

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 00-00-00
Baltimore, Maryland 21244-1850



IMPORTANT NOTICE – PLEASE READ CAREFULLY

December 4, 2012

Marie Godley, Administrator
Northern Idaho Advanced Care Hospital
600 North Cecil Road
Post Falls, ID 83854

RECEIVED
DEC 10 2012

CMS Certification Number: 13-2001

FACILITY STANDARDS

Re: “Deemed” status through Joint Commission accreditation

Dear Ms. Godley:

The Idaho Bureau of Facility Standards (State survey agency) conducted a post-certification revisit on November 27, 2012. Based on the finding of your survey and the accepted plan of correction (PoC), the State survey agency determined that Northern Idaho Advanced Care Hospital has met all the Medicare Hospital Conditions of Participation. Enclosed you will find your post-certification revisit report (CMS 2567B).

As a result of Northern Idaho Advanced Care Hospital compliance with federal requirements, the Centers for Medicare and Medicaid Services (CMS) and continues their “deemed” status through The Joint Commission. Copies of this letter are being provided to the State survey agency and the Joint Commission (JC).

If you have any questions, please contact me by telephone at (303) 844-7121 or by email linda.bedker@cms.hhs.gov.

Sincerely,

A handwritten signature in cursive script that reads "Linda Bedker".

Linda Bedker, RN, MN, MPH
Health Insurance Specialist
Survey, Certification and Enforcement Branch- Seattle RO

Enclosure

cc: Idaho Bureau of Facility Standards
Joint Commission

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

December 5, 2012

Maria Godley, Administrator
Northern Idaho Advanced Care Hospital
600 North Cecil Road
Post Falls, ID 83854

RE: Northern Idaho Advanced Care Hospital, Provider #132001

Dear Ms. Godley:

On November 27, 2012, a follow-up visit of your facility, Northern Idaho Advanced Care Hospital, was conducted to verify corrections of deficiencies noted during the survey of October 19, 2012.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing state 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, appearing to read "Gary Guiles". The signature is fluid and cursive.

GARY GUILLES
Health Facility Surveyor
Non-Long Term Care

A handwritten signature in black ink, appearing to read "Sylvia Creswell". The signature is fluid and cursive.

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/nw
Enclosures