



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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BUREAU OF FACILITY STANDARDS
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January 21, 2015

Trevor Higby, Administrator
Horizon Home Health & Hospice
1411 Falls Avenue East, Suite 615
Twin Falls, ID 83301

RE: Horizon Home Health & Hospice, Provider #131520

Dear Mr. Higby:

On December 4, 2014, a follow-up visit of your facility, Horizon Home Health & Hospice, was conducted to verify corrections of deficiencies noted during the survey of October 23, 2014.

We were able to determine that the Condition of Participation of **Quality Assessment & Performance Improvement (42 CFR 418.58)** 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, option 4.

Sincerely,

GARY GUILLES
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

GG/pmt
Enclosures
cc: Fe Yamada, CMS Region X Office