

COPY



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

April 22, 2011

Tami Slatter, Administrator
Visions Home Health
209 Shoup Avenue West
Twin Falls, ID 83301

RE: Visions Home Health, Provider #137107

Dear Ms. Slatter:

On April 20, 2011, a follow-up visit of your facility, Visions Home Health, was conducted to verify corrections of deficiencies noted during the survey of March 7, 2011.

We were able to determine that the Condition of Participation on **Reporting OASIS Information (42 CFR 484.20)** is 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 the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script that reads "Teresa Hamblin".

TERESA HAMBLIN
Health Facility Surveyor
Non-Long Term Care

A handwritten signature in cursive script that reads "Sylvia Creswell".

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

TH/srm

Enclosures

cc: Kate Mitchell, CMS Region X Office