

NORTH SIDE CENTER
340 NORTH 100 WEST
BOUNTIFUL UT 84010
STATE'S REGION CODE: 001

PROVIDER #: 46G019 FACILITY BEDS
PHONE NUMBER: (801) 292-6797
PARTICIPATION DATE: 06/23/1988 CERTIFIED: 12

TYPE ACTION: RECERTIFICATION
TOTAL: 12
TYPE OWNERSHIP: PRIVATE PROPRIETARY

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

RESIDENT CENSUS ON 03/30/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 12			
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TOTAL:	11	BEGINNING:	06/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	05/31/2006	--	----	--	----
MEDICAID:	0	EXTENSION:					12
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 05/16/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
05/2002	01/2003	04/2004	03/30/2005		
X	X	X			STD W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
			X C	05/04/2005	STD W0129-CLIENTS PROVIDED WITH PERSONAL PRIVACY
			X C	05/04/2005	STD W0148-PARENTS, GUARDIAN NOTIFIED OF INCIDENTS, CHANGES IN CONDI
			X C	05/04/2005	STD * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP
	X				STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
		X			STD * W0252-ACCOMPLISHMENT OF CRITERIA DOCUMENTED IN MEASURABLE TERMS
X					STD W0315-DRUGS FOR CONTROL OF BEHAVIOR MONITORED FOR DESIRED RESPO
X					STD W0370-UNLICENSED PERSONNEL ADMINISTER DRUGS ONLY IF STATE PERMI
X					STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
	X				STD W0381-DRUGS STORED UNDER PROPER SECURITY
			X C	05/04/2005	STD W0390-OUTDATED DRUGS REMOVED FROM USE
X					STD W0429-FACILITY MAINTAINS NORMAL TEMPERATURE, HUMIDITY
	X				STD W0440-EVACUATION DRILLS HELD AT LEAST QUARTERLY
					STD W0486-STAFF DIRECT SELF - HELP DINING PROCEDURE

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
1985	1985	2000	EXIS2000	EXIS	
05/2002	01/2003	04/2004	03/29/2005		
X					K0043-PATIENT ROOM LOCKS
X					K0051-FIRE ALARM SYSTEM
X	X				K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES 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	4	2	7	8
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	1	1	0
HEALTH TOTAL	4	2	6	5
LIFE SAFETY CODE	0	0	1	3
LIFE SAFETY CODE + HEALTH	4	2	7	8

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
11/21/2001	UNSUBSTANTIATED
10/30/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
05/11/2004	LOOK BEHIND