



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Advanced Services LLC	Region(s):	3
Agency Type:	DDA	Survey Dates:	6/27/16
Certificate(s):	3ADV081	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 during this recertification review.		

Agency Representative & Title: <i>Click here to enter text.</i>	Date Submitted: <i>Click here to enter a date.</i>
<i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	
Department Representative & Title:	Date Approved: 6/28/2016
<i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	