

HORIZON HOME HEALTH  
204 WEST 540 NORTH  
OREM UT 84057  
STATE'S REGION CODE: 001

PROVIDER #: 467075  
PHONE NUMBER: (801) 226-1919  
PARTICIPATION DATE: 12/21/1993

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OTHER  
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
05/1998	08/2000	08/2001	04/23/2004		
X	X				STD G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE
	X				STD G0143-COORDINATION OF PATIENT SERVICES
	X				STD G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY RN OR THER
	X				STD G0228-SUPERVISORY VISITS BY RN IF PATIENT RECEIVING SKILLED NUR

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

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
03/26/2001	UNSUBSTANTIATED
08/02/2001	UNSUBSTANTIATED
06/06/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY