

HERITAGE BROOKSIDE HOME CARE  
 2970 SOUTH MAIN, SUITE 301  
 SALT LAKE CITY UT 84115  
 STATE'S REGION CODE: 001

PROVIDER #: 467095  
 PHONE NUMBER: (801) 277-9490  
 PARTICIPATION DATE: 10/04/1995

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

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
10/1996	11/1997	11/2000	07/02/2003			
	X		X C	08/25/2003	STD	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS, G0173-RN INITIATES PLAN OF CARE & NECESSARY REVISIONS
			X C	08/25/2003	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

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	2	0	2	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	2	0	2	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
05/14/2001	UNSUBSTANTIATED
06/07/2001	SUBSTANTIATED
05/28/2004	UNSUBSTANTIATED
10/19/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY