

HILLCREST CARE CENTER  
348 EAST 8000 SOUTH  
SANDY UT 84070  
STATE'S REGION CODE: 001

PROVIDER #: 46G005  
PHONE NUMBER: (801) 566-4191  
PARTICIPATION DATE: 07/20/1982

FACILITY BEDS  
TOTAL: 60  
TYPE ACTION: RECERTIFICATION  
CERTIFIED: 60  
TYPE OWNERSHIP: PRIVATE PROPRIETARY

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

RESIDENT CENSUS ON 04/20/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 60			
TOTAL:	60	BEGINNING:	08/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	07/31/2006	--	----	--	-----
MEDICAID:	0	EXTENSION:					60
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 06/09/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
09/2002	02/2003	05/2004	04/20/2005		
X	X	X		STD	W0109-COMPLIANCE WITH SANITATION LAWS
	X			STD	W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
			X C	05/30/2005	W0126-CLIENTS MANAGE OWN FINANCIAL AFFAIRS
			X C	05/30/2005	W0137-CLIENTS RETAIN & USE PERSONAL POSSESSIONS AND CLOTHING
	X		X C	05/15/2005	W0153-ALLEGATIONS OF ABUSE REPORTED IMMEDIATELY
	X		X C	05/30/2005	W0154-ALLEGED VIOLATIONS INVESTIGATED THOROUGHLY
X		X		STD	* W0186-SUFFICIENT STAFF TO MANAGE & SUPERVISE CLIENTS
			X C	05/30/2005	STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
			X C	05/30/2005	STD * W0252-ACCOMPLISHMENT OF CRITERIA DOCUMENTED IN MEASURABLE TERMS
			X C	05/30/2005	STD * W0255-IPP REVIEWED, REVISED WHEN OBJECTIVE COMPLETED
		X		STD	* W0322-FACILITY PROVIDES PREVENTIVE & GENERAL MEDICAL CARE
	X			STD	W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
			X C	05/15/2005	STD W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
	X		X C	05/30/2005	STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
X		X		STD	W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
	X			STD	W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
		X		STD	W0440-EVACUATION DRILLS HELD AT LEAST QUARTERLY
	X			STD	W0442-EVACUATION DRILLS ENSURE ALL PERSONNEL TRAINED
		X		STD	W0443-ALL PERSONNEL FAMILIAR WITH FIRE PROTECTION FEATURES
	X	X		STD	W0445-CLIENTS ACTUALLY EVACUATED AT LEAST 1 DRILL PER SHIFT
X			X C	05/30/2005	STD W0454-SANITARY ENVIRONMENT TO AVOID INFECTION
		X		STD	* W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

EDITION OF LSC APPLIED					PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
85 EXIST	85 EXIST	2000 EXIS	2000 EXIS			
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION		
09/2002	02/2003	05/2004	04/20/2005			
			X C	05/30/2005	K0012-CONSTRUCTION TYPE	
			X F		K0017-CORRIDOR WALLS	
			X		K0018-CORRIDOR DOORS	
			X		K0027-DOORS IN SMOKE PARTITIONS	
X					K0046-EMERGENCY LIGHTING	
		X			K0054-SMOKE DETECTOR MAINTENANCE	
X	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM	
X		X	X C	05/30/2005	K0062-SPRINKLER SYSTEM MAINTENANCE	
X					K0066-SMOKING REGULATIONS	
	X				K0074-COMBUSTIBLE CURTAINS	
			X C	05/30/2005	K0076-MEDICAL GAS SYSTEM	
			X C	05/30/2005	K0130-OTHER	
			X C	05/30/2005	K0147-EMERGENCY PLAN	

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	17	13	10	8
REGIONAL OFFICE FLAG (INCLUDES COPS)	4	2	0	1
HEALTH TOTAL	10	7	8	4
LIFE SAFETY CODE	7	6	2	4
LIFE SAFETY CODE + HEALTH	17	13	10	8

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

COP	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
06/22/2004	UNSUBSTANTIATED

11/10/2004	UNSUBSTANTIATED
12/28/2004	UNSUBSTANTIATED
06/29/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY