D					REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	E					REQ F0223-RESIDENTS RIGHT TO BE FREE FROM ABUSE
				X	D					REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
				X	D					REQ F0275-ASSESSMENT CONDUCTED AT LEAST EVERY 12 MONTHS
		X	D							REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
				X	D					REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D	X	C	D	08/01/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	G					REQ F0311-RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN ADLS
				X	G					REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
				X	E					REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
				X	G					REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
		X	D							REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	E	X	E	X	C	E	07/23/2003	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	E					REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
		X	E	X	E	X	C	E	07/22/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E			X	C	E	08/05/2003	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	E					REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
				X	D	X	C	E	08/01/2003	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	85 EXIST	85 EXIST	PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION	
04/2001	10/2001	07/2002	07/22/2003		
		X			K0012-CONSTRUCTION TYPE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

WEST SIDE COMMUNITY NURSING CENTER PROVIDER #: 46A064

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY	85 EXIST PRIOR 2 SURVEY	85 EXIST PRIOR 1 SURVEY	85 EXIST CURRENT SURVEY	PLAN/DATE OF CORRECTION
04/2001	10/2001	07/2002	07/22/2003	
	X	X	X P	08/01/2003
	X		X C	08/01/2003
			X N	
X		X	X C	08/01/2003
	X			
		X		
		X		
	X		X N	
		X		
X				
X	X	X	X N	
X	X	X		

LSC DEFICIENCIES - BLDG NO. 01

- K0018-CORRIDOR DOORS
- K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
- K0025-SMOKE PARTITION CONSTRUCTION
- K0029-HAZARDOUS AREAS - SEPARATION
- K0038-EXIT ACCESS
- K0050-FIRE DRILLS
- K0052-TESTING OF FIRE ALARM
- K0054-SMOKE DETECTOR MAINTENANCE
- K0056-AUTOMATIC SPRINKLER SYSTEM
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0069-COOKING EQUIPMENT
- K0072-FURNISHING AND DECORATIONS
- K0104-PENETRATIONS OF SMOKE BARRIERS
- K0130-OTHER

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WEST SIDE COMMUNITY NURSING CENTER

PROVIDER #: 46A064

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	6	14	5	0
HEALTH TOTAL	6	14	5	0
LIFE SAFETY CODE	6	8	5	4
LIFE SAFETY CODE + HEALTH	12	22	10	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/27/2001	UNSUBSTANTIATED
01/08/2002	UNSUBSTANTIATED
06/20/2002	SUBSTANTIATED
11/26/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
06/20/2002	OBSERVATIONAL