

LINDON CARE AND TRAINING CENTE
680 NORTH STATE STREET
LINDON UT 84042
STATE'S REGION CODE: 001

PROVIDER #: 46G007 FACILITY BEDS
PHONE NUMBER: (801) 785-2179
PARTICIPATION DATE: 07/01/1982 CERTIFIED: 66

TYPE ACTION: RECERTIFICATION
TOTAL: 66
TYPE OWNERSHIP: PRIVATE NON PROFIT

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

RESIDENT CENSUS ON 04/07/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 66			
TOTAL:	64	BEGINNING:	09/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	08/31/2006	--	----	--	-----
MEDICAID:	0	EXTENSION:					66
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 06/20/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
09/2002	05/2003	06/2004	04/07/2005		
X		X	X C	05/26/2005	STD W0108-COMPLIANCE WITH SAFETY LAWS
X		X			STD W0109-COMPLIANCE WITH SANITATION LAWS
		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
		X	X C	05/26/2005	STD W0148-PARENTS, GUARDIAN NOTIFIED OF INCIDENTS, CHANGES IN CONDI
		X	X C	05/26/2005	STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
		X	X C	05/26/2005	STD W0254-EVENTS RELATING TO LEVEL, QUALITY OF FUNCTIONING DOCUMENT
		X	X C	05/26/2005	STD * W0255-IPP REVIEWED, REVISED WHEN OBJECTIVE COMPLETED
		X	X C	05/26/2005	STD * W0256-IPP REVIEWED, REVISED WHEN CLIENT IS REGRESSING, LOSING S
X					STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
X					STD W0341-CONTROL OF COMMUNICABLE DISEASES
X					STD W0388-LABELING OF DRUGS & BIOLOGICALS
		X	X C	05/26/2005	STD W0390-OUTDATED DRUGS REMOVED FROM USE
		X	X C	05/26/2005	STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
		X			STD W0435-SUFFICIENT SPACE, EQUIPMENT TO PROVIDE NEEDED SERVICES
		X			STD W0443-ALL PERSONNEL FAMILIAR WITH FIRE PROTECTION FEATURES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
09/2002	05/2003	06/2004	04/06/2005		
X		X	X C	05/26/2005	K0012-CONSTRUCTION TYPE
X	X	X	X F		K0018-CORRIDOR DOORS
		X	X C	05/26/2005	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
X	X	X	X F		K0046-EMERGENCY LIGHTING
X		X			K0051-FIRE ALARM SYSTEM
		X			K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0061-MAIN SPRINKLER CONTROL
		X	X C	05/26/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0067-VENTILATING EQUIPMENT
		X			K0074-COMBUSTIBLE CURTAINS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION STANDARD	0	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	12	11	2	9
HEALTH TOTAL	2	1	0	0
LIFE SAFETY CODE	7	7	0	5
LIFE SAFETY CODE + HEALTH	5	4	2	4
	12	11	2	9

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
11/25/2003	UNSUBSTANTIATED
05/12/2004	UNSUBSTANTIATED
08/26/2004	UNSUBSTANTIATED
04/07/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

