

LOGAN NURSING & REHAB CENTER  
1480 NORTH 400 EAST  
LOGAN UT 84341  
STATE'S REGION CODE: 001

PROVIDER #: 465116  
PHONE NUMBER: (435) 750-5501  
PARTICIPATION DATE: 01/01/1988

FACILITY BEDS  
TOTAL: 118  
CERTIFIED: 118  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 12/16/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 118			
TOTAL:	71	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	12	SUSPENSION RESCINDED:	--	--	--		
MEDICAID:	40				118		
OTHER:	19						

CURRENT SURVEY REVISIT DATES - 02/09/2005

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
10/2001		08/2002		10/2003		12/16/2004			
X	E	X	E						REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	E			X	E				REQ F0241-DIGNITY
X	E								REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
X	D	X	D						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X P	B	12/24/2004	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	G	X	D			X C	D	02/01/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
									REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E			X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	D						REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
		X	D	X	E	X C	E	01/14/2005	REQ F0331-GRADUAL DOSE REDUCTIONS OF ANTIPSYCHOTIC DRUGS
		X	D						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E	X	D						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	D			X	B				REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
				X	E				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	D			X	E				REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
10/2001	08/2002	09/2003	12/21/2004		
			X C	01/21/2005	K0012-CONSTRUCTION TYPE
			X C	01/10/2005	K0025-SMOKE PARTITION CONSTRUCTION
	X	X	X C	03/18/2005	K0027-DOORS IN SMOKE PARTITIONS
	X		X C	01/10/2005	K0046-EMERGENCY LIGHTING
	X		X C	02/01/2005	K0050-FIRE DRILLS
		X	X C	01/28/2005	K0052-TESTING OF FIRE ALARM
	X				K0054-SMOKE DETECTOR MAINTENANCE
		X			K0066-SMOKING REGULATIONS
	X				K0070-SPACE HEATERS
X	X	X			K0074-COMBUSTIBLE CURTAINS
		X			K0130-OTHER

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	5	7	8
HEALTH TOTAL	3	5	7	8
LIFE SAFETY CODE	6	5	5	1
LIFE SAFETY CODE + HEALTH	9	10	12	9

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/11/2003	SUBSTANTIATED
07/01/2003	SUBSTANTIATED
03/10/2004	SUBSTANTIATED
04/28/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY