



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
FAX 208-364-1888

December 5, 2014

Zachary Phelps, Administrator
Gate City Dialysis Center
2001 Bench Road
Pocatello, ID 83201-2033

RE: Gate City Dialysis Center, Provider #132506

Dear Mr. Phelps:

On December 4, 2014, a follow-up visit of your facility, Gate City Dialysis Center, 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 **CFC-Patient Plan of 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, option 4.

Sincerely,

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

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt
Enclosures
ec: Kate Mitchell, CMS Region X Office