

ROCKY MOUNTAIN HOME CARE
 5250 SOUTH COMMERCE DRIVE, SUITE 270
 MURRAY UT 84107
 STATE'S REGION CODE: 001

PROVIDER #: 467061
 PHONE NUMBER: (801) 397-4100
 PARTICIPATION DATE: 12/22/1992

TYPE ACTION: RECERTIFICATION
 TYPE FACILITY: OFFICIAL HEALTH
 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
07/1999	06/2000	07/2002	07/09/2004			
	X		X C	08/30/2004	STD	G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
		X	X C	08/30/2004	STD	G0114-HHA INFORMS PATIENT OF PAYMENT METHODOLOGY
		X	X C	08/30/2004	STD	G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED
		X	X C	08/30/2004	STD	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
		X	X C	08/30/2004	STD	G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E
		X	X C	08/30/2004	STD	G0337-ASSESSMENT INCLUDES REVIEW OF ALL MEDICATIONS

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	3	3	1	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	3	3	1	0

STATUS OF DEFICIENT COPS
 CURRENT SURVEY

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

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/21/2001	UNSUBSTANTIATED
05/31/2001	UNSUBSTANTIATED
06/19/2001	SUBSTANTIATED
06/26/2001	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY