

TOPHAMS TINY TOTS CARE CENTER
247 NORTH 100 EAST
OREM UT 84057
STATE'S REGION CODE: 001

PROVIDER #: 46G010
PHONE NUMBER: (801) 225-0323
PARTICIPATION DATE: 09/01/1982 CERTIFIED: 50

TYPE ACTION: RECERTIFICATION
TOTAL: 50
TYPE OWNERSHIP: PRIVATE PROPRIETARY

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

RESIDENT CENSUS ON 01/05/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 50			
TOTAL:	40	BEGINNING:	05/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	12/31/2005	--	----	--	-----
MEDICAID:	0	EXTENSION:					50
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 03/22/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
11/2001	11/2002	10/2003	01/05/2005		
X	X		X C	02/28/2005	STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
		X	X C	01/28/2005	STD W0129-CLIENTS PROVIDED WITH PERSONAL PRIVACY
		X			STD W0130-PRIVACY DURING CARE AND TREATMENT IS ENSURED
		X			STD * W0197-SERVICES FOR INDEPENDENT CLIENTS NOT INCLUDED
			X C	02/28/2005	STD W0263-COMMITTEE INSURES IPSS CONDUCTED WITH CONSENT OF CLIENT
			X C	02/28/2005	STD W0314-DRUGS FOR CONTROL OF BEHAVIOR MONITORED CLOSELY
X					STD W0327-ANNUAL PHYSICAL INCLUDES TUBERCULOSIS CONTROL
X					STD W0339-NURSING SERVICES INCLUDES OTHER CARE AS PRESCRIBED BY PHY
			X C	02/28/2005	STD W0341-CONTROL OF COMMUNICABLE DISEASES
X	X				STD W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
		X			STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
		X			STD W0381-DRUGS STORED UNDER PROPER SECURITY
		X			STD W0407-CLIENTS ARE APPROPRIATELY HOUSED
			X C	02/28/2005	STD W0411-BEDROOMS ACCOMMODATE NO MORE THAN 4 CLIENTS
		X			STD W0436-FURNISH, MAINTAIN SPECIALIZED EQUIPMENT, DEVICES
X					STD W0445-CLIENTS ACTUALLY EVACUATED AT LEAST 1 DRILL PER SHIFT
					STD W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 2000 EXIS2000 EXIS

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
11/2001	11/2002	10/2003	01/05/2005		
	X				K0011-COMMON WALL
		X			K0018-CORRIDOR DOORS
		X	X C	01/24/2005	K0029-HAZARDOUS AREAS - SEPARATION
		X			K0046-EMERGENCY LIGHTING
		X	X C	01/24/2005	K0051-FIRE ALARM SYSTEM
	X	X	X N		K0052-TESTING OF FIRE ALARM
	X				K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	01/20/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0069-COOKING EQUIPMENT
X	X				K0074-COMBUSTIBLE CURTAINS
			X C	01/24/2005	K0130-OTHER
			X C	01/24/2005	K0154-AUTOMATIC SPRINKLER SYSTEM
					K0155-FIRE ALARM SYSTEM OUTAGE REQUIREMENTS

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	0	0	0	0
STANDARD	12	10	8	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	1	0	0
HEALTH TOTAL	6	6	3	5
LIFE SAFETY CODE	6	4	5	1
LIFE SAFETY CODE + HEALTH	12	10	8	6

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
03/21/2001	UNSUBSTANTIATED
08/09/2001	UNSUBSTANTIATED
11/27/2002	UNSUBSTANTIATED
05/12/2004	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
01/13/2005	LOOK BEHIND