

BERKSHIRE REHAB AND COMFORT CARE PROVIDER #: 465154 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 370 WEST 500 NORTH PHONE NUMBER: (801) 223-4344 TOTAL: 14  
 OREM UT 84057 PARTICIPATION DATE: 08/21/2003 CERTIFIED: 14 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

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

RESIDENT CENSUS ON 07/08/2004	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 14			
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TOTAL: 10	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 0	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		14			
OTHER: 10					

CURRENT SURVEY REVISIT DATES - NONE

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
				08/2003		07/08/2004			
							X P	B	09/03/2004 REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	85 NEW	2000 EXIS	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
		08/2003			07/12/2004		
					X C	09/03/2004	K0018-CORRIDOR DOORS
					X F		K0027-DOORS IN SMOKE PARTITIONS
	X						K0028-DOORS AND VISION PANELS
	X				X F		K0039-CORRIDOR WIDTH
					X C	09/03/2004	K0047-EXIT SIGNS
					X C	09/03/2004	K0050-FIRE DRILLS
					X C	09/03/2004	K0052-TESTING OF FIRE ALARM
					X C	09/03/2004	K0054-SMOKE DETECTOR MAINTENANCE
					X C	09/03/2004	K0064-PORTABLE FIRE EXTINGUISHERS
					X C	09/03/2004	K0066-SMOKING REGULATIONS
					X C	09/03/2004	K0130-OTHER
					X C	09/03/2004	K0144-GENERATRS INSPECTED/TESTED

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
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CONDITION	0	0	0	0
REQUIREMENT	1	0	0	0
HEALTH TOTAL	1	0	0	0
LIFE SAFETY CODE	11	2	0	0
LIFE SAFETY CODE + HEALTH	12	2	0	0

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY