

ROCKY MOUNTAIN CARE - WEST VALLEY
4150 WEST 3375 SOUTH
WEST VALLEY CITY UT 84120
STATE'S REGION CODE: 001

PROVIDER #: 465075
PHONE NUMBER: (801) 397-4400
PARTICIPATION DATE: 08/01/1980
CERTIFIED: 72

TYPE ACTION: RECERTIFICATION
TOTAL: 72
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 01/27/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 72			
TOTAL:	66	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	11	SUSPENSION RESCINDED:	--	---	--	---	
MEDICAID:	31				72		
OTHER:	24						

CURRENT SURVEY REVISIT DATES - 03/21/2005

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
08/2001		10/2002		11/2003		01/27/2005			
X	C					X C	E	03/17/2005	REQ F0241-DIGNITY
						X C	E	03/17/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	E	03/17/2005	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	E				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
									REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	G						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
		X	G						REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
						X C	E	03/17/2005	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E			X C	E	03/17/2005	REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	2000 EXIS	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
04/2001	10/2002	11/2003	01/25/2005			
X	X	X	X C	03/26/2005	K0012-CONSTRUCTION TYPE	
	X		X C	03/19/2005	K0018-CORRIDOR DOORS	
	X				K0029-HAZARDOUS AREAS - SEPARATION	
					K0038-EXIT ACCESS	
			X C	03/19/2005	K0046-EMERGENCY LIGHTING	
			X C	03/19/2005	K0047-EXIT SIGNS	
			X C	03/19/2005	K0050-FIRE DRILLS	
	X	X	X F		K0052-TESTING OF FIRE ALARM	
			X C	03/19/2005	K0056-AUTOMATIC SPRINKLER SYSTEM	
		X			K0066-SMOKING REGULATIONS	
		X			K0073-FLAMMABLE FURNISHINGS	
X		X			K0074-COMBUSTIBLE CURTAINS	
		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	5	2	4	1
HEALTH TOTAL	5	2	4	1
LIFE SAFETY CODE	8	5	4	2
LIFE SAFETY CODE + HEALTH	13	7	8	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
01/19/2005	UNSUBSTANTIATED
01/27/2005	UNSUBSTANTIATED
06/29/2005	UNSUBSTANTIATED
09/15/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
11/15/2002	COMPARATIVE