

HISTORY FACILITY PROFILE

TIMP HAVEN CARE CENTER PROVIDER #: 465151 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 651 EAST 200 SOUTH PHONE NUMBER: (801) 768-3502 TOTAL: 30
 LEHI UT 84043 PARTICIPATION DATE: 05/29/2001 CERTIFIED: 30 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 08/07/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS:	30
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TOTAL: 20	ADMISSION SUSPENDED:	18	18/19 19 ICF/MR
MEDICARE: 1	SUSPENSION RESCINDED:	--	--
MEDICAID: 19			30
OTHER: 0			

CURRENT SURVEY REVISIT DATES - 10/07/2002

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
		08/2000		11/2001		08/07/2002			
				X	E	X P	B	09/15/2002	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
				X	D				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	E	10/01/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
	X	E							REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
	X	E							REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
	X	E							REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
	X	E							REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
	X	E							REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
				X	D				REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4
						X C	E	09/15/2002	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	85 EXIST	85 EXIST	85 EXIST		
	08/2000	11/2001	08/06/2002		
	X				K0018-CORRIDOR DOORS
			X C	09/01/2002	K0038-EXIT ACCESS
	X		X C	09/01/2002	K0050-FIRE DRILLS
			X C	09/01/2002	K0054-SMOKE DETECTOR MAINTENANCE
			X C	09/15/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	09/19/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0069-COOKING EQUIPMENT
			X C	09/01/2002	K0075-WASTEBASKETS

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	3	3	4	0
HEALTH TOTAL	3	3	4	0
LIFE SAFETY CODE	6	0	3	0
LIFE SAFETY CODE + HEALTH	9	3	7	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/06/2001	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT