

HISTORY FACILITY PROFILE

OREM NURSING & REHABILITATION
 575 EAST 1400 SOUTH
 OREM UT 84058
 STATE'S REGION CODE: 001

PROVIDER #: 465104
 PHONE NUMBER: (801) 225-4741
 PARTICIPATION DATE: 09/04/1986

FACILITY BEDS
 TYPE ACTION: RECERTIFICATION
 TOTAL: 120
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 01/11/2005

TOTAL: 81
 MEDICARE: 20
 MEDICAID: 45
 OTHER: 16

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
 SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 120

18 18/19 19 ICF/MR
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 120

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
12/2001		10/2002		11/2003		01/11/2005			
		X	D	X	E				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	E								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	E	X	D	X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	E				REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
				X	E				REQ F0388-VISITS BY PHYSICIAN/PHYSICIAN ASSISTANT/ETC
				X	D				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	E						REQ F0468-CORRIDORS HAVE FIRMLY SECURED HANDRAILS
				X	D				REQ F0494-NURSE AIDE TRAINING/COMPETENCY
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	2000 EXIS	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY		11/2003	01/12/2005
12/2001	10/2002	11/2003		01/12/2005	
		X	X C		01/12/2005
X	X	X	X F		
	X				
			X C		01/13/2005
X			X C		01/18/2005
		X			
X	X	X	X F		
	X				
	X				
			X P		01/18/2005
X					
X	X	X			
		X			

LSC DEFICIENCIES - BLDG NO. 01

- K0018-CORRIDOR DOORS
- K0021-DOORS IN FIRE AND SMOKE PARTITIONS
- K0025-SMOKE PARTITION CONSTRUCTION
- K0038-EXIT ACCESS
- K0046-EMERGENCY LIGHTING
- K0047-EXIT SIGNS
- K0050-FIRE DRILLS
- K0054-SMOKE DETECTOR MAINTENANCE
- K0056-AUTOMATIC SPRINKLER SYSTEM
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0069-COOKING EQUIPMENT
- K0072-FURNISHING AND DECORATIONS
- K0074-COMBUSTIBLE CURTAINS
- K0076-MEDICAL GAS SYSTEM
- K0130-OTHER
- K0144-GENERATRS INSPECTED/TESTED

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	0	7	3	2
HEALTH TOTAL	0	7	3	2
LIFE SAFETY CODE	6	7	7	5
LIFE SAFETY CODE + HEALTH	6	14	10	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
12/11/2001	UNSUBSTANTIATED
10/10/2002	UNSUBSTANTIATED
01/12/2004	UNSUBSTANTIATED
06/08/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY