

SANDY REGIONAL HEALTH CENTER
50 EAST 9000 SOUTH
SANDY UT 84070
STATE'S REGION CODE: 001

PROVIDER #: 465111 FACILITY BEDS
PHONE NUMBER: (801) 561-9839
PARTICIPATION DATE: 03/18/1987 CERTIFIED: 154

TYPE ACTION: RECERTIFICATION
TOTAL: 154
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 08/12/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 154			
TOTAL:	129	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	17	SUSPENSION RESCINDED:	--	--	--		
MEDICAID:	86				154		
OTHER:	26						

CURRENT SURVEY REVISIT DATES - NONE

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
06/2001		08/2002		10/2003		08/12/2004			
		X	E	X	E				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
X	D	X	D	X	D				REQ F0241-DIGNITY
X	B	X	E			X P	B	09/03/2004	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
									REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	E								REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	B						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E			X	D				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
X	D								REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D								REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
		X	B						REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
		X	D	X	E				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E	X	D	X	E				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
				X	E				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
04/2001	08/2002	10/2003	08/18/2004		
	X		X C	08/20/2004	K0025-SMOKE PARTITION CONSTRUCTION
		X			K0045-EXIT LIGHTING
X		X			K0050-FIRE DRILLS
X					K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	08/20/2004	K0072-FURNISHING AND DECORATIONS
			X C	08/26/2004	K0074-COMBUSTIBLE CURTAINS
X	X				K0076-MEDICAL GAS SYSTEM
			X C	08/26/2004	K0130-OTHER
					K0143-OXYGEN TRANSFER REQUIREMENTS

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	7	8
HEALTH TOTAL	1	5	7	8
LIFE SAFETY CODE	4	2	2	3
LIFE SAFETY CODE + HEALTH	5	7	9	11

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/21/2005	SUBSTANTIATED
05/24/2005	SUBSTANTIATED
08/01/2005	SUBSTANTIATED
08/09/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY