

GOOD SHEPHERD HOME CARE
4625 SOUTH 2300 EAST, SUITE 101
HOLLADAY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 467208
PHONE NUMBER: (801) 277-6474
PARTICIPATION DATE: 06/06/2003

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		G0110-HHA MAINTAINS POLICIES/PROCEDURES REGARDING ADVANCE DIREC
			X		G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV
		X C		04/19/2005	G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED SERVICES, VISITS,
		X C		04/28/2005	G0212-AGENCY RESPONSIBLE FOR AIDE MEETING COMPETENCY EVALUATION
		X C		04/18/2005	G0215-HOME HEALTH AIDE RECEIVES AT LEAST 12 HOURS INSERVICE TRA
		X			G0229-SUPERVISORY VISITS IF SKILLED CARE NO LESS THAN ONCE EVER
		X			G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E
		X			G0250-QUARTERLY REVIEW OF ACTIVE/CLOSED RECORDS
		X C		04/19/2005	G0323-HHA MUST TRANSMIT OASIS DATA AT LEAST MONTHLY
		X C		04/20/2005	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	5	7	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	5	7	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
09/22/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY