

ROCKY MOUNTAIN CARE - TOOELE
140 EAST 200 SOUTH
TOOELE UT 84074
STATE'S REGION CODE: 001

PROVIDER #: 465089 FACILITY BEDS
PHONE NUMBER: (435) 882-3760
PARTICIPATION DATE: 01/01/1982 CERTIFIED: 84

TYPE ACTION: RECERTIFICATION
TOTAL: 84
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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: 84			
TOTAL:	64	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	
MEDICARE:	12	SUSPENSION RESCINDED:	--	----	--	-----	
MEDICAID:	36				84		
OTHER:	16						

CURRENT SURVEY REVISIT DATES - 11/09/2004

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
11/2001		09/2002		10/2003		09/23/2004			
X	E			X	E				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE REQ F0241-DIGNITY
X	D			X	D	X P	B	11/05/2004	REQ F0272-COMPREHENSIVE ASSESSMENTS REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
X	G			X	D	X C	D	11/03/2004	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	E	X	E			X P	B	11/01/2004	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
X	E	X	E						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	E	X	E	X	B	X C	E	10/13/2004	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0386-PHYSICIAN RESPONSIBILITIES DURING VISITS
X	E	X	B			X C	D	11/03/2004	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
X	E	X	D	X	D				REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4
		X	D	X	D				REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF REQ F0505-PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS

EDITION OF LSC APPLIED

85 EXIST	85 EXIST	2000 EXIS	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
11/2001	09/2002	10/2003	09/28/2004			
X	X	X	X	X F		K0011-COMMON WALL
X	X	X	X	X C	09/29/2004	K0012-CONSTRUCTION TYPE
X	X	X	X	X C	11/26/2004	K0018-CORRIDOR DOORS
X	X	X	X	X F		K0025-SMOKE PARTITION CONSTRUCTION
X	X	X	X	X F		K0029-HAZARDOUS AREAS - SEPARATION
X	X	X	X	X F		K0046-EMERGENCY LIGHTING
X	X	X	X	X F		K0050-FIRE DRILLS
X	X	X	X	X F		K0052-TESTING OF FIRE ALARM
X	X	X	X	X F		K0054-SMOKE DETECTOR MAINTENANCE
X	X	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
X	X	X	X	X F		K0060-SPRINKLER ALARM SYSTEM
X	X	X	X	X F		K0062-SPRINKLER SYSTEM MAINTENANCE
X	X	X	X	X F		K0064-PORTABLE FIRE EXTINGUISHERS
X	X	X	X	X F		K0072-FURNISHING AND DECORATIONS
X	X	X	X	X F		K0074-COMBUSTIBLE CURTAINS
X	X	X	X	X F		K0075-WASTEBASKETS
X	X	X	X	X F		K0076-MEDICAL GAS SYSTEM
X	X	X	X	X F		K0130-OTHER
X	X	X	X	X F		K0147-EMERGENCY PLAN

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	5	6	6	6
HEALTH TOTAL	5	6	6	6
LIFE SAFETY CODE	5	8	8	7
LIFE SAFETY CODE + HEALTH	10	14	14	13

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/16/2004	UNSUBSTANTIATED
07/01/2004	UNSUBSTANTIATED
12/06/2004	UNSUBSTANTIATED
08/15/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY