

OSCAR REPORT 3
HISTORY FACILITY PROFILE

BASIN CARE AND REHABILITATION CENTER PROVIDER #: 465084 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 187 WEST LAGOON STREET PHONE NUMBER: (435) 722-2497 TOTAL: 59
 ROOSEVELT UT 84066 PARTICIPATION DATE: 10/01/1981 CERTIFIED: 59 TYPE OWNERSHIP: NONPROFIT - CORPORATION
 STATE'S REGION CODE: 001

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

RESIDENT CENSUS ON 01/26/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 59			
TOTAL:	53	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	7	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	34		12		47		
OTHER:	12						

CURRENT SURVEY REVISIT DATES - 03/21/2005

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
01/2002		09/2002		11/2003		01/26/2005			
		X	E	X	D	X P	B	03/11/2005	REQ F0156-INFORM RES OF SERVICES/CHARGES/LEGAL RGTS/ETC
						X C	D	03/11/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
						X C	E	03/11/2005	REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
		X	C	X	D	X C	E	03/11/2005	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	E	03/11/2005	REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT
						X C	E	03/11/2005	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	E	03/11/2005	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E					X C	E	03/11/2005	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
		X	H						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	E			X	E				REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE
						X C	D	03/11/2005	REQ F0406-FACILITY PROVIDES SPECIALIZED REHAB SERVICES
		X	B						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	H						REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
		X	B						REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
				X	D				REQ F0494-NURSE AIDE TRAINING/COMPETENCY
				X	D				REQ F0500-USE OF OUTSIDE PROFESSIONAL RESOURCES
									REQ F0505-PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY	85 EXIST PRIOR 2 SURVEY	2000 EXIS PRIOR 1 SURVEY	2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
01/2002	09/2002	11/2003	01/25/2005		
X		X	X C	04/19/2005	K0018-CORRIDOR DOORS
		X			K0027-DOORS IN SMOKE PARTITIONS
	X	X	X C	03/11/2005	K0029-HAZARDOUS AREAS - SEPARATION
		X			K0046-EMERGENCY LIGHTING
		X			K0047-EXIT SIGNS
		X			K0050-FIRE DRILLS
		X	X P	03/11/2005	K0052-TESTING OF FIRE ALARM
		X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
X			X C	03/11/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
	X		X P	03/11/2005	K0066-SMOKING REGULATIONS
		X			K0072-FURNISHING AND DECORATIONS
			X F		K0074-COMBUSTIBLE CURTAINS
					K0076-MEDICAL GAS SYSTEM
X	X	X			K0104-PENETRATIONS OF SMOKE BARRIERS
					K0130-OTHER

EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY	85 NEW PRIOR 2 SURVEY	2000 EXIS PRIOR 1 SURVEY	2000 EXIS CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
01/2002	09/2002	11/2003	01/25/2005		
X		X			K0018-CORRIDOR DOORS
	X	X			K0046-EMERGENCY LIGHTING
		X			K0047-EXIT SIGNS
		X	X P	03/11/2005	K0052-TESTING OF FIRE ALARM
		X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
	X		X P	03/11/2005	K0072-FURNISHING AND DECORATIONS
					K0074-COMBUSTIBLE CURTAINS

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

BASIN CARE AND REHABILITATION CENTER PROVIDER #: 465084

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	6	5	7	2
HEALTH TOTAL	6	5	7	2
LIFE SAFETY CODE	10	10	5	5
LIFE SAFETY CODE + HEALTH	16	15	12	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/17/2004	SUBSTANTIATED
04/13/2004	SUBSTANTIATED
01/26/2005	UNSUBSTANTIATED
09/14/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY