



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
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
FAX 208-364-1888

December 28, 2016

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

Provider #: 135021

**RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY - OFF-SITE
FOLLOW-UP REVISIT**

Dear Ms. Freeze:

On December 23, 2016, an off-site follow-up was conducted with your facility to verify correction of deficiencies noted during the Facility Fire Safety and Construction survey of October 20, 2016. Kindred Transitional Care And Rehab-- Lewiston was found to be in substantial compliance with fire life safety requirements as of **December 19, 2016**.

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

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please feel free to call us at (208) 334-6626.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosures