

KOLOB CARE & REHABILITATION
178 SOUTH 1200 EAST
ST GEORGE UT 84790
STATE'S REGION CODE: 001

PROVIDER #: 465152 FACILITY BEDS
PHONE NUMBER: (435) 688-1207
PARTICIPATION DATE: 06/07/2001 CERTIFIED: 120

TYPE ACTION: RECERTIFICATION
TOTAL: 120
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

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

RESIDENT CENSUS ON 05/26/2005

TOTAL: 93
MEDICARE: 17
MEDICAID: 46
OTHER: 30

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 120

18 18/19 19 ICF/MR
120

CURRENT SURVEY REVISIT DATES - 07/19/2005

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	D			X	B				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	C				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	E	07/13/2005	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	E				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	G				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	J	X	C				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	E						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	E	07/13/2005	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
									REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
		X	B						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	D						REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
		X	E			X C	E	07/13/2005	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	D	07/13/2005	REQ F0444-WASH HANDS WHEN INDICATED
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
				X	D				REQ F0510-RADIOLOGY/DIAGNOSTIC SERVICES ONLY WHEN ORDERED
				X	D	X C	E	07/13/2005	REQ F0511-PROMPTLY NOTIFY PHYSICIAN OF RADIOLOGY FINDINGS
		X	D						REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
85 NEW	85 NEW	2000 EXIS	2000 EXIS		
08/2002	07/2003	06/2004	06/01/2005		
X		X P		06/08/2005	K0018-CORRIDOR DOORS
			X C	06/08/2005	K0028-DOORS AND VISION PANELS
		X	X C	07/01/2005	K0029-HAZARDOUS AREAS - SEPARATION
					K0064-PORTABLE FIRE EXTINGUISHERS
					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	8	7	1
HEALTH TOTAL	5	8	7	1
LIFE SAFETY CODE	3	1	2	1
LIFE SAFETY CODE + HEALTH	8	9	9	2

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
07/10/2003	SUBSTANTIATED
06/16/2004	SUBSTANTIATED
11/17/2004	UNSUBSTANTIATED
08/03/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY