



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	WDB, Inc.	Region(s):	5
Agency Type:	Res Hab	Survey Dates:	07/27/16
Certificate(s):	RHA-279	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.

Agency Representative & Title: No signature required <small>* By entering my name and title, I agree to implement this plan of correction as stated above.</small>	Date Submitted: Click here to enter a date.
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <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: 7/28/2016