



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

September 22, 2015

Debbie Freeze, Administrator
Kindred Transitional Care & Rehabilitation-- Lewiston
3315 8th Street
Lewiston, ID 83501-4966

Provider #: 135021

Dear Ms. Freeze:

On September 18, 2015, an off-site follow-up of your facility was conducted to verify correction of deficiencies noted during the survey of June 19, 2015. Kindred Transitional Care & Rehabilitation-- Lewiston was found to be in substantial compliance with federal health care requirements regulations as of August 17, 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,

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

DS/lj

FILE COPY