

LIFE CARE CENTER OF BOUNTIFUL
460 WEST 2600 SOUTH
BOUNTIFUL UT 84010
STATE'S REGION CODE: 001

PROVIDER #: 465112
PHONE NUMBER: (801) 295-3135
PARTICIPATION DATE: 05/04/1987

FACILITY BEDS
TOTAL: 120
CERTIFIED: 120
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

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

RESIDENT CENSUS ON 05/12/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
TOTAL:	110	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	25	SUSPENSION RESCINDED:					
MEDICAID:	56					120	
OTHER:	29						

CURRENT SURVEY REVISIT DATES - 06/27/2005

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
03/2002		03/2003		03/2004		05/12/2005			
X	C					X C	E	05/27/2005	REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS REQ F0241-DIGNITY REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0388-VISITS BY PHYSICIAN/PHYSICIAN ASSISTANT/ETC REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG REQ F0445-HANDLE LINENS TO PREVENT SPREAD OF INFECTION REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
X	E			X	D				
X	E			X	D				
X	B								
X	E	X	E	X	D				
		X	G						
		X	D						
X	E					X P	B	06/15/2005	
X	E			X	G				
X	E	X	E						
X	E	X	E						
		X	D						
X	E								
X	E								
X	D			X	E				
		X	E			X C	E	05/12/2005	

EDITION OF LSC APPLIED

85 NEW	85 NEW	2000 EXIS	2000 EXIS	PLAN/DATE OF CORRECTION
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	
03/2002	03/2003	03/2004	05/26/2005	
		X		
		X		
		X		
	X		X C	06/08/2005
X			X C	05/26/2005
			X C	05/27/2005
	X	X	X F	
	X			
			X C	07/25/2005
			X C	05/30/2005
		X	X P	06/16/2005
X				
X	X		X C	05/26/2005

LSC DEFICIENCIES - BLDG NO. 01

- K0018-CORRIDOR DOORS
- K0021-DOORS IN FIRE AND SMOKE PARTITIONS
- K0025-SMOKE PARTITION CONSTRUCTION
- K0039-CORRIDOR WIDTH
- K0046-EMERGENCY LIGHTING
- K0047-EXIT SIGNS
- K0050-FIRE DRILLS
- K0052-TESTING OF FIRE ALARM
- K0056-AUTOMATIC SPRINKLER SYSTEM
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0066-SMOKING REGULATIONS
- K0072-FURNISHING AND DECORATIONS
- K0074-COMBUSTIBLE CURTAINS
- K0076-MEDICAL GAS SYSTEM
- K0130-OTHER
- 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	4	7	11
HEALTH TOTAL	3	4	7	11
LIFE SAFETY CODE	8	6	4	3
LIFE SAFETY CODE + HEALTH	11	10	11	14

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/04/2003	SUBSTANTIATED
06/15/2004	UNSUBSTANTIATED
10/28/2004	SUBSTANTIATED
05/12/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
03/22/2002	OBSERVATIONAL