



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Development Workshop Inc	Region(s):	7
Agency Type:	DDA	Survey Dates:	02/12/19
Certificate(s):	555 W 25 th Street, Idaho Falls 7DEVWOR025 2475 Leslie Ave, Idaho Falls DDA-3906 275 Stationary Place, Rexburg 7DWINC155-2 1224 S Challis Street, Salmon DDA-5332	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)
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.	1. n/a 2. n/a 3. n/a 4. n/a	n/a

Agency Representative & Title: No signature required <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: n/a
Department Representative & Title: <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: