

ROCKY MOUNTAIN CARE BOUNTIFUL
350 SOUTH 400 EAST
BOUNTIFUL UT 84010
STATE'S REGION CODE: 001

PROVIDER #: 465068
PHONE NUMBER: (801) 397-4700
PARTICIPATION DATE: 12/06/1977

FACILITY BEDS
TOTAL: 102
CERTIFIED: 102
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 12/15/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 102			
TOTAL:	48	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	3	SUSPENSION RESCINDED:	--	--	--		
MEDICAID:	31				102		
OTHER:	14						

CURRENT SURVEY REVISIT DATES - 04/19/2005 03/17/2005

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
11/2001		09/2002		10/2003		12/15/2004			
						X P	B	02/15/2005	REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
									REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
									REQ F0241-DIGNITY
						X C	E	04/16/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	D			X C	D	01/15/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E					X C	E	01/15/2005	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
11/2001	09/2002	10/2003	01/06/2005		
			X C	01/12/2005	K0012-CONSTRUCTION TYPE
			X C	02/15/2005	K0018-CORRIDOR DOORS
	X				K0025-SMOKE PARTITION CONSTRUCTION
	X		X C	01/12/2005	K0027-DOORS IN SMOKE PARTITIONS
			X P	02/15/2005	K0038-EXIT ACCESS
	X				K0046-EMERGENCY LIGHTING
X	X	X	X P	02/28/2005	K0050-FIRE DRILLS
		X	X F		K0052-TESTING OF FIRE ALARM
		X			K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0060-SPRINKLER ALARM SYSTEM
		X			K0061-MAIN SPRINKLER CONTROL
X					K0072-FURNISHING AND DECORATIONS
X	X	X	X F		K0104-PENETRATIONS OF SMOKE BARRIERS
X		X			K0130-OTHER
			X C	02/15/2005	K0147-EMERGENCY PLAN

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	4	2	1
HEALTH TOTAL	4	4	2	1
LIFE SAFETY CODE	8	6	5	4
LIFE SAFETY CODE + HEALTH	12	10	7	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/03/2003	SUBSTANTIATED
04/16/2003	UNSUBSTANTIATED
10/09/2003	UNSUBSTANTIATED
04/14/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY