



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
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PHONE: (208) 334-5747
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April 7, 2011

Brian Fay, Administrator
Community Connections, Inc.
1675 S. Maple Grove
Boise, ID 83709

Dear Mr. Fay,

From February 28, 2011 to March 4, 2011, the Department completed a compliance review of your agency's residential habilitation program for the purpose of renewing your Residential Habilitation Agency certificate.

Congratulations, the survey team did not find any deficient practices. Please sign and date the enclosed deficiency free-statement of deficiencies and return it to me so it may be added to your agency's record. I will then send you a final signed copy of the document along with an updated certificate for your records.

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

EDB/sm

Enclosures

Statement of Deficiencies

Residential Habilitation Agency

Community Connections, Inc. -- Boise

1675 S Maple Grove Rd

RHA-233

Boise, ID 83709

(208) 377-9814

Survey Type: Recertification

Entrance Date: 2/28/2011

Exit Date: 3/4/2011

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist.

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:** _____