IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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DIVISION OF MEDICAID
Post Office Box 83720
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March 17, 2011

Administrator, Katie Jennings
Alliance Family Service North, Inc.
1200 West Ironwood Drive, Suite 201
Coeur d'Alene, ID 83814

Dear Ms. Jennings:

Please find enclosed the Statement of Deficiencies Report for your Developmental Disability Agency (DDA), which contains no deficiencies. The report is based on the review of your agency that was conducted from February 2, 2011, to February 3, 2011, for the purpose of renewing your DDA certificate. Please sign the document and send it back to this office.

Also enclosed is your renewed DDA certificate. This certificate is effective March 15, 2011, through March 31, 2014, unless otherwise suspended or revoked. Please post this certificate in a conspicuous location where it may be readily seen by participants and members of the public.

Thank you for accommodating the survey team throughout the review process. Please call me with any questions or comments at (208) 364-1828. Congratulations on your deficiency-free survey; we encourage you to continually provide the same quality services observed during this review.

Sincerely,

GREG MILES
Medical Program Specialist
DDA/ResHab Survey and Certification
milesg@dhw.idaho.gov

GM/sm

Enclosures

Statement of Deficiencies

Developmental Disabilities Agency

Alliance Family Service North, Inc.
DDA-1330

1200 W Ironwood Dr Ste 201
Coeur d'Alene, ID 83814
(208) 664-9729

Survey Type: Initial

Entrance Date: 2/2/2011

Exit Date: 2/3/2011

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; and Pete Petersen, Clinician.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<No Deficiencies>	<Substantial Compliance>	
No Deficiencies	As there were no deficiencies cited, no Plan of Correction is required.	

Scope and Severity: /	Date to be Corrected:	Administrator Initials:

Administrator Signature (confirms submission of POC):	Date:
Team Leader Signature (signifies acceptance of POC):	Date: