

MIDTOWN MANOR
125 SOUTH 900 WEST
SALT LAKE CITY UT 84104
STATE'S REGION CODE: 001

PROVIDER #: 465124 FACILITY BEDS
PHONE NUMBER: (801) 363-6340
PARTICIPATION DATE: 10/17/1990 CERTIFIED: 82

TYPE ACTION: RECERTIFICATION
TOTAL: 82
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/30/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 82		
TOTAL:	74	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE:	1	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID:	61		4		78	
OTHER:	12					

CURRENT SURVEY REVISIT DATES - 08/19/2004

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
11/2001		10/2002		08/2003		06/30/2004			
		X	B	X	D				REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	D						REQ F0241-DIGNITY
				X	D				REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
X	E			X	E	X C	E	08/15/2004	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
				X	B				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	B				REQ F0272-COMPREHENSIVE ASSESSMENTS
		X	E	X	D	X C	E	08/15/2004	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	D				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	E	X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E	X	D				REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E						REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
X	E								REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
				X	D	X C	E	08/15/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D					X C	E	08/15/2004	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D	X C	D	08/15/2004	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	E								REQ F0463-RESIDENT CALL SYSTEM
									REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	85 EXIST	2000 EXIS	PLAN/DATE
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION
11/2001	10/2002	08/2003	07/08/2004	
X	X		X C	08/31/2004
X				
	X			
X		X		
X				
		X		
X	X	X	X N	
X				
			X C	07/21/2004
			X C	07/29/2004
X	X	X		

LSC DEFICIENCIES - BLDG NO. 01

- K0018-CORRIDOR DOORS
- K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
- K0021-DOORS IN FIRE AND SMOKE PARTITIONS
- K0025-SMOKE PARTITION CONSTRUCTION
- K0038-EXIT ACCESS
- K0050-FIRE DRILLS
- K0051-FIRE ALARM SYSTEM
- K0052-TESTING OF FIRE ALARM
- K0054-SMOKE DETECTOR MAINTENANCE
- K0056-AUTOMATIC SPRINKLER SYSTEM
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0073-FLAMMABLE FURNISHINGS
- K0075-WASTEBASKETS
- K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSBS 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	10	5	4
HEALTH TOTAL	5	10	5	4
LIFE SAFETY CODE	4	5	4	9
LIFE SAFETY CODE + HEALTH	9	15	9	13

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/01/2004	UNSUBSTANTIATED
10/19/2004	SUBSTANTIATED
12/01/2004	UNSUBSTANTIATED
07/20/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
09/01/2005	COMPARATIVE