

MT OGDEN NURSING & REHAB  
375 EAST 5350 SOUTH  
OGDEN UT 84405  
STATE'S REGION CODE: 001

PROVIDER #: 465069 FACILITY BEDS  
PHONE NUMBER: (801) 479-5700  
PARTICIPATION DATE: 03/01/1978 CERTIFIED: 108

TYPE ACTION: RECERTIFICATION  
TOTAL: 108  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 01/06/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 108			
TOTAL:	71	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	4	SUSPENSION RESCINDED:	--	--	--		
MEDICAID:	58				108		
OTHER:	9						

CURRENT SURVEY REVISIT DATES - 02/01/2005

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
12/2001		11/2002		12/2003		01/06/2005			
		X	E						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E	X	E	X C	K	01/14/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	E	X	E						REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	C				REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
		X	B						REQ F0272-COMPREHENSIVE ASSESSMENTS
X	E								REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	B						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	E						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	G	X	B						REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	B						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	E	01/14/2005	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	K	01/14/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	D					X C	D	01/14/2005	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	D								REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
		X	E						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
		X	B						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
X	E			X	D	X C	E	01/14/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	B			X C	F	01/14/2005	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
						X C	K	01/14/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	E	01/14/2005	REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
						X C	K	01/14/2005	REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
						X C	E	01/14/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
						X C	K	01/14/2005	REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
12/2001	11/2002	12/2003	01/13/2005		
	X				K0012-CONSTRUCTION TYPE
X			X C	02/28/2005	K0018-CORRIDOR DOORS
X	X	X	X F		K0025-SMOKE PARTITION CONSTRUCTION
			X C	02/28/2005	K0027-DOORS IN SMOKE PARTITIONS
			X C	02/28/2005	K0029-HAZARDOUS AREAS - SEPARATION
			X C	02/28/2005	K0045-EXIT LIGHTING
		X	X C	02/28/2005	K0046-EMERGENCY LIGHTING
		X	X P	02/28/2005	K0050-FIRE DRILLS
	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
	X		X C	02/28/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
			X P	02/28/2005	K0064-PORTABLE FIRE EXTINGUISHERS
	X				K0130-OTHER
		X	X C	02/28/2005	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	9	3	8	6
HEALTH TOTAL	9	3	8	6
LIFE SAFETY CODE	11	4	5	2
LIFE SAFETY CODE + HEALTH	20	7	13	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
12/07/2004	UNSUBSTANTIATED
01/06/2005	SUBSTANTIATED
02/22/2005	SUBSTANTIATED
08/01/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY