



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR  
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LICENSING AND CERTIFICATION  
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July 24, 2012

Michael Wilson, Administrator  
Inclusion, Inc.  
880 East Franklin Road, Suite 303  
Meridian, ID 83642

Dear Mr. Wilson:

On Monday, June 11, 2012, the Department received information related to an alleged inappropriate use of two Region IV participants' EBT cards by an Inclusion, Inc. staff member. Please find enclosed the Statement of Deficiencies report regarding the focused investigation. The report is based on the findings of the investigation conducted from June 14, 2012, to July 2, 2012.

The survey team did not identify any deficient practices during the investigative process.

Thank you for accommodating the investigation team during this process. Please call me with any questions or comments at (208) 364-1828.

Sincerely,

FREDÉ TRENKLE-MACALLISTER  
Medical Program Specialist  
DDA/ResHab Survey and Certification  
trenklef@dhw.idaho.gov

FTM/slm

Enclosures

1. Compliance Report Participant Key
2. Statement of Deficiencies



# Statement of Deficiencies

*Residential Habilitation Agency*

Inclusion, Inc.  
RHA-237

3067 East Copper Point Drive  
Meridian, ID 83642-  
(208) 888-1758

**Survey Type:** Investigation

**Entrance Date:** 6/14/2012

**Exit Date:** 7/2/2012

**Initial Comments:** Investigation Team: Eric Brown, Program Supervisor - Licensing and Certification, Frede' Trenkle-MacAllister, Medical Program Specialist - Licensing and Certification

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<No Deficiencies> 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.		

**Administrator/Provider Signature:**

**Date:**

**Department POC Approval Signature:**

**Date:**

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.