

MEDALLION MANOR
1701 WEST 600 SOUTH
PROVO UT 84601
STATE'S REGION CODE: 001

PROVIDER #: 46G014 FACILITY BEDS
PHONE NUMBER: (801) 375-2710
PARTICIPATION DATE: 07/01/1984 CERTIFIED: 45

TYPE ACTION: RECERTIFICATION
TOTAL: 45
TYPE OWNERSHIP: PRIVATE PROPRIETARY

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

RESIDENT CENSUS ON 06/06/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 45			
TOTAL:	45	BEGINNING:	09/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	08/31/2006	--	----	--	-----
MEDICAID:	0	EXTENSION:					45
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 07/19/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
09/2002	05/2003	08/2004	06/06/2005		
	X	X	X C	07/15/2005	STD W0126-CLIENTS MANAGE OWN FINANCIAL AFFAIRS
		X	X C	07/15/2005	STD W0153-ALLEGATIONS OF ABUSE REPORTED IMMEDIATELY
		X	X C	07/15/2005	STD W0154-ALLEGED VIOLATIONS INVESTIGATED THOROUGHLY
			X C	07/15/2005	STD * W0193-STAFF ABLE TO MANAGE INAPPROPRIATE CLIENT BEHAVIOR
X			X C	07/15/2005	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
			X C	07/15/2005	STD W0341-CONTROL OF COMMUNICABLE DISEASES
	X		X C	07/15/2005	STD W0348-COMPREHENSIVE DENTAL SERVICES PROVIDED
X					STD W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
X					STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
X			X C	07/15/2005	STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
					STD W0436-FURNISH, MAINTAIN SPECIALIZED EQUIPMENT, DEVICES

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	08/2004	06/06/2005		
			X C	07/15/2005	K0017-CORRIDOR WALLS
			X C	07/15/2005	K0018-CORRIDOR DOORS
			X C	07/15/2005	K0029-HAZARDOUS AREAS - SEPARATION
X			X C	07/15/2005	K0047-EXIT SIGNS
		X	X C	07/15/2005	K0050-FIRE DRILLS
X	X	X	X F	07/15/2005	K0052-TESTING OF FIRE ALARM
X	X				K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
					K0069-COOKING EQUIPMENT
X					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSBS 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	5	4	7
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	0	0	0
HEALTH TOTAL	7	2	2	3
LIFE SAFETY CODE	5	3	2	4
LIFE SAFETY CODE + HEALTH	12	5	4	7

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
09/20/2000	UNSUBSTANTIATED
01/14/2002	SUBSTANTIATED
05/04/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY