

SOUTH DAVIS COMMUNITY CARE CTR  
401 SOUTH 400 EAST  
BOUNTIFUL UT 84010  
STATE'S REGION CODE: 001

PROVIDER #: 465062  
PHONE NUMBER: (801) 295-2361  
PARTICIPATION DATE: 04/11/1977

FACILITY BEDS  
TOTAL: 137  
CERTIFIED: 137  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 07/15/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 137			
TOTAL:	127	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	27	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	59		68		69		
OTHER:	41						

CURRENT SURVEY REVISIT DATES - 09/14/2004

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
03/2001		06/2002		05/2003		07/15/2004			
		X	D						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E						REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	B	X C	B	09/10/2004	REQ F0241-DIGNITY
		X	D						REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	D				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X C	D	09/10/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	B	09/10/2004	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
						X C	G	09/10/2004	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	E	09/10/2004	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
X	E			X	D				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
									REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	85 EXIST	2000 EXIS	PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION	
03/2001	06/2002	05/2003	07/29/2004		
X					K0018-CORRIDOR DOORS
		X			K0038-EXIT ACCESS
			X P	08/31/2004	K0046-EMERGENCY LIGHTING
			X C	08/31/2004	K0050-FIRE DRILLS
			X P	08/31/2004	K0052-TESTING OF FIRE ALARM
		X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
X	X				K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0064-PORTABLE FIRE EXTINGUISHERS
			X C	08/12/2004	K0070-SPACE HEATERS
X					K0074-COMBUSTIBLE CURTAINS
					K0130-OTHER

EDITION OF LSC APPLIED

85 NEW	85 NEW	85 NEW	2000 EXIS	PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 02
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION	
03/2001	06/2002	05/2003	07/29/2004		
	X				K0011-COMMON WALL
			X P	08/31/2004	K0039-CORRIDOR WIDTH
			X P	08/31/2004	K0046-EMERGENCY LIGHTING
		X	X F		K0052-TESTING OF FIRE ALARM
X					K0056-AUTOMATIC SPRINKLER SYSTEM
	X				K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0130-OTHER

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	2000 NEW CURRENT SURVEY	PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 03
03/2001	06/2002	05/2003	07/29/2004		
			X C	08/31/2004	K0046-EMERGENCY LIGHTING
			X C	08/31/2004	K0050-FIRE DRILLS
			X P	08/31/2004	K0052-TESTING OF FIRE ALARM
			X C	08/30/2004	K0075-WASTEBASKETS

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

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	4	3	1
HEALTH TOTAL	5	4	3	1
LIFE SAFETY CODE	12	6	4	4
LIFE SAFETY CODE + HEALTH	17	10	7	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/15/2004	SUBSTANTIATED

10/13/2004	UNSUBSTANTIATED
11/04/2004	UNSUBSTANTIATED
07/13/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY