

AT HOME HEALTH CARE  
 45 NORTH STATE STREET  
 SALINA UT 84654  
 STATE'S REGION CODE: 001

PROVIDER #: 467112  
 PHONE NUMBER: (435) 529-3233  
 PARTICIPATION DATE: 03/10/1997

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
04/1999	03/2000	08/2002	08/03/2005		

\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

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

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY