



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	R & T Agency	Region(s):	2
Agency Type:	Residential Habilitation	Survey Dates:	October 13, 2015
Certificate(s):	RHA-203	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)
<p>16.04.17.101.04 Expiration of Certificate. An agency must request renewal of its certificate no less than ninety (90) days before the expiration of the certificate to ensure there is no lapse in certification. After initial certification the Department may issue a certificate that is in effect for up to three (3) years based upon an agency's substantial compliance with this chapter of rules. (3-29-12)</p>	<p>Agency administrator requested renewal on September 17, 2015. Agency certificate expires on November 30, 2015. Agency did not request the renewal of certificate at least 90 days before their certificate expires.</p>	<ol style="list-style-type: none"> 1. <i>The requirement for the Certificate Renewal Request was added to the Agency's Policy & Procedure Section 201 Board of Directors responsibilities and Section 202 Administrators responsibilities.</i> 2. <i>An example Request for Renewal of Res. Hab. Agency Certificate was added to the Administrator, Assistant Administrator Files and Staff Meeting Notes and Calendar File.</i> 3. <i>The Administrator.</i> 4. <i>The Annual Agency Review by the Board of Directors and Agency Staff.</i> 	<p>10/20/2015</p>



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Agency Representative & Title: Eugene McHugh, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/20/2015
Department Representative & Title: Kimberly D. Cole, LSW <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: 10/22/2015