

OSCAR REPORT 3
HISTORY FACILITY PROFILE

HOLLADAY HEALTHCARE CENTER
4782 SOUTH HOLLADAY BOULEVARD
SALT LAKE CITY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 465109 FACILITY BEDS TYPE ACTION: RECERTIFICATION
PHONE NUMBER: (801) 277-7002 TOTAL: 120
PARTICIPATION DATE: 02/13/1987 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 07/28/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
TOTAL:	74	ADMISSION	SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE:	11	SUSPENSION	RESCINDED:	--	----	--	-----
MEDICAID:	41					120	
OTHER:	22						

CURRENT SURVEY REVISIT DATES - 09/08/2004

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	
01/2003		08/2003		01/2004		07/28/2004				
X	D								REQ F0241-DIGNITY	
X	B								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES	
		X	B						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE	
		X	B						REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS	
						X	C	D	09/07/2004	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	E									REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	B					REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
						X	C	D	09/07/2004	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X	P	B	09/07/2004	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	D									REQ F0494-NURSE AIDE TRAINING/COMPETENCY

EDITION OF LSC APPLIED

85 NEW SURVEY	85 NEW SURVEY	2000 EXIS SURVEY	2000 EXIS SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01	
01/2003	08/2003	01/2004	08/18/2004			
		X			K0025-SMOKE PARTITION CONSTRUCTION	
X	X	X			K0029-HAZARDOUS AREAS - SEPARATION	
		X	X	C	09/17/2004	K0046-EMERGENCY LIGHTING
		X			K0047-EXIT SIGNS	
X	X	X			K0052-TESTING OF FIRE ALARM	
		X			K0068-COMBUSTION AND VENTILATION AIR	
	X	X			K0130-OTHER	
		X			K0147-EMERGENCY PLAN	

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

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	3	1	2	4
HEALTH TOTAL	3	1	2	4
LIFE SAFETY CODE	1	6	3	2
LIFE SAFETY CODE + HEALTH	4	7	5	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/28/2004	UNSUBSTANTIATED
10/27/2004	UNSUBSTANTIATED
02/02/2005	UNSUBSTANTIATED
07/27/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
03/22/2002	COMPARATIVE