

MURRAY CARE CENTER  
835 EAST VINE STREET  
MURRAY UT 84107  
STATE'S REGION CODE: 001

PROVIDER #: 465125 FACILITY BEDS  
PHONE NUMBER: (801) 266-3852  
PARTICIPATION DATE: 05/30/1991 CERTIFIED: 76

TYPE ACTION: RECERTIFICATION  
TOTAL: 76  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 07/13/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 76			
TOTAL:	66	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	6	SUSPENSION RESCINDED:	--	--	--	--	
MEDICAID:	44				76		
OTHER:	16						

CURRENT SURVEY REVISIT DATES - NONE

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		07/2003		06/2004		07/13/2005			
X	B	X	G						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	D						REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS
X	B			X	B				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	D	X	B				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	G						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	D						REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	E						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	E	X	E						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E	X	E						REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
		X	E						REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
		X	E			X	N	D	REQ F0445-HANDLE LINENS TO PREVENT SPREAD OF INFECTION
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	2000 EXIST	2000 EXIST	PLAN/DATE OF CORRECTION
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	
08/2002	07/2003	06/2004	07/26/2005	
X			X N	
	X		X N	
	X	X	X N	
X	X	X	X F	
X	X			
			X N	
X	X			
		X		
		X	X N	

LSC DEFICIENCIES - BLDG NO. 01

- K0021-DOORS IN FIRE AND SMOKE PARTITIONS
- K0025-SMOKE PARTITION CONSTRUCTION
- K0029-HAZARDOUS AREAS - SEPARATION
- K0050-FIRE DRILLS
- K0051-FIRE ALARM SYSTEM
- K0056-AUTOMATIC SPRINKLER SYSTEM
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0069-COOKING EQUIPMENT
- K0072-FURNISHING AND DECORATIONS
- K0075-WASTEBASKETS
- K0130-OTHER
- K0144-GENERATORS INSPECTED/TESTED
- K0147-EMERGENCY PLAN

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES 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	1	2	12	4
HEALTH TOTAL	1	2	12	4
LIFE SAFETY CODE	6	5	6	6
LIFE SAFETY CODE + HEALTH	7	7	18	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/02/2004	UNSUBSTANTIATED
02/09/2005	UNSUBSTANTIATED
06/09/2005	UNSUBSTANTIATED
09/26/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY