

ROCKY MOUNTAIN CARE CLEARFIELD
1450 SOUTH 1500 EAST
CLEARFIELD UT 84015
STATE'S REGION CODE: 001

PROVIDER #: 465067
PHONE NUMBER: (801) 397-4300
PARTICIPATION DATE: 03/02/1981

FACILITY BEDS
TOTAL: 112
CERTIFIED: 112
TYPE OWNERSHIP: NONPROFIT - OTHER

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: 112			
TOTAL:	73	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	11	SUSPENSION RESCINDED:	--	---	--	---	
MEDICAID:	37				112		
OTHER:	25						

CURRENT SURVEY REVISIT DATES - 03/14/2005

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
03/2002		01/2003		12/2003		01/27/2005			
X	D			X	E	X	C	03/01/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	E	X	D				
		X	E	X	D				
X	E	X	E	X	D				
				X	E				

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
03/2002	01/2003	12/2003	01/26/2005		
	X		X C	03/21/2005	K0012-CONSTRUCTION TYPE
			X C	03/21/2005	K0027-DOORS IN SMOKE PARTITIONS
		X	X C	03/21/2005	K0045-EXIT LIGHTING
	X		X C	03/21/2005	K0046-EMERGENCY LIGHTING
	X		X P	03/21/2005	K0050-FIRE DRILLS
X	X				K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0066-SMOKING REGULATIONS
					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	1	5	2	2
HEALTH TOTAL	1	5	2	2
LIFE SAFETY CODE	5	2	5	1
LIFE SAFETY CODE + HEALTH	6	7	7	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/27/2004	UNSUBSTANTIATED
08/31/2004	SUBSTANTIATED
01/27/2005	UNSUBSTANTIATED
05/16/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY