

EVERGREEN CANYONS  
4600 SOUTH HIGHLAND DRIVE  
SALT LAKE CITY UT 84117  
STATE'S REGION CODE: 001

PROVIDER #: 465049  
PHONE NUMBER: (801) 272-1892  
PARTICIPATION DATE: 04/22/1974

FACILITY BEDS  
TOTAL: 100  
CERTIFIED: 100  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 04/07/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 100			
TOTAL:	47	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	6	SUSPENSION RESCINDED:	--				
MEDICAID:	34				100		
OTHER:	7						

CURRENT SURVEY REVISIT DATES - 05/16/2005

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
08/2002	D	06/2003		05/2004		04/07/2005			
X	D								REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
X	D			X	D			05/04/2005	REQ F0161-SURETY BOND OR OTHER ASSURANCE
								05/04/2005	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	B						REQ F0241-DIGNITY
		X	B	X	E	X	P	05/04/2005	REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	B						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
				X	D	X	C	05/04/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
									REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	G			X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D			X	C	04/25/2005	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E			X	D				REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
						X	C	05/04/2005	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
									REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	D				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	E				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	E				REQ F0353-SUFFICIENT NURSING STAFF ON A 24-HOUR BASIS
				X	E				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E						REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
		X	D	X	E	X	C	04/25/2005	REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E			X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X	P	05/04/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X	C	05/04/2005	REQ F0463-RESIDENT CALL SYSTEM
X	E			X	E				REQ F0494-NURSE AIDE TRAINING/COMPETENCY
									REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0520-FACILITY MAINTAINS QA COMMITTEE

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
08/2002	06/2003	05/2004	04/20/2005		
X					K0012-CONSTRUCTION TYPE
X			04/26/2005		K0018-CORRIDOR DOORS
			05/13/2005		K0025-SMOKE PARTITION CONSTRUCTION
	X				K0027-DOORS IN SMOKE PARTITIONS
X	X				K0034-STAIRS AND SMOKE PROOF TOWERS
			X	05/13/2005	K0038-EXIT ACCESS
			X	06/18/2005	K0045-EXIT LIGHTING
X		X			K0046-EMERGENCY LIGHTING
X	X	X	X	F	K0050-FIRE DRILLS
X					K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
			X	05/19/2005	K0070-SPACE HEATERS
X			X	05/26/2005	K0074-COMBUSTIBLE CURTAINS
X	X				K0075-WASTEBASKETS
		X			K0130-OTHER
			X	04/20/2005	K0147-EMERGENCY PLAN
			X		K0161-ESCALATOR/DUMBWAITER/MOVING WALK REQUIREMENTS

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COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	9	12	7	7
HEALTH TOTAL	9	12	7	7
LIFE SAFETY CODE	8	4	6	8
LIFE SAFETY CODE + HEALTH	17	16	13	15

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
11/01/2004	UNSUBSTANTIATED

04/07/2005	SUBSTANTIATED
07/08/2005	UNSUBSTANTIATED
09/01/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY