

IRON COUNTY NURSING HOME  
69 EAST 100 SOUTH  
PAROWAN UT 84761  
STATE'S REGION CODE: 001

PROVIDER #: 465153 FACILITY BEDS  
PHONE NUMBER: (435) 477-3615  
PARTICIPATION DATE: 05/01/2003 CERTIFIED: 31

TYPE ACTION: RECERTIFICATION  
TOTAL: 31  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

| RESIDENT CENSUS ON 03/31/2005 |    | LTC ADMISSION/SUSPENSION DATES |    | TOTAL CERTIFIED BEDS: 31 |    |        |  |
|-------------------------------|----|--------------------------------|----|--------------------------|----|--------|--|
| TOTAL:                        | 26 | ADMISSION SUSPENDED:           | 18 | 18/19                    | 19 | ICF/MR |  |
| MEDICARE:                     | 7  | SUSPENSION RESCINDED:          | -- | --                       | -- |        |  |
| MEDICAID:                     | 13 |                                |    | 28                       | 3  |        |  |
| OTHER:                        | 6  |                                |    |                          |    |        |  |

CURRENT SURVEY REVISIT DATES - 06/14/2005

| 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                                       |
|----------------|----------|----------------|----------|----------------|----------|----------------|----------|----------------------|--|
|                |          | 04/2003        |          | 01/2004        |          | 03/31/2005     |          |                      |  |
|                | X        |                | B        |                |          | X              | C        | 05/15/2005           | REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT      |
|                | X        |                | B        |                |          |                |          |                      | REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES              |
|                | X        |                | B        |                |          |                |          |                      | REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS    |
|                | X        |                | E        |                |          |                |          |                      | REQ F0280-DEVELOPMENT/PREP/REVIEW OF COMP CARE PLAN        |
|                | X        |                | E        |                |          |                |          |                      | REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS |
|                | X        |                | B        |                |          | X              | C        | 04/21/2005           | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING  |
|                | X        |                | B        |                |          | X              | C        | 05/01/2005           | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS  |
|                | X        | B              |          | X              | B        |                |          |                      | REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES        |
|                | X        |                |          |                |          | X              | N        |                      | REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY     |
|                |          |                |          |                |          |                |          |                      | REQ F0469-MAINTAINS EFFECTIVE PEST CONTROL PROGRAM         |

EDITION OF LSC APPLIED

| PRIOR 3 SURVEY | 85 EXIST SURVEY | 2000 EXIST SURVEY | 2000 EXIS SURVEY | 2000 EXIS CURRENT SURVEY | PLAN/DATE OF CORRECTION | LSC DEFICIENCIES - BLDG NO. 01                |
|----------------|-----------------|-------------------|------------------|--------------------------|-------------------------|---|
| 04/2003        |                 | 01/2004           |                  | 03/30/2005               |                         |   |
|                | X               | X                 |                  | X                        |                         | K0012-CONSTRUCTION TYPE                       |
|                | X               | X                 |                  | X                        | 05/29/2005              | K0017-CORRIDOR WALLS                          |
|                | X               | X                 |                  | X                        |                         | K0018-CORRIDOR DOORS                          |
|                | X               | X                 |                  | X                        |                         | K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS |
|                | X               | X                 |                  | X                        |                         | K0033-EXIT PARTITIONS                         |
|                | X               | X                 |                  | X                        |                         | K0034-STAIRS AND SMOKE PROOF TOWERS           |
|                | X               | X                 |                  | X                        |                         | K0038-EXIT ACCESS                             |
|                | X               | X                 |                  | X                        | 04/20/2005              | K0039-CORRIDOR WIDTH                          |
|                | X               | X                 |                  | X                        |                         | K0050-FIRE DRILLS                             |
|                | X               | X                 |                  | X                        |                         | K0052-TESTING OF FIRE ALARM                   |
|                | X               | X                 |                  | X                        |                         | K0056-AUTOMATIC SPRINKLER SYSTEM              |
|                | X               | X                 |                  | X                        |                         | K0063-SPRINKLER COVERAGE                      |
|                | X               | X                 |                  | X                        |                         | K0069-COOKING EQUIPMENT                       |
|                | X               | X                 |                  | X                        |                         | K0070-SPACE HEATERS                           |
|                | X               | X                 |                  | X                        |                         | K0074-COMBUSTIBLE CURTAINS                    |
|                | X               | X                 |                  | 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               | 4              | 1              | 7              | 0              |
| HEALTH TOTAL              | 4              | 1              | 7              | 0              |
| LIFE SAFETY CODE          | 8              | 9              | 12             | 0              |
| LIFE SAFETY CODE + HEALTH | 12             | 10             | 19             | 0              |

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

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