

EAST SIDE CENTER  
642 SOUTH UNIVERSITY STREET  
SALT LAKE CITY UT 84102  
STATE'S REGION CODE: 001

PROVIDER #: 46G016  
PHONE NUMBER: (801) 582-2195  
PARTICIPATION DATE: 12/01/1986 CERTIFIED: 16

FACILITY BEDS  
TOTAL: 16  
TYPE ACTION: RECERTIFICATION  
TYPE OWNERSHIP: PRIVATE NON PROFIT

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

RESIDENT CENSUS ON 12/02/2004

TOTAL: 16  
MEDICARE: 0  
MEDICAID: 0  
OTHER: 0

LTC AGREEMENT DATES

BEGINNING: 02/01/2005  
ENDING: 11/30/2005  
EXTENSION:  
ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 16

18 18/19 19 ICF/MR  
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CURRENT SURVEY REVISIT DATES - 01/20/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
10/2001	11/2002	07/2003	12/02/2004	

PROGRAM REQUIREMENTS

X		X		STD	W0109-COMPLIANCE WITH SANITATION LAWS
X				STD	W0149-MISTREATMENT, NEGLECT, ABUSE OF CLIENT PROHIBITED
	X			STD	* W0189-EMPLOYEE TRAINING PROVIDED
X			X C	STD	* W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATED
		X		STD	* W0257-IPP REVIEWED, REVISED WHEN CLIENT FAILS TO PROGRESS
	X			STD	W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
	X			STD	W0347-NON - LICENSED PERSONNEL SUPERVISED BY LICENSED PERSONS
X	X			STD	W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
	X			STD	W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
X				STD	W0383-ONLY AUTHORIZED PERSONS HAVE ACCESS TO KEYS
X				STD	W0390-OUTDATED DRUGS REMOVED FROM USE
		X		STD	W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
X				STD	* W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
X				STD	W0472-FOOD SERVED IN APPROPRIATE QUANTITY
				STD	W0478-MENUS PROVIDE VARIETY OF FOOD AT EACH MEAL

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
10/2001	11/2002	07/2003	11/30/2004	
X	X	X	X C	01/16/2005
X	X			

LSC DEFICIENCIES - BLDG NO. 01

K0056-AUTOMATIC SPRINKLER SYSTEM  
K0119-OTHER HAZARDOUS AREAS  
K0130-OTHER

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	2	5	7	10
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	1	1	1
HEALTH TOTAL	1	3	5	8
LIFE SAFETY CODE	1	2	2	2
LIFE SAFETY CODE + HEALTH	2	5	7	10

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
03/09/2000	UNSUBSTANTIATED
08/27/2001	UNSUBSTANTIATED
09/27/2001	UNSUBSTANTIATED
10/24/2002	SUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY