

ST MARKS HOSPITAL TCU
1200 EAST 3900 SOUTH
SALT LAKE CITY UT 84124
STATE'S REGION CODE: 001

PROVIDER #: 465140 FACILITY BEDS
PHONE NUMBER: (801) 268-7540
PARTICIPATION DATE: 10/11/1994 CERTIFIED: 23

TYPE ACTION: RECERTIFICATION
TOTAL: 23
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

| RESIDENT CENSUS ON 03/30/2005 | | LTC ADMISSION/SUSPENSION DATES | | TOTAL CERTIFIED BEDS: 23 | | | |
|-------------------------------|----|--------------------------------|----|--------------------------|-----|--------|-----|
| TOTAL: | 21 | ADMISSION SUSPENDED: | 18 | 18/19 | 19 | ICF/MR | |
| MEDICARE: | 14 | SUSPENSION RESCINDED: | 23 | --- | --- | --- | --- |
| MEDICAID: | 0 | | | | | | |
| OTHER: | 7 | | | | | | |

CURRENT SURVEY REVISIT DATES - 06/13/2005

| 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 |
|----------------|----------|----------------|----------|----------------|----------|----------------|----------|----------------------|---|
| 07/2002 | | 06/2003 | | 05/2004 | | 03/30/2005 | | | |
| X | E | X | D | | | | | | REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC |
| X | D | | | | | | | | REQ F0241-DIGNITY |
| | | X | D | X | B | | | | REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS |
| | | X | D | | | | | | REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS |
| | | | | | | | | | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| | | | | | | X C | D | 05/20/2005 | REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES |
| | | | | | | | | | REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB |

EDITION OF LSC APPLIED

| 85 NEW SURVEY | 85 NEW SURVEY | 2000 EXIS SURVEY | 2000 EXIS SURVEY | PLAN/DATE OF CORRECTION | LSC DEFICIENCIES - BLDG NO. 01 |
|---------------|---------------|------------------|------------------|-------------------------|----------------------------------|
| 07/2002 | 06/2003 | 05/2004 | 03/31/2005 | | |
| X | X | X | X C | 05/20/2005 | K0011-COMMON WALL |
| X | | | X P | 05/20/2005 | K0018-CORRIDOR DOORS |
| | | | X P | 05/20/2005 | K0050-FIRE DRILLS |
| | | | X C | 05/20/2005 | K0051-FIRE ALARM SYSTEM |
| X | | | | | K0072-FURNISHING AND DECORATIONS |
| X | | | | | K0076-MEDICAL GAS SYSTEM |

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 | 1 | 3 | 2 |
| HEALTH TOTAL | 1 | 1 | 3 | 2 |
| LIFE SAFETY CODE | 4 | 1 | 2 | 3 |
| LIFE SAFETY CODE + HEALTH | 5 | 2 | 5 | 5 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| 02/10/2000 | UNSUBSTANTIATED |
| 12/15/2003 | UNSUBSTANTIATED |
| 03/30/2005 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY