

CAREGIVER SUPPORT NETWORK INC
310 EAST 4500 SOUTH #460
SALT LAKE CITY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 467206
PHONE NUMBER: (801) 747-2100
PARTICIPATION DATE: 04/09/2003

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
	X		X C	03/15/2005	STD G0128-GOVERNING BODY ASSUMES FULL LEGAL AUTHORITY G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS ORDERED BY PHYSICI G0212-AGENCY RESPONSIBLE FOR AIDE MEETING COMPETENCY EVALUATION G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA
	X				STD
	X				STD
	X				STD
	X				STD

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	4	1	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	4	1	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
09/21/2004	SUBSTANTIATED
10/01/2004	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY