



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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|------------------------|------------------------------------|--------------------------------|---|
| Agency: | Community Connections of Pocatello | Region(s): | 6 |
| Agency Type: | DDA | Survey Dates: | 04/04/16-04/05/16 |
| Certificate(s): | DDA-1133 | 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. 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. |

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| 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: 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: 4/7/2016 |