

OSCAR REPORT 3
HISTORY FACILITY PROFILE

COMMUNITY NURSING SERVICE/HHA PROVIDER #: 467001
6949 SOUTH HIGH TECH DRIVE, SUITE 200 PHONE NUMBER: (801) 233-6100
MIDVALE UT 84047 PARTICIPATION DATE: 07/01/1966
STATE'S REGION CODE: 001

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: VISITING NURSE A
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
05/1987	05/1989	05/1990	09/23/1991		
X					STD G0143-COORDINATION OF PATIENT SERVICES
X	X				STD G0163-PLAN REVIEWED BY PHYSICIAN/HHA PERSONNEL AT LEAST EVERY 6
X	X				STD G0164-ALERT PHYSICIAN TO CHANGES THAT SUGGEST NEED TO ALTER PLA
X					STD G0228-SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SKILLED NUR

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED 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	0	2	4	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	2	4	0

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
01/05/2000	UNSUBSTANTIATED
10/05/2000	UNSUBSTANTIATED
04/11/2001	UNSUBSTANTIATED
08/08/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY