

SPANISH FORK NURSING AND REHAB  
46 NORTH 100 EAST  
SPANISH FORK UT 84660  
STATE'S REGION CODE: 001

PROVIDER #: 46A061 FACILITY BEDS  
PHONE NUMBER: (801) 798-6220  
PARTICIPATION DATE: 12/01/1991 CERTIFIED: 29

TYPE ACTION: RECERTIFICATION  
TOTAL: 29  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 04/11/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 29			
TOTAL:	19	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	16				29		
OTHER:	3						

CURRENT SURVEY REVISIT DATES - 06/09/2005

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
06/2002		09/2003		06/2004		04/11/2005			
X	E	X	D	X	C				REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
		X	C	X	B				REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
		X	D						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	C	X	B				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	B			X P	B	05/21/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	E			X C	E	05/21/2005	REQ F0280-DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN
		X	E						REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
		X	E	X	C				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E						REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
		X	E						REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	E	X	E			X C	E	05/21/2005	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	B			X C	E	05/01/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	B			X C	D	05/21/2005	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
									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
06/2002	09/2003	06/2004	04/06/2005		
		X	X F	05/01/2005	K0012-CONSTRUCTION TYPE
			X C	05/01/2005	K0018-CORRIDOR DOORS
X			X F	05/01/2005	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
			X P	05/01/2005	K0046-EMERGENCY LIGHTING
			X C	05/15/2005	K0051-FIRE ALARM SYSTEM
X			X P	05/01/2005	K0052-TESTING OF FIRE ALARM
X	X	X	X F	05/01/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0060-SPRINKLER ALARM SYSTEM
	X		X P	05/01/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
					K0064-PORTABLE FIRE EXTINGUISHERS
X		X			K0066-SMOKING REGULATIONS
X	X	X	X F	05/01/2005	K0073-FLAMMABLE FURNISHINGS
X		X			K0104-PENETRATIONS OF SMOKE BARRIERS
		X			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	5	4	9	2
HEALTH TOTAL	5	4	9	2
LIFE SAFETY CODE	9	6	3	7
LIFE SAFETY CODE + HEALTH	14	10	12	9

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/10/2002	SUBSTANTIATED
12/29/2004	SUBSTANTIATED
10/18/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY