

PROVO CARE CENTER
256 EAST CENTER STREET
PROVO UT 84606
STATE'S REGION CODE: 001

PROVIDER #: 46G022 FACILITY BEDS
PHONE NUMBER: (801) 373-8771
PARTICIPATION DATE: 05/23/1990 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 03/10/2005

TOTAL: 33
MEDICARE: 0
MEDICAID: 0
OTHER: 0

LTC AGREEMENT DATES

BEGINNING: 05/01/2005
ENDING: 04/30/2006
EXTENSION:
ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 35

18 18/19 19 ICF/MR
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CURRENT SURVEY REVISIT DATES - 05/16/2005

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY SURVEY OF CORRECTION
04/2002 01/2003 02/2004 03/10/2005

PROGRAM REQUIREMENTS

X					STD	W0109-COMPLIANCE WITH SANITATION LAWS
	X				STD	W0130-PRIVACY DURING CARE AND TREATMENT IS ENSURED
			X C	05/02/2005	STD	W0148-PARENTS, GUARDIAN NOTIFIED OF INCIDENTS, CHANGES IN CONDI
			X C	05/02/2005	STD	* W0193-STAFF ABLE TO MANAGE INAPPROPRIATE CLIENT BEHAVIOR
X					STD	* W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
			X C	05/02/2005	STD	W0209-PARTICIPATION BY CLIENT, PARENT, OR GUARDIAN REQUIRED
			X C	05/01/2005	STD	* W0214-ASSESSMENT IDENTIFIES DEVELOPMENTAL NEEDS
			X C	05/01/2005	STD	W0231-OBJECTIVES PROVIDE MEASURABLE INDICES OF PERFORMANCE
			X C	05/01/2005	STD	W0239-TRAINING PROGRAM SPECIFIES APPROPRIATE EXPRESSION OF BEHA
			X C	05/01/2005	STD	W0247-PLAN INCLUDES OPPORTUNITY FOR CLIENT CHOICES
	X				STD	W0277-DESIGNATE INTERVENTION HIERARCHY
		X			STD	* W0322-FACILITY PROVIDES PREVENTIVE & GENERAL MEDICAL CARE
		X			STD	W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
			X C	05/02/2005	STD	W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
			X C	05/02/2005	STD	W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
	X	X			STD	* W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
X					STD	W0487-STAFF ASSURES EACH CLIENT RECEIVES ENOUGH FOOD

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 2000 EXIS2000 EXIS
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY SURVEY OF CORRECTION
04/2002 01/2003 02/2004 03/08/2005

LSC DEFICIENCIES - BLDG NO. 01

X			X C	05/02/2005	K0012-CONSTRUCTION TYPE
	X				K0029-HAZARDOUS AREAS - SEPARATION
	X				K0039-CORRIDOR WIDTH
		X			K0046-EMERGENCY LIGHTING
	X	X	X C	05/02/2005	K0052-TESTING OF FIRE ALARM
X		X	X C	05/02/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
X		X			K0062-SPRINKLER SYSTEM MAINTENANCE
	X				K0069-COOKING EQUIPMENT
			X C	05/02/2005	K0076-MEDICAL GAS SYSTEM
		X			K0104-PENETRATIONS OF SMOKE BARRIERS
					K0147-EMERGENCY PLAN

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	14	7	8	7
REGIONAL OFFICE FLAG (INCLUDES COPS)	2	2	1	1
HEALTH TOTAL	9	3	3	3
LIFE SAFETY CODE	5	4	5	4
LIFE SAFETY CODE + HEALTH	14	7	8	7

STATUS OF DEFICIENT COPS
CURRENT SURVEY

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

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
08/29/2000	SUBSTANTIATED
11/07/2002	UNSUBSTANTIATED
05/10/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY