



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK—ADMINISTRATOR  
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August 20, 2015

Jerrilynn Herrera, Administrator  
Oak Creek Rehabilitation Center of Kimberly  
500 Polk Street East  
Kimberly, ID 83341-1618

Provider #: 135084

Dear Ms. Herrera:

On August 20, 2015, an off-site follow-up of your facility was conducted to verify correction of deficiencies noted during the survey of May 22, 2015. Oak Creek Rehabilitation Center of Kimberly was found to be in substantial compliance with federal health care requirements regulations as of July 10, 2015.

Your copy of the Form CMS-2567B, Post-Certification Revisit Report listing the deficiencies that have been corrected is enclosed.

Thank you for your assistance during the off-site follow-up process. If you have any questions, comments or concerns, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, option 2.

Sincerely,

A handwritten signature in black ink that reads "David Scott". The signature is written in a cursive style with a large, prominent "S" and "C".

DAVID SCOTT, R.N., Supervisor  
Long Term Care

DS/lj

Enclosure