

MILLCREEK HEALTH CENTER
3520 SOUTH HIGHLAND DRIVE
SALT LAKE CITY UT 84106
STATE'S REGION CODE: 001

PROVIDER #: 46A051 FACILITY BEDS
PHONE NUMBER: (801) 484-7638
PARTICIPATION DATE: 05/01/1991 CERTIFIED: 61

TYPE ACTION: RECERTIFICATION
TOTAL: 61
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 11/18/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 61			
TOTAL:	54	ADMISSION SUSPENDED:	18	18/19	19	ICF/	MR
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	----	----
MEDICAID:	52				61		
OTHER:	2						

CURRENT SURVEY REVISIT DATES - 01/13/2005

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		09/2002		10/2003		11/18/2004			
						X C	D	01/07/2005	REQ F0222-RIGHT TO BE FREE FROM CHEMICAL RESTRAINTS NOT REQ
						X C	D	01/07/2005	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	E	01/07/2005	REQ F0240-FACILITY PROMOTES/ENHANCES QUALITY OF LIFE
		X	E						REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
		X	B			X C	E	01/07/2005	REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	E						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X							REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	G			X C	D	01/07/2005	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	C						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D	X C	D	01/07/2005	REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
						X C	E	01/07/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	G			X C	E	01/07/2005	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	D	01/07/2005	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E			X C	E	01/07/2005	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	E						REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
X	E			X	E				REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
		X	E						REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
		X	D	X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E			X	E				REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
		X	D						REQ F0444-WASH HANDS WHEN INDICATED
				X	E				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	D						REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									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
10/2001	09/2002	10/2003	12/02/2004	
X				
	X			
		X	P	01/07/2005
		X	P	01/07/2005
	X			
		X	C	01/07/2005
		X	P	01/07/2005
		X	P	01/07/2005
		X	C	01/07/2005
	X			
	X			

LSC DEFICIENCIES - BLDG NO. 01

- K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
- K0038-EXIT ACCESS
- K0050-FIRE DRILLS
- K0054-SMOKE DETECTOR MAINTENANCE
- K0060-SPRINKLER ALARM SYSTEM
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0064-PORTABLE FIRE EXTINGUISHERS
- K0069-COOKING EQUIPMENT
- K0075-WASTEBASKETS
- 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 REQUIREMENT	0	0	0	0
HEALTH TOTAL	9	4	12	2
LIFE SAFETY CODE	9	4	12	2
LIFE SAFETY CODE + HEALTH	6	2	3	1
	15	6	15	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/09/2004	UNSUBSTANTIATED
06/25/2004	UNSUBSTANTIATED
01/12/2005	SUBSTANTIATED
08/09/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
11/18/2004	OBSERVATIONAL

