

SUPERIOR HOME CARE INC
12493 SOUTH 3600 WEST
RIVERTON UT 84065
STATE'S REGION CODE: 001

PROVIDER #: 467108
PHONE NUMBER: (801) 254-3200
PARTICIPATION DATE: 12/09/1996

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 |
|----------------|----------------|----------------|----------------|-------------------------|---|
| 11/1998 | 11/1999 | 07/2001 | 05/06/2004 | | |
| X | | | | | STD G0164-ALERT PHYSICIAN TO CHANGES THAT SUGGEST NEED TO ALTER PLA |
| X | | | | | STD G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS ORDERED BY PHYSICI |
| X | | | | | STD G0170-SKILLED NURSING SERVICES FURNISHED IN ACCORDANCE WITH PLA |
| X | | | | | STD G0178-RN PARTICIPATES IN INSERVICE PROGRAM, SUPERVISES, TEACHES |
| X | | | | | STD G0189-THERAPIST PARTICIPATES IN INSERVICE PROGRAMS |
| | | | X C | 06/15/2004 | STD G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA |
| X | | | | | STD G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED BY RN OR THER |
| X | X | | | | STD G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER |
| | X | | | | STD G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI |
| X | | | | | STD G0246-RESULTS OF EVALUATION REPORTED/ACTED UPON |

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 | 1 | 0 | 2 | 8 |
| REGIONAL OFFICE FLAG (INCLUDES COPS) | 0 | 0 | 0 | 0 |
| HEALTH TOTAL | 1 | 0 | 2 | 8 |

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 |
|-------------|-----------------|
| 03/15/2001 | UNSUBSTANTIATED |
| 05/04/2005 | UNSUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY