



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	TESH	Region(s):	1
Agency Type:	DDA-Center	Survey Dates:	March 9, 2016
Certificate(s):	1TESH001	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
N/A	No Deficiencies	1. N/A 2. N/A 3. N/A 4. N/A	N/A

Agency Representative & Title: <i>Click here to enter text.</i> <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: <i>Click here to enter a date.</i>
Department Representative & Title: Kimberly D. Cole <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 3/14/2016