

IHC HOME CARE OF OGDEN
3776 WALL AVENUE
OGDEN UT 84405
STATE'S REGION CODE: 001

PROVIDER #: 467004
PHONE NUMBER: (801) 399-1400
PARTICIPATION DATE: 07/01/1966

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: HOSPITAL BASED P
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

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

CURRENT SURVEY REVISIT DATES -

| PRIOR 3 SURVEY | PRIOR 2 SURVEY | PRIOR 1 SURVEY | CURRENT SURVEY | PLAN/DATE OF CORRECTION | PROGRAM REQUIREMENTS |
|----------------|----------------|----------------|----------------|-------------------------|---|
| 08/1999 | 06/2001 | 07/2002 | 07/29/2005 | | |
| X | | | X C | 08/15/2005 | STD G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED STD G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA STD G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E |

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 | 1 | 0 | 0 | 2 |
| REGIONAL OFFICE FLAG (INCLUDES COPS) | 0 | 0 | 0 | 0 |
| HEALTH TOTAL | 1 | 0 | 0 | 2 |

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 |
|-------------|-----------------|
| 08/23/2000 | UNSUBSTANTIATED |
| 11/02/2000 | UNSUBSTANTIATED |
| 01/17/2001 | UNSUBSTANTIATED |
| 08/31/2005 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY