

FEDERAL HEIGHTS REHABILITATION AND NUR PROVIDER #: 465055 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
41 SOUTH 900 EAST PHONE NUMBER: (801) 532-3539 TOTAL: 154  
SALT LAKE CITY UT 84102 PARTICIPATION DATE: 06/01/1977 CERTIFIED: 154 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 05/26/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 154	
TOTAL:	88	ADMISSION SUSPENDED:	18	18/19	19
MEDICARE:	33	SUSPENSION RESCINDED:	--	----	----
MEDICAID:	44				154
OTHER:	11				

CURRENT SURVEY REVISIT DATES - 07/19/2005

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
03/2002		04/2003		04/2004		05/26/2005			
X	D	X	G						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
X	D								REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
		X	E						REQ F0241-DIGNITY
		X	C						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	B	X	B				REQ F0257-COMFORTABLE & SAFE TEMPERATURE LEVELS
		X	D						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	G	X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	G						REQ F0310-ADLS DO NOT DECLINE UNLESS UNAVOIDABLE
		X	H						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE
		X	H						REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
				X	E	X C	D	07/13/2005	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
									REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	E	X	E			X C	E	07/13/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
		X	E	X	D	X C	E	07/13/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	E						REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
		X	E						REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	H						REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	E						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
		X	D	X	E				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	F			X C	E	07/13/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
03/2002	04/2003	04/2004	06/02/2005		
X	X		X P	07/15/2005	K0012-CONSTRUCTION TYPE
X	X				K0018-CORRIDOR DOORS
		X			K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
	X	X			K0025-SMOKE PARTITION CONSTRUCTION
			X C	06/14/2005	K0038-EXIT ACCESS
X					K0046-EMERGENCY LIGHTING
X			X C	07/15/2005	K0047-EXIT SIGNS
	X				K0052-TESTING OF FIRE ALARM
X	X	X	X F		K0054-SMOKE DETECTOR MAINTENANCE
	X				K0056-AUTOMATIC SPRINKLER SYSTEM
X		X			K0061-MAIN SPRINKLER CONTROL
	X	X	X F		K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	07/15/2005	K0071-LINEN AND TRASH CHUTES
X	X	X			K0075-WASTEBASKETS
X	X	X			K0076-MEDICAL GAS SYSTEM
					K0130-OTHER

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	4	5	18	3
HEALTH TOTAL	4	5	18	3
LIFE SAFETY CODE	6	7	9	8
LIFE SAFETY CODE + HEALTH	10	12	27	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/30/2004	SUBSTANTIATED
12/06/2004	UNSUBSTANTIATED
04/19/2005	UNSUBSTANTIATED
06/17/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY