



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 19, 2016

Lenne Bonner, Administrator
St Mary's Hospital
PO Box 137
Cottonwood, ID 83522

RE: St Mary's Hospital, Provider #131321

Dear Mr. Bonner:

On October 13, 2016, a follow-up visit of your facility, St Mary's Hospital, was conducted to verify corrections of deficiencies noted during the survey of September 2, 2016.

We were able to determine that the Medicare Hospital Conditions of Participation of **Organizational Structure (42 CFR 485.627) and Surgical Services (42 CFR 485.639)** are now met.

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

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/pmt
Enclosures
cc: CMS Region X Office