

MAYFIELD COMMUNITY CARE CENTER
11 SOUTH MAIN
MAYFIELD UT 84643
STATE'S REGION CODE: 001

PROVIDER #: 46A049
PHONE NUMBER: (435) 528-3550
PARTICIPATION DATE: 07/01/1991 CERTIFIED: 37

TYPE ACTION: RECERTIFICATION
TOTAL: 37
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: 37			
TOTAL:	31	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	25				37		
OTHER:	6						

CURRENT SURVEY REVISIT DATES - 07/19/2005

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
08/2002		09/2003		07/2004		05/12/2005			
				X	D				REQ F0151-RESIDENT EXERCISES RIGHTS & IS FREE OF COERCION
				X	D			07/06/2005	REQ F0154-RES INFORMED OF HEALTH STATUS & MEDICAL CONDITION
				X	D			07/06/2005	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	D			07/06/2005	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	D			07/06/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	D	X	D	X	B			07/06/2005	REQ F0241-DIGNITY
				X	D			07/06/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	F			07/06/2005	REQ F0272-COMPREHENSIVE ASSESSMENTS
X	D			X	D			07/06/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D			07/06/2005	REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
				X	F			07/06/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	F			07/06/2005	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	D	X	D	X	F			07/06/2005	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
				X	F			07/06/2005	REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
X	D			X	F			07/06/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D			07/06/2005	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
				X	D			07/06/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D			07/06/2005	REQ F0430-REPORTS OF IRREGULARITIES ARE ACTED UPON
				X	D			07/06/2005	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST	2000 EXIS	2000 EXIS	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
08/2002	09/2003	07/2004	06/02/2005		07/29/2005	K0018-CORRIDOR DOORS
	X	X	X P			K0025-SMOKE PARTITION CONSTRUCTION
		X	X F			K0029-HAZARDOUS AREAS - SEPARATION
X						K0038-EXIT ACCESS
X						K0046-EMERGENCY LIGHTING
		X				K0047-EXIT SIGNS
X	X	X	X F		07/29/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
X			X P			K0062-SPRINKLER SYSTEM MAINTENANCE
X						K0072-FURNISHING AND DECORATIONS
	X	X				K0074-COMBUSTIBLE CURTAINS
		X	X F			K0076-MEDICAL GAS SYSTEM
						K0130-OTHER

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	9	10	2	4
HEALTH TOTAL	9	10	2	4
LIFE SAFETY CODE	5	6	3	6
LIFE SAFETY CODE + HEALTH	14	16	5	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/27/2000	UNSUBSTANTIATED
01/28/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY