

Utah Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: UT207339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2009
NAME OF PROVIDER OR SUPPLIER THE INN AT BARTON CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 499 EAST 500 SOUTH BOUNTIFUL, UT 84010		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A5400	R432-270-25(1) Maintenance Services The facility shall conduct maintenance, including preventive maintenance, according to a written schedule to ensure that the facility equipment, buildings, fixtures, spaces, and grounds are safe, clean, operable, in good repair and in compliance with R432-6. This Statute is not met as evidenced by: THIS IS A CLASS II DEFICIENCY. The following items were found to be in need of repair or correction: 1) The facility lacked an annual fire clearance. The last fire clearance was 10/23/07. 2) The first floor cross corridor doors had a greater than allowable 3/16 inch gap between the door edges.	A5400	A5400 R432-270-25(1) Maintenance Services 1) Facility fire inspection was completed and approved on 04/29/09 by Deputy Fire Marshall Mike Barfuss. Future fire inspections will be calendared annually. 2) Weather stripping has been placed in the gap between the first floor corridor door edges to comply with the 3/16 th inch gap regulations. Repair was completed 5/4/09 by Maintenance Manager Mark Ferguson.	05/14/09 05/14/09

Your Agency Name

Connie Snow

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE *Admin*

5-5-09 (X6) DATE

ADMINISTRATOR

STATE FORM

CONNIE SNOW

6899

JYS711

If continuation sheet 1 of 1