



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
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BUREAU OF FACILITY STANDARDS  
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PHONE 208-334-6626  
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July 28, 2014

Maria Gumucio-Powell, Administrator  
Liberty Dialysis Meridian  
3525 E Louise Dr, Suite 100  
Meridian, ID 83642

RE: Liberty Dialysis Meridian, Provider #132512

Dear Ms. Gumucio-Powell:

On July 22, 2014, a follow-up visit of your facility, Liberty Dialysis Meridian, was conducted to verify corrections of deficiencies noted during the survey of June 10, 2014.

We were able to determine that the Condition of Participation of **CFC-Patient plan Care (42 CFR 494.90)** 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,

TRISH O'HARA  
Health Facility Surveyor  
Non-Long Term Care

NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

TO/pint  
Enclosures  
cc: Kate Mitchell, CMS Region X Office