

C.L. "BUTCH" OTTER -- Governor RICHARD M. ARMSTRONG -- Director TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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October 13, 2015

Michael James, Administrator Sunnyside Surgery Center 3345 S Holmes Avenue, Suite B Idaho Falls, ID 83404

RE: Sunnyside Surgery Center, Provider #13C0001055

Dear Dr. James:

On September 29, 2015, a follow-up visit of your facility, Sunnyside Surgery Center, was conducted to verify corrections of deficiencies noted during the survey of August 18, 2015.

We were able to determine that the ASC Condition for Coverage of Quality Assessment and Performance (42 CFR 416.43) issuew 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 GUILES

Health Facility Surveyor

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

GG/pmt Enclosures

ec: Lynnette Osias, CMS Region X Office