IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 18, 2008

Lonna Smith, Administrator
Innovative Health Care Concepts, Inc.
790 S. Holmes
Idaho Falls, Idaho 83401

Re: Res Hab Survey with no deficiencies

Dear Ms. Smith:

Please find enclosed your agency Residential Habilitation Quality Assurance and Compliance Review Summary Report and your Certificate. The report is based on the review of your agency that was conducted July 14, 2008 through July 17, 2008 for the purpose of renewing your Res Hab certificate.

We are pleased to inform you that no deficiencies were identified during the survey process. We congratulate you on your compliance with the survey standards.

Thank you for accommodating the survey team during the review process. If you have questions, please feel free to call me at 208-239-6267.

Sincerely,

Pam Loveland-Schmidt

Pam Loveland-Schmidt
Medical Program Specialist
DDA/Res Hab Survey and Certification
e-mail: lovelanp@dhw.idaho.gov

QUALITY ASSURANCE AND COMPLIANCE REVIEW REPORT

9/07

IDAHO DEPARTMENT OF HEALTH & WELFARE

RESIDENTIAL HABILITATION COMPLIANCE REVIEW

AGENCY NAME: INNOVATIVE HEALTH CARE CONCEPTS, INC. **SURVEY DATE(s):** 07/14/08-07/17/08

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Pam Loveland Schmidt, Medical Program Specialist, Dept. of Health & Welfare, Survey & Certification & David Doran, Medical Program Specialist, Dept. of Health & Welfare, Survey & Certification

SURVEY FINDINGS

Deficiencies:	Agency's Plan for Compliance: *(Answer questions 1 through 5 for each deficiency)*
No Deficiencies	

Survey report completed by: Pam Loveland - Schmidt Date: 7/18/08
Pam Loveland-Schmidt, Medical Program Specialist,
DDA/Res Hab Survey & Certification

Agency Administrator Signature: _____ Date: _____

Plan of correction accepted: _____ Date: _____
Pam Loveland-Schmidt, Medical Program Specialist,
DDA/Res Hab Survey & Certification