

HIDDEN HOLLOW CARE CENTER
261 WEST 2000 SOUTH
OREM UT 84058
STATE'S REGION CODE: 001

PROVIDER #: 46G020 FACILITY BEDS
PHONE NUMBER: (801) 225-2145
PARTICIPATION DATE: 09/20/1988 CERTIFIED: 35

TYPE ACTION: RECERTIFICATION
TOTAL: 35
TYPE OWNERSHIP: PRIVATE NON PROFIT

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

RESIDENT CENSUS ON 07/19/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS: 35			
TOTAL:	35	BEGINNING:	11/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	08/31/2006	--	----	--	----
MEDICAID:	0	EXTENSION:					35
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 09/06/2005 08/08/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
10/2002	06/2003	08/2004	07/19/2005		
X		X	X C	08/26/2005	STD W0109-COMPLIANCE WITH SANITATION LAWS
			X C	08/26/2005	STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
			X C	08/26/2005	COP * W0122-CLIENT PROTECTIONS
			X C	08/26/2005	STD * W0127-CLIENTS NOT SUBJECTED TO ABUSE, PUNISHMENT
			X C	08/26/2005	STD W0137-CLIENTS RETAIN & USE PERSONAL POSSESSIONS AND CLOTHING
			X C	08/26/2005	STD * W0186-SUFFICIENT STAFF TO MANAGE & SUPERVISE CLIENTS
			X C	08/26/2005	STD W0238-TRAINING PROGRAM SPECIFIES INAPPROPRIATE CLIENT BEHAVIORS
			X C	08/26/2005	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
			X C	08/26/2005	COP * W0266-CLIENT BEHAVIOR AND FACILITY PRACTICES
			X C	08/26/2005	STD * W0285-INTERVENTIONS APPLIED WITH SUFFICIENT SAFEGUARDS
X		X			STD * W0322-FACILITY PROVIDES PREVENTIVE & GENERAL MEDICAL CARE
	X	X			STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
X					STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
			X C	08/26/2005	STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
					* W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
10/2002	06/2003	08/2004	07/11/2005		
X	X				K0018-CORRIDOR DOORS
X					K0025-SMOKE PARTITION CONSTRUCTION
X					K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0068-COMBUSTION AND VENTILATION AIR
X					K0069-COOKING EQUIPMENT

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	2	0	0	0
STANDARD	8	4	2	8
REGIONAL OFFICE FLAG (INCLUDES COPS)	6	0	0	1
HEALTH TOTAL	10	3	1	3
LIFE SAFETY CODE	0	1	1	5
LIFE SAFETY CODE + HEALTH	10	4	2	8

STATUS OF DEFICIENT COPS
CURRENT SURVEY

COP	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
	0	2	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
09/25/2002	UNSUBSTANTIATED
11/04/2002	UNSUBSTANTIATED
01/21/2003	UNSUBSTANTIATED
02/18/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY