

MANOR CARE OF SOUTH OGDEN  
5540 SOUTH 1050 EAST  
OGDEN UT 84405  
STATE'S REGION CODE: 001

PROVIDER #: 465117  
PHONE NUMBER: (801) 479-8455  
PARTICIPATION DATE: 12/16/1987

FACILITY BEDS  
TOTAL: 140  
CERTIFIED: 126  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/16/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 126			
TOTAL:	87	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	14	SUSPENSION RESCINDED:		--	--	--	--
MEDICAID:	57			16	110		
OTHER:	16						

CURRENT SURVEY REVISIT DATES - 08/11/2005

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
06/2002		07/2003		05/2004		06/16/2005			
X	D								REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	E	08/06/2005	REQ F0241-DIGNITY
						X C	E	07/31/2005	REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
X	D								REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	B	06/20/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	B								REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	D			X C	E	07/31/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D						REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	G								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	G								REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	D						REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	D						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	D				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	D						REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	D	X	E			X C	D	07/31/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	D			X	E				REQ F0444-WASH HANDS WHEN INDICATED
X	D								REQ F0463-RESIDENT CALL SYSTEM
									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
06/2002	07/2003	05/2004	06/23/2005		
X					K0011-COMMON WALL
X					K0018-CORRIDOR DOORS
			X C	06/23/2005	K0027-DOORS IN SMOKE PARTITIONS
			X C	06/29/2005	K0046-EMERGENCY LIGHTING
	X				K0050-FIRE DRILLS
		X			K0052-TESTING OF FIRE ALARM
X	X	X			K0056-AUTOMATIC SPRINKLER SYSTEM
	X				K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0064-PORTABLE FIRE EXTINGUISHERS
			X C	06/29/2005	K0072-FURNISHING AND DECORATIONS
X					K0076-MEDICAL GAS SYSTEM
		X			K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES 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	5	2	8	8
HEALTH TOTAL	5	2	8	8
LIFE SAFETY CODE	3	3	3	5
LIFE SAFETY CODE + HEALTH	8	5	11	13

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/15/2004	UNSUBSTANTIATED
03/10/2005	SUBSTANTIATED
03/23/2005	UNSUBSTANTIATED
06/07/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY