

HEALTH WATCH PROVO, INC
930 WEST 410 NORTH
LINDON UT 84042
STATE'S REGION CODE: 001

PROVIDER #: 467106
PHONE NUMBER: (801) 225-0599
PARTICIPATION DATE: 10/15/1996

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
10/1997	10/1998	10/2001	04/16/2004		
			X C	05/15/2004	STD
			X C	05/15/2004	STD
			X C	05/15/2004	STD
					G0135-ADMINISTRATOR ENSURES ACCURACY OF PUBLIC INFO MATERIALS/A
					G0144-CLINICAL RECORD ESTABLISHES INTERCHANGE, REPORTING, & COO
					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	0	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	3	0	0	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
05/18/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
04/16/2004	OBSERVATIONAL