

BRIGHTON GARDENS OF SALT LAKE
76 SOUTH 500 EAST
SALT LAKE CITY UT 84102
STATE'S REGION CODE: 001

PROVIDER #: 465149
PHONE NUMBER: (801) 359-0050
PARTICIPATION DATE: 06/27/2000 CERTIFIED: 45

TYPE ACTION: RECERTIFICATION
TOTAL: 45
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 06/08/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 45			
TOTAL: 43	ADMISSION SUSPENDED: 18	18	18/19	19	ICF/MR
MEDICARE: 17	SUSPENSION RESCINDED: 45	--	----	--	-----
MEDICAID: 0					
OTHER: 26					

CURRENT SURVEY REVISIT DATES - NONE

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		06/2003		04/2004		06/08/2005			
X	D	X	E	X	E				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES

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	04/2004	06/13/2005		
X	X	X	X C	08/01/2005	K0018-CORRIDOR DOORS K0025-SMOKE PARTITION CONSTRUCTION K0029-HAZARDOUS AREAS - SEPARATION K0046-EMERGENCY LIGHTING K0050-FIRE DRILLS K0052-TESTING OF FIRE ALARM K0064-PORTABLE FIRE EXTINGUISHERS K0076-MEDICAL GAS SYSTEM
		X	X P	07/13/2005	
		X	X C	07/15/2005	
X		X	X C	07/22/2005	

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	0	1	1	1
HEALTH TOTAL	0	1	1	1
LIFE SAFETY CODE	4	2	2	2
LIFE SAFETY CODE + HEALTH	4	3	3	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/06/2001	SUBSTANTIATED
03/13/2001	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY