



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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June 23, 2014

Joseph Frasure, Administrator  
Aspen Transitional Rehabilitation  
2867 East Copper Point Drive  
Meridian, ID 83642-1716

Provider #: 135130

Dear Mr. Frasure:

On June 20, 2014, an off-site follow-up was conducted with your facility to verify correction of deficiencies noted during the Recertification and State Licensure survey of April 24, 2014. Aspen Transitional Rehabilitation was found to be in substantial compliance with health care requirements as of **May 29, 2014**.

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

Thank you for your assistance during the off-site follow-up process. 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,

DAVID SCOTT, R.N., Supervisor  
Long Term Care

DS/dmj  
Enclosures