

VISIONS HOME HEALTH & VISIONS HOME CARE, LLC. PUBLIC DISCLOSURE STATEMENT
Annual Year 2022

Names of individuals, corporations, or sub corporations having a combined direct or indirect ownership or 5% or more in the organization:

Tamala Slatter 67.5% Ownership
2344 Canyon Ridge West
Twin Falls, Idaho 83301

Kelly Spiers 32.5% Ownership
2163 Eagle Crest Drive
Filer, Idaho 83328

Names and addresses of those persons directly related (spouse, sibling, parent, child) to individuals named in "A":

Gerald Gunter Spouse
2344 Canyon Ridge West
Twin Falls, Idaho 83301

Sarah Spiers Spouse
3837 Boulder Creek Way
Ammon, Idaho 83406

Abigail Spiers Child
3837 Boulder Creek Way
Ammon, Idaho 83406

Joshua Spiers Child
3837 Boulder Creek Way
Ammon, Idaho 83406

Hannah Spiers Child
3837 Boulder Creek Way
Ammon, Idaho 83406

Ryan Spiers Sibling
1067 Silver Trip Way
Sunnyvale, California 94086

Sarah Spiers Sibling
3554 West 1975 North
Plain City, Utah 84404

Steve & Cinde Spiers Parents
3554 West 1975 North
Plain City, Utah 84404

Names and addresses of individuals in "A" or "B" with an ownership or controlling interest in a Medicare or Medicaid Facility:

N/A

When the organization is a corporation, the names and addresses of offices, directors, or partners:

N/A

Description of any criminal offense conviction involving titles XVIII, XIX, or XX brought against any person listed in "A", "B", "C":

N/A

Names and addresses of any individual currently employed in a managerial, accounting, auditing, or similar capacity who were employed by the organization's fiscal intermediary within the previous 12 months:

N/A

Changes in Administrator, Program Director, or Medical Director during the previous 12 months:

Tamala Slatter is now the CEO and Kelly Spiers is the Administrator

The dates of any of the following:

1. Actual or anticipated change in ownership or control in the previous or next 12 months:

N/A

2. Anticipated bankruptcy filings:

N/A

3. Operational changes by a management company:

N/A

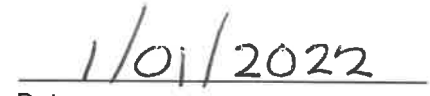
4. Leasing agreements by another organization:

N/A

5. Address changes for the parent, subunits, or branches:

N/A


Signature


Date

