



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Dawn Enterprises, Inc.	Region(s):	6
Agency Type:	DDA	Survey Dates:	03/26/19
Certificate(s):	6DAWN023	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.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 	Click here to enter a date.

Agency Representative & Title: No signature needed <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: Pam Loveland-Schmidt, Licensing & Certification <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: 3/27/2019