

PORTER'S NURSING HOME  
126 WEST 200 NORTH  
ST GEORGE UT 84771  
STATE'S REGION CODE: 001

PROVIDER #: 465144  
PHONE NUMBER: (435) 628-1601  
PARTICIPATION DATE: 10/25/1996

FACILITY BEDS  
TOTAL: 53  
CERTIFIED: 53  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/09/2005

TOTAL: 45  
MEDICARE: 2  
MEDICAID: 36  
OTHER: 7

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 53

18 18/19 19 ICF/MR  
53

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
06/2002		06/2003		04/2004		06/09/2005		

PROGRAM REQUIREMENTS

X	D							07/25/2005	REQ F0241-DIGNITY
X	E					X C	D		REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
				X	E				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	B								REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D								REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	E	X	E	X	E	X C	E	07/25/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
				X	B				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 2000 EXIS2000 EXIS

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
06/2002	06/2003	04/2004	06/22/2005	

LSC DEFICIENCIES - BLDG NO. 01

X				X C	08/12/2005	K0012-CONSTRUCTION TYPE
						K0018-CORRIDOR DOORS
X				X F		K0021-DOORS IN FIRE AND SMOKE PARTITIONS
	X	X				K0025-SMOKE PARTITION CONSTRUCTION
X	X					K0038-EXIT ACCESS
	X	X				K0045-EXIT LIGHTING
X	X					K0050-FIRE DRILLS
	X					K0051-FIRE ALARM SYSTEM
X	X	X	X C		08/12/2005	K0052-TESTING OF FIRE ALARM
X	X	X	X F			K0056-AUTOMATIC SPRINKLER SYSTEM
	X					K0062-SPRINKLER SYSTEM MAINTENANCE
				X C	08/12/2005	K0064-PORTABLE FIRE EXTINGUISHERS
	X					K0069-COOKING EQUIPMENT
		X				K0072-FURNISHING AND DECORATIONS
	X					K0073-FLAMMABLE FURNISHINGS
				X C	08/12/2005	K0074-COMBUSTIBLE CURTAINS
X	X	X				K0104-PENETRATIONS OF SMOKE BARRIERS
X	X					K0130-OTHER
		X				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	2	4	1	6
HEALTH TOTAL	2	4	1	6
LIFE SAFETY CODE	6	8	12	8
LIFE SAFETY CODE + HEALTH	8	12	13	14

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/31/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY