

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 Eider Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

June 21, 2011

Karla Jensen, Administrator
Helping Hands Home Health
1308 East Center
Pocatello, ID 83201

RE: Helping Hands Home Health, Provider #137102

Dear Ms. Jensen:

On June 8, 2011, a follow-up visit of your facility, Helping Hands Home Health, was conducted to verify corrections of deficiencies noted during the survey of April 28, 2011.

We were able to determine that the Condition of Participation on **Home Health Aide Services (42 CFR 484.36)** 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 black ink that reads "Teresa Hamblin". The signature is written in a cursive, flowing style.

TERESA HAMBLIN
Health Facility Surveyor
Non-Long Term Care

A handwritten signature in black ink that reads "Sylvia Creswell". The signature is written in a cursive, flowing style.

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

TH/srm
Enclosures
ec: Kate Mitchell, CMS Region X Office