



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	C & R, Inc.	Region(s):	2
Agency Type:	Residential Habilitation	Survey Dates:	8/17-18/2015
Certificate(s):	RHA-194 RHA-3737	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)
16.04.17.101.02. Renewal of Certificate. A certificate may be renewed by the Department when it determines the agency requesting recertification is in substantial compliance with the provisions of this chapter of rules. A certificate issued on the basis of substantial compliance is contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. (3-29-12)	The agency had no deficiencies identified during this survey period.	<i>No corrections are required</i>	<i>n/a</i>

Agency Representative & Title: <i>Click here to enter text.</i> <small>* By entering my name and title, I agree to implement this plan of correction as stated above.</small>	Date Submitted: <i>Click here to enter a date.</i>
Department Representative & Title: Kimberly D. Cole, LSW <small>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</small>	Date Approved: 8/20/2015