

PIONEER CARE CENTER
815 SOUTH 200 WEST
BRIGHAM CITY UT 84302
STATE'S REGION CODE: 001

PROVIDER #: 465020 FACILITY BEDS
PHONE NUMBER: (435) 723-5289
PARTICIPATION DATE: 10/01/1977 CERTIFIED: 72

TYPE ACTION: RECERTIFICATION
TOTAL: 72
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/30/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 72			
TOTAL:	46	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	9	SUSPENSION RESCINDED:	--	---	--	---	
MEDICAID:	23				72		
OTHER:	14						

CURRENT SURVEY REVISIT DATES - 08/03/2005

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
04/2002		03/2003		04/2004		06/30/2005			
		X	D	X	D				REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	B						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	D	07/22/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	B						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X C	E	07/01/2005	REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
						X C	D	07/21/2005	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	2000 EXIS	2000 EXIS	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY		
04/2002	03/2003	04/2004	07/11/2005		
		X	X F		K0017-CORRIDOR WALLS
			X C	08/15/2005	K0027-DOORS IN SMOKE PARTITIONS
X			X C	08/15/2005	K0045-EXIT LIGHTING
		X	X F		K0046-EMERGENCY LIGHTING
		X	X		K0050-FIRE DRILLS
X	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
	X				K0069-COOKING EQUIPMENT
			X C	08/31/2005	K0075-WASTEBASKETS
X			X N		K0076-MEDICAL GAS SYSTEM
X					K0130-OTHER
		X			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	3	1	3	0
HEALTH TOTAL	3	1	3	0
LIFE SAFETY CODE	7	5	2	4
LIFE SAFETY CODE + HEALTH	10	6	5	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
01/13/2000	UNSUBSTANTIATED
06/07/2001	UNSUBSTANTIATED
12/31/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
04/27/2000	COMPARATIVE