



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF MEDICAID
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March 23, 2011

Katherine Hansen, Administrator
Community Partnerships of Idaho, Inc.
3076 N. Five Mile Road
Boise, ID 83704

Dear Katherine:

Please find enclosed the Statement of Deficiencies report for your Residential Habilitation Agency (RHA). The report is based on the compliance review of your agency that was conducted from February 22, 2011, to February 25, 2011, for the purpose of renewing your RHA certificate.

Congratulations, the survey team did not find any deficient practices during your agency's RHA review. Please sign the statement of deficiencies and return it to me so it may be added to your agency's file.

The Department has renewed your RHA certificate (also enclosed). This certificate is effective March 23, 2011, and will remain in effect unless otherwise suspended or revoked.

Thank you for accommodating the survey team during the review process. Please call me with any questions or comments at (208) 364-1906.

Sincerely,

ERIC BROWN
Program Supervisor
DDA/ResHab Survey and Certification
BrownE@dhw.idaho.gov

EB/sm

Enclosures

Statement of Deficiencies

Residential Habilitation Agency

Community Partnerships of Idaho, Inc. -- Boise

3076 N Five Mile Rd

RHA-234

Boise, ID 83713

(208) 376-4999

Survey Type: Recertification

Entrance Date: 2/22/2011

Exit Date: 2/25/2011

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; and Eric Brown, Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<No Deficiencies>	<Substantial Compliance>	
	As no deficiencies were cited, the agency is not required to develop a Plan of Correction.	

Scope and Severity: _____ **Date to be Corrected:** _____ **Administrator Initials:** _____

Administrator Signature (confirms submission of POC): _____ **Date:** _____

Team Leader Signature (signifies acceptance of POC): _____ **Date:** _____