

HERITAGE EASTRIDGE REHABILITATION CENT PROVIDER #: 465096 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 2730 EAST 3300 SOUTH PHONE NUMBER: (801) 487-0896 TOTAL: 113  
 SALT LAKE CITY UT 84109 PARTICIPATION DATE: 08/03/1984 CERTIFIED: 113 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 06/30/2004	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 113
TOTAL: 65	ADMISSION SUSPENDED: 18	18/19 19 ICF/MR
MEDICARE: 7	SUSPENSION RESCINDED: --	----- --
MEDICAID: 39		113
OTHER: 19		

CURRENT SURVEY REVISIT DATES - 09/30/2004

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
06/2001		08/2002		09/2003		06/30/2004			
						X C	B	07/01/2004	REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
						X C	B	07/02/2004	REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
X	D					X C	D	08/30/2004	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	E								REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E						REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
		X	D						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
						X C	E	08/30/2004	REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
X	E			X	D				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
06/2001	08/2002	09/2003	07/07/2004		
	X		X C	07/09/2004	K0018-CORRIDOR DOORS
		X			K0025-SMOKE PARTITION CONSTRUCTION
		X			K0027-DOORS IN SMOKE PARTITIONS
	X	X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0060-SPRINKLER ALARM SYSTEM
X	X		X C	07/23/2004	K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0072-FURNISHING AND DECORATIONS
	X		X C	07/09/2004	K0075-WASTEBASKETS
	X	X			K0104-PENETRATIONS OF SMOKE BARRIERS
X	X				K0130-OTHER
			X C	09/01/2004	K0144-GENERATRS INSPECTED/TESTED

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

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	4	1	2	3
HEALTH TOTAL	4	1	2	3
LIFE SAFETY CODE	5	5	6	3
LIFE SAFETY CODE + HEALTH	9	6	8	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/17/2004	UNSUBSTANTIATED
07/12/2004	SUBSTANTIATED
08/19/2004	UNSUBSTANTIATED
11/30/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
07/29/2004	COMPARATIVE