



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
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Boise, ID 83720-0009
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May 15, 2014

Debbie Freeze, Administrator
Kindred Transitional Care & Rehabilitation - Lewiston
3315 8th Street
Lewiston, ID 83501-4966

Provider #: 135021

Dear Ms. Freeze:

On May 7, 2014, an on-site follow-up revisit of your facility was conducted to verify correction of deficiencies noted during the Recertification, Complaint Investigation and State Licensure survey of February 28, 2014. Kindred Transitional Care & Rehabilitation - Lewiston was found to be in substantial compliance with health care requirements as of **April 3, 2014**.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing the deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to us during our follow-up revisit. If you have any questions, comments or concerns, please contact Lorene Kayser, L.S.W., Q.M.R.P. or David Scott, R.N., Supervisors, Long Term Care at (208) 334-6626.

Sincerely,

LORENE KAYSER, L.S.W., Q.M.R.P., Supervisor
Long Term Care

LKK/dmj
Enclosures