

SOUTH VALLEY HEALTH CENTER
3706 WEST 9000 SOUTH
WEST JORDAN UT 84088
STATE'S REGION CODE: 001

PROVIDER #: 465108
PHONE NUMBER: (801) 280-2273
PARTICIPATION DATE: 02/09/1987 CERTIFIED: 120

TYPE ACTION: RECERTIFICATION
TOTAL: 120
TYPE OWNERSHIP: FOR PROFIT - PARTNERSHIP

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

RESIDENT CENSUS ON 09/23/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
TOTAL:	69	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	11	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	46					120	
OTHER:	12						

CURRENT SURVEY REVISIT DATES - 11/30/2004

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
02/2003		06/2003		03/2004		09/23/2004			
X	B	X	D			X P	B	11/06/2004	REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
		X	D			X C	D	11/06/2004	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	D			X C	E	11/06/2004	REQ F0159-FACILITY MANAGEMENT OF RES FUNDS
		X	D						REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	C				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	E	X	E	X	D				REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
		X	E						REQ F0241-DIGNITY
X	E	X	E						REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
X	B	X	E						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	B				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	B				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	D	X	G	X C	E	11/06/2004	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	G	X C	E	11/06/2004	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	D					X C	E	11/06/2004	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E					X C	E	11/06/2004	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	E			X C	E	11/06/2004	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	D	X C	E	11/06/2004	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
				X	C	X C	E	11/06/2004	REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	D	X C	E	11/06/2004	REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
						X C	F	11/06/2004	REQ F0360-FACILITY MUST PROVIDE RESIDENT W/APPROPRIATE DIET
X	E	X	E	X	E	X C	E	11/06/2004	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E			X C	E	11/06/2004	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E	X	E	X	E				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
						X P	B	11/06/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D	X	F	X C	D	11/06/2004	REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
						X C	D	11/06/2004	REQ F0388-VISITS BY PHYSICIAN/PHYSICIAN ASSISTANT/ETC
						X C	D	11/06/2004	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

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
02/2003		06/2003		03/2004		09/23/2004			
		X	E			X C	E	11/06/2004	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	D	X	G	X C	E	11/06/2004	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
						X C	E	11/06/2004	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
85 NEW	85 NEW	2000 EXIS	2000 EXIS		
02/2003	06/2003	03/2004	09/30/2004		
		X	X C	11/29/2004	K0012-CONSTRUCTION TYPE
	X	X	X C	11/29/2004	K0018-CORRIDOR DOORS
X	X				K0021-DOORS IN FIRE AND SMOKE PARTITIONS
			X C	11/06/2004	K0025-SMOKE PARTITION CONSTRUCTION
			X C	11/06/2004	K0027-DOORS IN SMOKE PARTITIONS
X	X				K0029-HAZARDOUS AREAS - SEPARATION
		X	X C	11/06/2004	K0045-EXIT LIGHTING
		X	X P	11/06/2004	K0046-EMERGENCY LIGHTING
	X	X	X C	11/06/2004	K0047-EXIT SIGNS
		X	X P	11/06/2004	K0050-FIRE DRILLS

			X P	11/06/2004	K0052-TESTING OF FIRE ALARM
			X P	11/06/2004	K0054-SMOKE DETECTOR MAINTENANCE
X		X	X F	11/06/2004	K0056-AUTOMATIC SPRINKLER SYSTEM
			X		K0062-SPRINKLER SYSTEM MAINTENANCE
			X P	11/06/2004	K0064-PORTABLE FIRE EXTINGUISHERS
X	X	X	X C	11/06/2004	K0076-MEDICAL GAS SYSTEM
X					K0104-PENETRATIONS OF SMOKE BARRIERS
	X		X P	11/06/2004	K0130-OTHER
		X			K0135-FLAMMABLE/COMBUSTIBLE LIQUID USE/STORAGE
		X	X C	11/06/2004	K0147-EMERGENCY PLAN

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COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	15	12	14	8
HEALTH TOTAL	15	12	14	8
LIFE SAFETY CODE	14	10	7	5
LIFE SAFETY CODE + HEALTH	29	22	21	13

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/02/2005	SUBSTANTIATED
02/09/2005	UNSUBSTANTIATED
06/21/2005	UNSUBSTANTIATED
09/12/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY