



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

July 19, 2011

Gregory Kent , President of Medical Staff
Eagle Eye Surgery And Laser Center
3090 Gentry Way, Suite 100
Meridian, ID 83642

RE: Eagle Eye Surgery And Laser Center, Provider #13C0001032

Dear Mr. Kent:

On July 15, 2011, a follow-up visit of your facility, Eagle Eye Surgery And Laser Center, was conducted to verify corrections of deficiencies noted during the survey of June 3, 2011.

We were able to determine that the Condition of Participation on **Quality Assessment & Performance Improvement (42 CFR 416.43)** 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,

GARY GUILLES
Health Facility Surveyor
Non-Long Term Care

NICOLE WISEÑOR
Co-Supervisor
Non-Long Term Care

GG/srm
Enclosures
cc: Kate Mitchell, CMS Region X Office

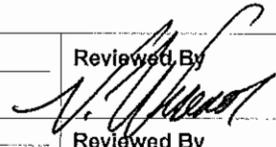
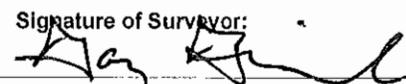
Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 13C0001032	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 7/15/2011
Name of Facility EAGLE EYE SURGERY AND LASER CENTER	Street Address, City, State, Zip Code 3090 GENTRY WAY, SUITE 100 MERIDIAN, ID 83642	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Q0080 Reg. # 416.43 LSC	Correction Completed 06/28/2011	ID Prefix Q0081 Reg. # 416.43(a), 416.43(c)(1) LSC	Correction Completed 06/28/2011	ID Prefix Q0082 Reg. # 416.43(b), 416.43(c)(2), 416 LSC	Correction Completed 06/28/2011
ID Prefix Q0083 Reg. # 416.43(d) LSC	Correction Completed 06/26/2011	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By  Date: 7/15/11	Signature of Surveyor:  Date: 7-15-11
Reviewed By _____ CMS RO	Reviewed By _____ Date:	Signature of Surveyor: _____ Date:

Followup to Survey Completed on: 6/3/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
--	--