

APLEGATE HOMECARE & HOSPICE LLC
1140 36TH STREET, SUITE # 290
OGDEN UT 84403
STATE'S REGION CODE: 001

PROVIDER #: 467025
PHONE NUMBER: (801) 621-4027
PARTICIPATION DATE: 02/27/1984

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
TYPE OWNERSHIP: PROPRIETARY

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
06/1998	05/2001	04/2002	08/26/2004		

X				STD	G0175-RN INITIATES APPROPRIATE PREVENTIVE/REHABILITATIVE NURSIN
X				STD	G0176-RN PREPARES NOTES, COORDINATES, INFORMS MD, OTHER STAFF O
	X			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	0	1	0	2
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	1	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
05/29/2001	UNSUBSTANTIATED
02/25/2002	UNSUBSTANTIATED
11/07/2002	UNSUBSTANTIATED
11/24/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY