

HISTORY FACILITY PROFILE

MILFORD VALLEY HOME HEALTH
 451 NORTH MAIN STREET
 MILFORD UT 84751
 STATE'S REGION CODE: 001

PROVIDER #: 467037
 PHONE NUMBER: (435) 387-2411
 PARTICIPATION DATE: 07/05/1985

TYPE ACTION: RECERTIFICATION
 TYPE FACILITY: HOSPITAL BASED P
 TYPE OWNERSHIP: GOVERNMENT - STATE/COUNTY

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
01/1996	12/1998	01/2000	05/22/2002		
	X				STD G0116-RIGHT TO BE ADVISED OF AVAILABILITY OF TOLL-FREE HHA HOTL
	X	X			STD G0161-ORDERS FOR THERAPY SERVICES INCLUDE PROCEDURES, MODALITIE
	X				STD G0173-RN INITIATES PLAN OF CARE & NECESSARY REVISIONS
			X C	06/10/2002	STD G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E
	X				STD G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION STANDARD	0	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	1	1	4	0
HEALTH TOTAL	0	0	0	0
	1	1	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
07/07/1997	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT