

WASATCH VALLEY REHABILITATION
2200 EAST 3300 SOUTH
SALT LAKE CITY UT 84109
STATE'S REGION CODE: 001

PROVIDER #: 465006 FACILITY BEDS
PHONE NUMBER: (801) 486-2096
PARTICIPATION DATE: 10/01/1977 CERTIFIED: 118

TYPE ACTION: RECERTIFICATION
TOTAL: 118
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 08/25/2004		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 118			
TOTAL:	94	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	-----
MEDICARE:	17	SUSPENSION RESCINDED:	--	-----	--	-----	-----
MEDICAID:	54				118		
OTHER:	23						

CURRENT SURVEY REVISIT DATES - 10/25/2004

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
12/2001		01/2003		10/2003		08/25/2004			
		X	D						REQ F0174-ACCESS TO TELEPHONE WITH AUDITORY PRIVACY
		X	B			X C	E	10/15/2004	REQ F0241-DIGNITY
		X	E						REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
				X	B				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	B			X C	D	10/15/2004	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	E			X	B				REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
		X	E						REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
		X	E						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E						REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	D			X	D	X P	B	10/15/2004	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	E					X P	B	10/15/2004	REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
12/2001	01/2003	10/2003	08/24/2004		
			X C	10/15/2004	K0025-SMOKE PARTITION CONSTRUCTION
			X C	10/15/2004	K0027-DOORS IN SMOKE PARTITIONS
			X P	10/15/2004	K0046-EMERGENCY LIGHTING
X					K0047-EXIT SIGNS
			X P	10/15/2004	K0052-TESTING OF FIRE ALARM
X					K0054-SMOKE DETECTOR MAINTENANCE
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
X	X				K0062-SPRINKLER SYSTEM MAINTENANCE
		X	X C	10/15/2004	K0067-VENTILATING EQUIPMENT
X	X	X			K0070-SPACE HEATERS
					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES 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	4	6	3
HEALTH TOTAL	4	4	6	3
LIFE SAFETY CODE	6	2	2	4
LIFE SAFETY CODE + HEALTH	10	6	8	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/14/2004	UNSUBSTANTIATED
07/21/2004	UNSUBSTANTIATED
11/09/2004	UNSUBSTANTIATED
08/31/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY