

ECLIPSE HOME HEALTH
 5242 SOUTH COLLEGE DRIVE # 340
 SALT LAKE CITY UT 84123
 STATE'S REGION CODE: 001

PROVIDER #: 467204
 PHONE NUMBER: (801) 293-1199
 PARTICIPATION DATE: 11/06/2002

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
	11/2002	11/2003	11/17/2004	X C	
				11/24/2004	STD
					G0145-WRITTEN REPORT FOR EACH PATIENT TO ATTENDING PHYSICIAN EV

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	0	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	1	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

SURVEY DATE	STATUS
04/01/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY