

RED CLIFFS REGIONAL
1745 EAST 280 NORTH
ST GEORGE UT 84770
STATE'S REGION CODE: 001

PROVIDER #: 465137 FACILITY BEDS
PHONE NUMBER: (435) 628-7770
PARTICIPATION DATE: 12/22/1993 CERTIFIED: 124

TYPE ACTION: RECERTIFICATION
TOTAL: 124
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 02/17/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 124			
TOTAL:	92	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	22	SUSPENSION RESCINDED:	--	--	--	--	
MEDICAID:	45				124		
OTHER:	25						

CURRENT SURVEY REVISIT DATES - 06/19/2005

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
10/2001	X	12/2002	E	02/2004	X	02/17/2005	E		REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
					X		E		REQ F0241-DIGNITY
			X		X		E		REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
					X		B		REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
					X		B		REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
					X		E		REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E								REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
			X			X	C	04/15/2005	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
					X		E		REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
			X						REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
					X		E		REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
			X						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
					X		E		REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
			X						REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
					X		E		REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
			X			X	C	04/15/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
					X		E		REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
X	E			X					REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
			X			X	C	04/15/2005	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
					X		B	04/15/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	2000 EXIS2000 PRIOR 1 SURVEY	EXIS2000 CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
10/2001	12/2002	02/2004	02/15/2005		
			X P	04/15/2005	K0017-CORRIDOR WALLS
		X	X P	04/15/2005	K0018-CORRIDOR DOORS
X			X C	04/15/2005	K0025-SMOKE PARTITION CONSTRUCTION
			X C	04/15/2005	K0029-HAZARDOUS AREAS - SEPARATION
		X			K0032-REMOTE EXITS
	X				K0038-EXIT ACCESS
X					K0039-CORRIDOR WIDTH
		X			K0044-HORIZONTAL EXIT
X					K0046-EMERGENCY LIGHTING
			X C	04/15/2005	K0050-FIRE DRILLS
		X			K0051-FIRE ALARM SYSTEM
			X F		K0054-SMOKE DETECTOR MAINTENANCE
	X		X P	04/15/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	04/15/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0066-SMOKING REGULATIONS
			X P	04/15/2005	K0069-COOKING EQUIPMENT
			X P	04/15/2005	K0074-COMBUSTIBLE CURTAINS
	X				K0075-WASTEBASKETS
X					K0076-MEDICAL GAS SYSTEM
	X				K0130-OTHER

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	4	10	9	3
HEALTH TOTAL	4	10	9	3
LIFE SAFETY CODE	10	6	4	4
LIFE SAFETY CODE + HEALTH	14	16	13	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
04/17/2003	SUBSTANTIATED
07/28/2003	UNSUBSTANTIATED
08/14/2003	UNSUBSTANTIATED
12/08/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY

