

PARKDALE CARE CENTER
250 EAST 600 NORTH
PRICE UT 84501
STATE'S REGION CODE: 001

PROVIDER #: 465102
PHONE NUMBER: (435) 637-2621
PARTICIPATION DATE: 11/01/1985 CERTIFIED: 58

TYPE ACTION: RECERTIFICATION
TOTAL: 58
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 09/23/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 58	
TOTAL:	41	ADMISSION SUSPENDED:	18	18/19	19
MEDICARE:	6	SUSPENSION RESCINDED:			ICF/MR
MEDICAID:	22			58	
OTHER:	13				

CURRENT SURVEY REVISIT DATES - 11/18/2004

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
08/2001		09/2002		10/2003		09/23/2004			
				X	E				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	E				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	D				REQ F0241-DIGNITY
				X	E	X P	B	11/15/2004	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	E				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	E				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	D						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D			X C	D	10/30/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
				X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	D	X C	D	10/30/2004	REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
						X P	C	10/06/2004	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	E			X P	C	10/07/2004	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	E						REQ F0444-WASH HANDS WHEN INDICATED
		X	E						REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
04/2001	09/2002	10/2003	10/06/2004	
	X			
X	X	X	X F	
X	X	X		
	X			
X	X	X	X F	
X		X		
	X			
		X	X C	10/28/2004
		X	X F	
X				
	X			
		X	X C	11/23/2004

LSC DEFICIENCIES - BLDG NO. 01

- K0018-CORRIDOR DOORS
- K0025-SMOKE PARTITION CONSTRUCTION
- K0046-EMERGENCY LIGHTING
- K0050-FIRE DRILLS
- K0056-AUTOMATIC SPRINKLER SYSTEM
- K0061-MAIN SPRINKLER CONTROL
- K0062-SPRINKLER SYSTEM MAINTENANCE
- K0066-SMOKING REGULATIONS
- K0104-PENETRATIONS OF SMOKE BARRIERS
- K0130-OTHER
- K0144-GENERATRIS 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	5	8	7	0
HEALTH TOTAL	5	8	7	0
LIFE SAFETY CODE	5	6	6	5
LIFE SAFETY CODE + HEALTH	10	14	13	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/16/2001	SUBSTANTIATED
03/24/2004	UNSUBSTANTIATED
03/30/2004	SUBSTANTIATED
08/31/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY