

SUNSHINE TERRACE FOUNDATION  
225 NORTH 200 WEST  
LOGAN UT 84321  
STATE'S REGION CODE: 001

PROVIDER #: 465079  
PHONE NUMBER: (435) 752-0411  
PARTICIPATION DATE: 09/01/1981

FACILITY BEDS  
TOTAL: 172  
CERTIFIED: 172  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 04/27/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 172			
TOTAL:	128	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	7	SUSPENSION RESCINDED:	--	--	--		
MEDICAID:	82				172		
OTHER:	39						

CURRENT SURVEY REVISIT DATES - 06/20/2005

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		02/2003		03/2004		04/27/2005			
X	E			X	G			06/15/2005	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	E	X	C	06/15/2005	REQ F0241-DIGNITY
						X	C	06/15/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D	X	B			X	P	06/15/2005	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X	C	06/15/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	D								REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D								REQ F0310-ADLS DO NOT DECLINE UNLESS UNAVOIDABLE
X	D			X	G				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
				X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	E				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D				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
01/2002	02/2003	03/2004	05/10/2005		
X					K0018-CORRIDOR DOORS
	X				K0025-SMOKE PARTITION CONSTRUCTION
		X			K0029-HAZARDOUS AREAS - SEPARATION
		X			K0038-EXIT ACCESS
		X	C	06/15/2005	K0046-EMERGENCY LIGHTING
		X	P	06/15/2005	K0050-FIRE DRILLS
X					K0052-TESTING OF FIRE ALARM
	X				K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0075-WASTEBASKETS
X					K0130-OTHER
		X	C	05/10/2005	K0147-EMERGENCY PLAN
		X	C	06/15/2005	K0038-EXIT ACCESS

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	4	6	1	4
HEALTH TOTAL	4	6	1	4
LIFE SAFETY CODE	6	5	3	2
LIFE SAFETY CODE + HEALTH	10	11	4	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/11/2003	UNSUBSTANTIATED
06/30/2003	SUBSTANTIATED
12/09/2003	SUBSTANTIATED
04/27/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY