

HILLSIDE REHABILITATION CENTER
1216 EAST 1300 SOUTH
SALT LAKE CITY UT 84105
STATE'S REGION CODE: 001

PROVIDER #: 465128
PHONE NUMBER: (801) 487-5865
PARTICIPATION DATE: 10/03/1991

FACILITY BEDS
TOTAL: 121
CERTIFIED: 121
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 09/13/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 121			
TOTAL:	59	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	5	SUSPENSION RESCINDED:	--	--	--		
MEDICAID:	47				121		
OTHER:	7						

CURRENT SURVEY REVISIT DATES - 10/26/2004

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
11/2001		07/2002		08/2003		09/13/2004			
X	D	X	D						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X P	B	10/20/2004	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X P	B	10/20/2004	REQ F0241-DIGNITY
X	E	X	E						REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
						X P	B	10/20/2004	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
						X P	B	10/20/2004	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	E			X	D				REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	B				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	D	X C	D	10/20/2004	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D	X C	E	10/20/2004	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	H	X	E	X	D	X C	E	10/20/2004	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	G	X P	B	10/20/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E					X C	E	10/20/2004	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X P	B	10/20/2004	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E	X	E	X	E	X P	C	10/20/2004	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
						X C	E	10/20/2004	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
X	D					X P	B	10/20/2004	REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
X	D					X P	B	10/20/2004	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
X	E	X	E	X	E	X P	C	10/20/2004	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E					X P	C	10/20/2004	REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	E					X P	C	10/20/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	H	X	H			X P	B	10/20/2004	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X P	B	10/20/2004	REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
X	D					X P	B	10/20/2004	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
X	D					X P	B	10/20/2004	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
X	D					X P	B	10/20/2004	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X	H	X	H			X P	B	10/20/2004	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
						X P	B	10/20/2004	REQ F0520-FACILITY MAINTAINS QA COMMITTEE
						X P	B	10/20/2004	REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
11/2001	07/2002	08/2003	09/15/2004		
X		X	X P	10/10/2004	K0012-CONSTRUCTION TYPE
			X F		K0018-CORRIDOR DOORS
X	X	X	X F	10/04/2004	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
					K0025-SMOKE PARTITION CONSTRUCTION
X					K0027-DOORS IN SMOKE PARTITIONS
	X		X C	10/01/2004	K0034-STAIRS AND SMOKE PROOF TOWERS
			X C	10/15/2004	K0038-EXIT ACCESS
			X C	10/30/2004	K0046-EMERGENCY LIGHTING
X			X P	10/04/2004	K0047-EXIT SIGNS
			X P	10/04/2004	K0050-FIRE DRILLS
	X				K0052-TESTING OF FIRE ALARM
X	X	X			K0054-SMOKE DETECTOR MAINTENANCE
			X P	10/04/2004	K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0064-PORTABLE FIRE EXTINGUISHERS
X		X			K0076-MEDICAL GAS SYSTEM
					K0130-OTHER

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	10	7	6	15
HEALTH TOTAL	10	7	6	15
LIFE SAFETY CODE	9	6	5	6
LIFE SAFETY CODE + HEALTH	19	13	11	21

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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09/13/2004	SUBSTANTIATED
09/29/2004	SUBSTANTIATED
11/17/2004	SUBSTANTIATED
03/01/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
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08/13/2003	OBSERVATIONAL