

Colorado Department of Public Health & Environment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04E351	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2019
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NAME OF PROVIDER OR SUPPLIER SOPRIS HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 HWY 82 SUITE A-104 GLENWOOD SPRINGS, CO 81601
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>Initial Comments Home Care Agency Licensing</p> <p>An relicensure inspection was completed on 11/19/19.</p> <p>No deficiencies were cited.</p>	L 000		

Health Facilities and Emergency Medical Services Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____