

TOTAL KNEE AND HIP REHABILITATION
 880 EAST 9400 SOUTH, SUITE 108
 SANDY UT 84094
 STATE'S REGION CODE: 001

PROVIDER #: 467207
 PHONE NUMBER: (801) 576-6417
 PARTICIPATION DATE: 05/21/2003

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
	05/2003	02/2004	12/16/2004		

*** 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