

WASHINGTON TERRACE HEALTH SVS
400 EAST 5350 SOUTH
OGDEN UT 84405
STATE'S REGION CODE: 001

PROVIDER #: 465115 FACILITY BEDS
PHONE NUMBER: (801) 479-9855
PARTICIPATION DATE: 10/09/1987 CERTIFIED: 120

TYPE ACTION: RECERTIFICATION
TOTAL: 120
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/09/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
TOTAL:	77	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR	-----
MEDICARE:	5	SUSPENSION RESCINDED:	--	-----	--	-----	-----
MEDICAID:	50				120		
OTHER:	22						

CURRENT SURVEY REVISIT DATES - 07/19/2005

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
06/2002		05/2003		04/2004		06/09/2005			
		X	D					07/12/2005	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
		X	B			X C	E		REQ F0241-DIGNITY
X	B	X	B						REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
		X	D						REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	D								REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
		X	E	X	E				REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E					X C	F	07/12/2005	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	B						REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	E			X	E				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
		X							REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E								REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X							REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 NEW	85 NEW	2000 EXIS	2000 EXIS	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY		
06/2002	05/2003	04/2004	06/21/2005		
	X	X			K0018-CORRIDOR DOORS
	X				K0029-HAZARDOUS AREAS - SEPARATION
		X			K0045-EXIT LIGHTING
	X	X			K0056-AUTOMATIC SPRINKLER SYSTEM
	X				K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0073-FLAMMABLE FURNISHINGS
X		X			K0076-MEDICAL GAS SYSTEM
X	X				K0130-OTHER
		X			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	2	2	6	4
HEALTH TOTAL	2	2	6	4
LIFE SAFETY CODE	0	5	6	2
LIFE SAFETY CODE + HEALTH	2	7	12	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/04/2004	UNSUBSTANTIATED
07/08/2004	UNSUBSTANTIATED
06/09/2005	UNSUBSTANTIATED
09/29/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY