

BUNGALOW CARE CENTER
645 SOUTH 1300 EAST
SALT LAKE CITY UT 84102
STATE'S REGION CODE: 001

PROVIDER #: 46G021
PHONE NUMBER: (801) 582-1457
PARTICIPATION DATE: 10/12/1989

FACILITY BEDS
TOTAL: 26
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: PRIVATE NON PROFIT

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

RESIDENT CENSUS ON 08/18/2005		LTC AGREEMENT DATES		TOTAL CERTIFIED BEDS:			
TOTAL:	26	BEGINNING:	10/01/2005	18	18/19	19	ICF/MR
MEDICARE:	0	ENDING:	09/30/2006	--	----	--	-----
MEDICAID:	0	EXTENSION:					26
OTHER:	0	ADMISSION SUSPENDED:					
		SUSPENSION RESCINDED:					

CURRENT SURVEY REVISIT DATES - 10/11/2005

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
10/2002	06/2003	07/2004	08/18/2005		
		X	X C	09/22/2005	STD W0109-COMPLIANCE WITH SANITATION LAWS
X			X C	09/22/2005	STD W0112-INFORMATION IN CLIENT RECORDS KEPT CONFIDENTIAL
			X C	09/22/2005	STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
		X	X C	09/22/2005	STD * W0128-CLIENTS FREE FROM UNNECESSARY DRUGS, PHYSICAL RESTRAINTS
		X	X C	09/22/2005	STD W0235-TRAINING PROGRAM SPECIFIES SCHEDULE
		X	X C	09/22/2005	STD W0237-TRAINING PROGRAM SPECIFIES TYPE OF DATA
		X	X C	09/22/2005	STD * W0252-ACCOMPLISHMENT OF CRITERIA DOCUMENTED IN MEASURABLE TERMS
X		X	X C	09/22/2005	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
X		X	X C	09/22/2005	STD * W0312-DRUGS FOR CONTROL OF BEHAVIOR INTEGRAL PART OF IPP
X		X	X C	09/22/2005	STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
X		X	X C	09/22/2005	STD W0339-NURSING SERVICES INCLUDES OTHER CARE AS PRESCRIBED BY PHY
X		X	X C	09/22/2005	STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
X		X	X C	09/22/2005	STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
X		X	X C	09/22/2005	STD W0389-LABELS INCLUDE ACCESSORY & CAUTIONARY INSTRUCTIONS
X		X	X C	09/22/2005	STD W0420-APPROPRIATE, FUNCTIONAL FURNITURE
X		X	X C	09/22/2005	STD W0426-WATER TEMPERATURE NOT TO EXCEED 110 DEGREES (F)
X		X	X C	09/22/2005	STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
X		X	X C	09/22/2005	STD W0484-AREAS EQUIPPED WITH TABLES, CHAIRS TO MEET NEEDS OF CLIE
X		X	X C	09/22/2005	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
10/2002	06/2003	06/2004	08/18/2005		
		X	X F	10/16/2005	K0012-CONSTRUCTION TYPE
	X		X C	10/16/2005	K0018-CORRIDOR DOORS
	X		X C	10/16/2005	K0021-DOORS IN FIRE AND SMOKE PARTITIONS
		X	X C	10/16/2005	K0027-DOORS IN SMOKE PARTITIONS
		X	X C	10/16/2005	K0029-HAZARDOUS AREAS - SEPARATION
X		X	X F	10/16/2005	K0047-EXIT SIGNS
X		X	X F	10/16/2005	K0050-FIRE DRILLS
X	X	X	X F	10/16/2005	K0051-FIRE ALARM SYSTEM
X	X	X	X C	10/16/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
X		X	X F	10/16/2005	K0062-SPRINKLER SYSTEM MAINTENANCE
X		X	X F	10/16/2005	K0069-COOKING EQUIPMENT
X	X	X	X F	10/16/2005	K0074-COMBUSTIBLE CURTAINS
X		X	X F	10/16/2005	K0104-PENETRATIONS OF SMOKE BARRIERS
X		X	X F	10/16/2005	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 STANDARD	0	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	13	14	8	10
HEALTH TOTAL	2	2	1	0
LIFE SAFETY CODE	7	7	3	5
LIFE SAFETY CODE + HEALTH	6	7	5	5
	13	14	8	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
03/06/2002	UNSUBSTANTIATED
10/02/2002	UNSUBSTANTIATED
11/27/2002	UNSUBSTANTIATED
04/28/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY