

WEST JORDAN CARE CENTER
3350 WEST 7800 SOUTH
WEST JORDAN UT 84088
STATE'S REGION CODE: 001

PROVIDER #: 46G011 FACILITY BEDS
PHONE NUMBER: (801) 282-0686
PARTICIPATION DATE: 02/10/1978 CERTIFIED: 82

TYPE ACTION: RECERTIFICATION
TOTAL: 82
TYPE OWNERSHIP: PRIVATE NON PROFIT

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

RESIDENT CENSUS ON 01/19/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 82			
TOTAL:	80	BEGINNING:	04/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	03/31/2006	--	----	--	-----
MEDICAID:	0	EXTENSION:					82
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 02/16/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
01/2002	01/2003	01/2004	01/19/2005		
	X		X C	01/27/2005	STD W0109-COMPLIANCE WITH SANITATION LAWS
		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
X					STD W0137-CLIENTS RETAIN & USE PERSONAL POSSESSIONS AND CLOTHING
X					STD * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP
	X				STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
	X				STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
	X				STD W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
	X	X			STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
	X	X			STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
	X	X			STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X	X			STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
	X				STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
X					STD W0440-EVACUATION DRILLS HELD AT LEAST QUARTERLY
			X C	02/10/2005	STD W0445-CLIENTS ACTUALLY EVACUATED AT LEAST 1 DRILL PER SHIFT

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
01/2002	01/2003	01/2004	01/19/2005		
		X			K0012-CONSTRUCTION TYPE
		X			K0018-CORRIDOR DOORS
			X C	02/04/2005	K0021-DOORS IN FIRE AND SMOKE PARTITIONS
			X C	01/25/2005	K0029-HAZARDOUS AREAS - SEPARATION
X					K0050-FIRE DRILLS
X	X		X F		K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0060-SPRINKLER ALARM SYSTEM
		X	X C	02/11/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0075-WASTEBASKETS
X	X				K0130-OTHER
			X C	01/20/2005	K0147-EMERGENCY PLAN

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	7	11	9	6
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	2
HEALTH TOTAL	2	6	7	3
LIFE SAFETY CODE	5	5	2	3
LIFE SAFETY CODE + HEALTH	7	11	9	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
05/02/2002	UNSUBSTANTIATED
05/29/2002	UNSUBSTANTIATED
09/01/2004	UNSUBSTANTIATED
10/14/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY