

WASATCH CARE CENTER
3430 HARRISON BOULEVARD
OGDEN UT 84403
STATE'S REGION CODE: 001

PROVIDER #: 465009 FACILITY BEDS
PHONE NUMBER: (801) 399-5609
PARTICIPATION DATE: 04/30/1979 CERTIFIED: 69

TYPE ACTION: RECERTIFICATION
TOTAL: 69
TYPE OWNERSHIP: FOR PROFIT - INDIVIDUAL

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

| RESIDENT CENSUS ON 09/08/2005 | | LTC ADMISSION/SUSPENSION DATES | | TOTAL CERTIFIED BEDS: 69 | | | |
|-------------------------------|----|--------------------------------|--|--------------------------|-------|----|--------|
| TOTAL: | 40 | ADMISSION SUSPENDED: | | 18 | 18/19 | 19 | ICF/MR |
| MEDICARE: | 7 | SUSPENSION RESCINDED: | | -- | ---- | -- | ----- |
| MEDICAID: | 19 | | | | | 69 | |
| OTHER: | 14 | | | | | | |

CURRENT SURVEY REVISIT DATES - 10/25/2005

| 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 | | X | D | | | | | | REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC |
| | | | | X | D | X | C | 10/21/2005 | REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE |
| | | | | X | E | X | C | 10/21/2005 | REQ F0241-DIGNITY |
| | | X | D | | | X | C | 10/21/2005 | REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS |
| | | X | D | | | | | | REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS |
| | | | | X | E | | | | REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING |
| | | | | X | E | | | | REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED |
| | | X | E | X | E | | | | REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. |
| | | X | D | | | | | | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| X | D | | | | | | | | REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT |
| | | X | D | | | | | | REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES |
| | | | | X | B | | | | REQ F0454-FACILITY DESIGNED TO PROTECT HEALTH/SAFETY |
| X | E | X | D | X | D | | | | REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY |
| | | | | X | D | | | | REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF |
| | | | | | | | | | REQ F0505-PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS |

EDITION OF LSC APPLIED

| PRIOR 3 SURVEY | PRIOR 2 SURVEY | PRIOR 1 SURVEY | CURRENT SURVEY | PLAN/DATE OF CORRECTION | LSC DEFICIENCIES - BLDG NO. 01 |
|----------------|----------------|----------------|----------------|-------------------------|--|
| 07/2002 | 06/2003 | 07/2004 | 09/20/2005 | | K0017-CORRIDOR WALLS |
| X | | | | | K0018-CORRIDOR DOORS |
| X | X | X | X | 10/15/2005 | K0021-DOORS IN FIRE AND SMOKE PARTITIONS |
| | X | | | | K0025-SMOKE PARTITION CONSTRUCTION |
| | | X | | | K0029-HAZARDOUS AREAS - SEPARATION |
| | X | | | | K0046-EMERGENCY LIGHTING |
| | | | X | 10/15/2005 | K0050-FIRE DRILLS |
| | | | X | 10/15/2005 | K0052-TESTING OF FIRE ALARM |
| X | X | X | X | | K0056-AUTOMATIC SPRINKLER SYSTEM |
| X | X | | | | K0062-SPRINKLER SYSTEM MAINTENANCE |
| | | | X | 10/15/2005 | K0064-PORTABLE FIRE EXTINGUISHERS |
| | X | | | | K0073-FLAMMABLE FURNISHINGS |
| X | | | X | 10/15/2005 | K0104-PENETRATIONS OF SMOKE BARRIERS |
| X | X | X | X | 10/15/2005 | K0130-OTHER |
| | | | X | 10/15/2005 | K0147-EMERGENCY PLAN |

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSBS 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 | 3 | 7 | 7 | 2 |
| HEALTH TOTAL | 3 | 7 | 7 | 2 |
| LIFE SAFETY CODE | 7 | 5 | 8 | 7 |
| LIFE SAFETY CODE + HEALTH | 10 | 12 | 15 | 9 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|---------------|
| 04/02/2002 | SUBSTANTIATED |
| 12/30/2002 | SUBSTANTIATED |
| 07/16/2004 | SUBSTANTIATED |
| 08/16/2005 | SUBSTANTIATED |

FMS SURVEY INFORMATION

| SURVEY DATE | TYPE OF SURVEY |
|-------------|----------------|
| 06/14/2001 | COMPARATIVE |