



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
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May 6, 2014

Jake Bryan, Administrator
Avalon Home Health
403 1st St
Idaho Falls, ID 83401-3928

RE: Avalon Home Health, Provider #137057

Dear Mr. Bryan:

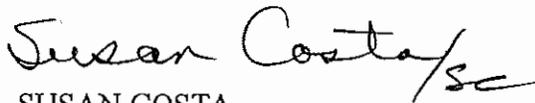
On April 23, 2014, a follow-up visit of your facility, Avalon Home Health, was conducted to verify corrections of deficiencies noted during the survey of November 15, 2013.

We were able to determine that the Condition of Participation of **Organization, Service & Administration (42 CFR 484.14)**, **Acceptance of Patients, POC, Med Super (42 CFR 484.48)** and **Home Health Aide Services (42 CFR 484.36)** 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 the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,


SUSAN COSTA
Health Facility Surveyor
Non-Long Term Care


SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/pmt
Enclosures
ec: Kate Mitchell, CMS Region X Office