

PINE RIDGE CARE CENTER
433 EAST 2700 SOUTH
SALT LAKE CITY UT 84115
STATE'S REGION CODE: 001

PROVIDER #: 465158 FACILITY BEDS
PHONE NUMBER: (801) 487-2248
PARTICIPATION DATE: 05/17/2004 CERTIFIED: 41

TYPE ACTION: RECERTIFICATION
TOTAL: 41
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 11/04/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 41			
TOTAL:	27	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	0	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	20				41		
OTHER:	7						

CURRENT SURVEY REVISIT DATES - 01/10/2005

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
				04/2004		11/04/2004			
						X C	D	12/28/2004	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	D	12/28/2004	REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
			X	B		X C	E	12/28/2004	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
			X	B		X C	D	12/28/2004	REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
						X C	E	12/28/2004	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
						X C	E	12/28/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	E	12/28/2004	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X P	B	12/28/2004	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
						X C	F	12/28/2004	REQ F0499-FACILITY MUST EMPLOY QUALIFIED PROF STAFF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
		04/2004	11/10/2004		
		X	X P	01/08/2005	K0046-EMERGENCY LIGHTING
			X C	01/08/2005	K0047-EXIT SIGNS
			X P	01/08/2005	K0050-FIRE DRILLS
	X		X F		K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	01/08/2005	K0064-PORTABLE FIRE EXTINGUISHERS
	X		X C	01/08/2005	K0066-SMOKING REGULATIONS
			X P	01/08/2005	K0074-COMBUSTIBLE CURTAINS
			X P	01/08/2005	K0144-GENERATRS INSPECTED/TESTED
			X C	01/08/2005	K0155-FIRE ALARM SYSTEM OUTAGE REQUIREMENTS

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	8	2	0	0
HEALTH TOTAL	8	2	0	0
LIFE SAFETY CODE	9	3	0	0
LIFE SAFETY CODE + HEALTH	17	5	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/09/2004	UNSUBSTANTIATED
02/03/2005	SUBSTANTIATED
04/06/2005	UNSUBSTANTIATED
04/21/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY