

HERITAGE PARK
2700 WEST 5600 SOUTH
ROY UT 84067
STATE'S REGION CODE: 001

PROVIDER #: 465003 FACILITY BEDS
PHONE NUMBER: (801) 825-9731 TOTAL: 176
PARTICIPATION DATE: 01/01/1978 CERTIFIED: 176 TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

TYPE ACTION: RECERTIFICATION

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

RESIDENT CENSUS ON 07/14/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 176			
TOTAL:	102	ADMISSION SUSPENDE:		18	18/19	19	ICF/MR
MEDICARE:	13	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	69					176	
OTHER:	20						

CURRENT SURVEY REVISIT DATES - 09/07/2005

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
07/2002		08/2003		06/2004		07/14/2005			
		X	D						REQ F0158-RESIDENT MANAGE OWN FINANCIAL AFFAIRS
						X C	E	08/28/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E	X	D	X C	E	08/28/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	D	08/28/2005	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	B				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
				X	D				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E						REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
				X	E				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	B				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	D								REQ F0494-NURSE AIDE TRAINING/COMPETENCY
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X	D								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
07/2002	08/2003	06/2004	07/28/2005		
	X				K0027-DOORS IN SMOKE PARTITIONS
		X			K0038-EXIT ACCESS
X					K0050-FIRE DRILLS
X					K0051-FIRE ALARM SYSTEM
X	X	X	X F		K0062-SPRINKLER SYSTEM MAINTENANCE
X	X				K0104-PENETRATIONS OF SMOKE BARRIERS
		X			K0130-OTHER
					K0147-EMERGENCY PLAN

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

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	3	7	4	2
HEALTH TOTAL	3	7	4	2
LIFE SAFETY CODE	1	4	3	4
LIFE SAFETY CODE + HEALTH	4	11	7	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/18/2004	UNSUBSTANTIATED
06/07/2004	UNSUBSTANTIATED
08/04/2004	SUBSTANTIATED
08/23/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
09/26/2003	COMPARATIVE