

IHC HOME CARE AT DIXIE
1240 EAST 100 SOUTH, SUITE # 219
ST GEORGE UT 84790
STATE'S REGION CODE: 001

PROVIDER #: 467033
PHONE NUMBER: (435) 688-4567
PARTICIPATION DATE: 10/12/1984

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH
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
04/1996	03/1998	01/2001	11/20/2003	

PROGRAM REQUIREMENTS

DEFICIENCY	STD	DESCRIPTION
X	STD	G0144-CLINICAL RECORD ESTABLISHES INTERCHANGE, REPORTING, & COO
X	STD	G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
X	STD	G0173-RN INITIATES PLAN OF CARE & NECESSARY REVISIONS
X	STD	G0217-EVALUATION PERFORMED BY RN/INSERVICE SUPERVISED BY RN
	STD	G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
	STD	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E
X	STD	G0231-HOME HEALTH AIDE SERVICES PROVIDED UNDER ARRANGEMENT

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	0	5
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	2	0	5

STATUS OF DEFICIENT COPS
CURRENT SURVEY

COP	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
	0	0	0

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY