

HURRICANE REHABILITATION CENTER
416 NORTH STATE
HURRICANE UT 84737
STATE'S REGION CODE: 001

PROVIDER #: 465101 FACILITY BEDS
PHONE NUMBER: (435) 635-9833
PARTICIPATION DATE: 07/01/1985 CERTIFIED: 60

TYPE ACTION: RECERTIFICATION
TOTAL: 60
TYPE OWNERSHIP: NONPROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/16/2005		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 60			
TOTAL:	42	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	4	SUSPENSION RESCINDED:		--	---	--	----
MEDICAID:	34				60		
OTHER:	4						

CURRENT SURVEY REVISIT DATES - 08/22/2005

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		06/2003		04/2004		06/16/2005			
				X	C			08/15/2005	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
						X C	E	08/15/2005	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	E	08/15/2005	REQ F0241-DIGNITY
X	D								REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
X	D								REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
X	D								REQ F0275-ASSESSMENT CONDUCTED AT LEAST EVERY 12 MONTHS
X	E	X	B	X	E				REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
X	D								REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
X	B			X	B				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	E				REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
				X	E	X C	E	08/15/2005	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	E	X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	D	X	D			X C	D	08/15/2005	REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
						X C	E	08/15/2005	REQ F0463-RESIDENT CALL SYSTEM
									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
06/2002	06/2003	04/2004	07/19/2005		
	X				K0011-COMMON WALL
	X				K0018-CORRIDOR DOORS
X	X	X	X F	08/19/2005	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
		X	X C	08/19/2005	K0029-HAZARDOUS AREAS - SEPARATION
	X		X C	08/19/2005	K0046-EMERGENCY LIGHTING
	X	X	X F	08/19/2005	K0052-TESTING OF FIRE ALARM
			X C	09/23/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	08/19/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0066-SMOKING REGULATIONS
	X				K0069-COOKING EQUIPMENT
		X			K0073-FLAMMABLE FURNISHINGS
X	X				K0074-COMBUSTIBLE CURTAINS
		X			K0130-OTHER
					K0144-GENERATORS INSPECTED/TESTED

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	5	6	4	7
HEALTH TOTAL	5	6	4	7
LIFE SAFETY CODE	6	5	7	3
LIFE SAFETY CODE + HEALTH	11	11	11	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
05/23/2002	UNSUBSTANTIATED
08/06/2002	UNSUBSTANTIATED
09/23/2002	UNSUBSTANTIATED
06/16/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
03/09/2000	COMPARATIVE