

FIRST CHOICE HOME HEALTH
1365 WEST 1250 SOUTH
OREM UT 84058
STATE'S REGION CODE: 001

PROVIDER #: 467103
PHONE NUMBER: (801) 434-4100
PARTICIPATION DATE: 05/01/1996

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 |
|----------------|----------------|----------------|----------------|-------------------------|---|
| 06/2001 | 06/2002 | 12/2002 | 01/21/2004 | | |
| X | | | | | STD G0104-PATIENT HAS RIGHT TO EXERCISE RIGHTS AS PATIENT OF HHA |
| X | | | | | STD G0107-HHA INVESTIGATION OF COMPLAINTS REGARDING TREATMENT/CARE |
| | X | | | | COP * G0122-ORGANIZATION, SERVICES, AND ADMINISTRATION |
| | X | | | | STD G0133-ADMINISTRATOR ORGANIZES, DIRECTS AGENCY FUNCTIONS |
| | X | | | | COP * G0156-ACCEPTANCE OF PATIENTS, PLAN OF CARE, & MEDICAL SUPERVISI |
| | X | | | | STD G0157-PATIENTS ACCEPTED ON EXPECTATION THAT NEEDS CAN BE MET AT |
| | X | | | | STD G0158-WRITTEN PLAN OF CARE ESTABLISHED & PERIODICALLY REVIEWED |
| | X | | | | STD G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS, |
| | X | X C | 03/05/2004 | | COP * G0168-SKILLED NURSING SERVICES |
| | X | | | | STD G0170-SKILLED NURSING SERVICES FURNISHED IN ACCORDANCE WITH PLA |
| | X | X C | 03/05/2004 | | STD G0175-RN INITIATES APPROPRIATE PREVENTIVE/REHABILITATIVE NURSIN |
| | | X C | 03/05/2004 | | STD G0176-RN PREPARES NOTES, COORDINATES, INFORMS MD, OTHER STAFF O |
| | | X C | 03/05/2004 | | COP * G0194-MEDICAL SOCIAL SERVICES |
| | | X C | 03/05/2004 | | STD G0195-SERVICES GIVEN BY QUALIFIED SOCIAL WORKER OR SOCIAL WORK |
| | | X C | 03/05/2004 | | STD G0196-SOCIAL WORKER PARTICIPATES IN DEVELOPMENT OF PLAN OF CARE |

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

FIRST CHOICE HOME HEALTH PROVIDER #: 467103

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|--------------------------------------|----------------|----------------|----------------|----------------|
| CONDITION STANDARD | 2 | 0 | 3 | 0 |
| REGIONAL OFFICE FLAG (INCLUDES COPS) | 4 | 0 | 6 | 2 |
| HEALTH TOTAL | 2 | 0 | 3 | 0 |
| | 6 | 0 | 9 | 2 |

STATUS OF DEFICIENT COPS
CURRENT SURVEY

| COP | DEFICIENCY NOT CORRECTED | DEFICIENCY CORRECTED AFTER APPROVAL | REPEAT COP DEFICIENCY |
|-----|--------------------------|-------------------------------------|-----------------------|
| | 0 | 0 | 1 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| 06/13/2001 | SUBSTANTIATED |
| 08/22/2002 | SUBSTANTIATED |
| 12/05/2002 | UNSUBSTANTIATED |
| 05/28/2003 | SUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY