

ARLINGTON HILLS CARE CENTER LL
 165 SOUTH 10TH EAST
 SALT LAKE CITY UT 84102
 STATE'S REGION CODE: 001

PROVIDER #: 465072 FACILITY BEDS
 PHONE NUMBER: (801) 322-5521
 PARTICIPATION DATE: 12/15/1979 CERTIFIED: 108

TYPE ACTION: RECERTIFICATION
 TOTAL: 108
 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 05/06/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 108		
TOTAL:	63	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE:	9	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID:	47			108		
OTHER:	7					

CURRENT SURVEY REVISIT DATES - 06/24/2004

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		07/2002		04/2003		05/06/2004			
				X	B				REQ F0241-DIGNITY
				X	E				REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
		X	D			X C	E	06/20/2004	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	B						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	H				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
				X	H				REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE
				X	D				REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
X	E								REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
						X C	D	06/20/2004	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	E				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	F				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
				X	E				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E			X	E	X C	E	06/20/2004	REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
						X C	E	06/20/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E					X C	E	06/20/2004	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	D								REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	2000 EXIS SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
08/2001	07/2002	04/2003	05/10/2004			
	X	X				K0012-CONSTRUCTION TYPE
	X					K0018-CORRIDOR DOORS
X	X					K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
	X					K0033-EXIT PARTITIONS
X						K0038-EXIT ACCESS
		X				K0039-CORRIDOR WIDTH
		X	X C		07/08/2004	K0046-EMERGENCY LIGHTING
X			X C		06/25/2004	K0047-EXIT SIGNS
X	X	X	X P		06/25/2004	K0050-FIRE DRILLS
	X					K0051-FIRE ALARM SYSTEM
	X	X				K0052-TESTING OF FIRE ALARM
	X	X				K0054-SMOKE DETECTOR MAINTENANCE
			X P		06/25/2004	K0060-SPRINKLER ALARM SYSTEM
			X C		06/25/2004	K0061-MAIN SPRINKLER CONTROL
X						K0062-SPRINKLER SYSTEM MAINTENANCE
			X P		06/25/2004	K0069-COOKING EQUIPMENT
			X N			K0071-LINEN AND TRASH CHUTES
X	X					K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	9	2	4
HEALTH TOTAL	5	9	2	4
LIFE SAFETY CODE	7	6	9	6
LIFE SAFETY CODE + HEALTH	12	15	11	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
01/14/2003	SUBSTANTIATED
04/10/2003	SUBSTANTIATED
12/23/2003	UNSUBSTANTIATED
03/11/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
07/11/2002	COMPARATIVE

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT

COP = CONDITION REQ = REQUIREMENT