



Statement of Deficiencies

Residential Habilitation Agency

Progressive Behavior Systems - Boise
RHA-5205

921 S Orchard St, Ste D
Boise, ID 83705-
(208) 936-1699

Survey Type: Initial

Entrance Date: 2/24/2015

Exit Date: 2/25/2015

Initial Comments: Licensing and Certification: Kerrie Ann Hull, Medical Program Specialist and Eric Borwn, Program Manager.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<No Deficiencies> No deficiencies were cited over the course of the survey.	No deficiencies were cited during the course of the survey. The provider is not required to submit a Plan of Correction to the Department.		

Administrator/Provider Signature:

Date:

Department POC Approval Signature:

Kerrie Ann Hull, LMSW

Date: 2/26/2015

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.