



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- GOVERNOR
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LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-364-1959
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August 15, 2012

Brian Fay, Administrator
Community Connections North, Inc.
1675 South Maple Grove Road
Boise, ID 83709-2531

Dear Mr. Fay:

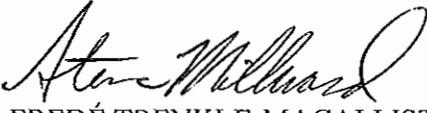
Please find enclosed the Statement of Deficiencies reports for your Residential Habilitation Agency (RHA) and Developmental Disabilities Agency (DDA). The reports are based on the compliance review of your agency that was conducted on July 31, 2012, for the purpose of renewing your RHA and DDA certificates.

Congratulations! The survey team did not find any deficient practices during the review.

The Department has renewed your RHA and DDA certificates (also enclosed). These certificates are effective September 10, 2012 through April 30, 2014, 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) 364-1828.

Sincerely,

for 

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

FTM/slm

Enclosures

1. RHA and DDA Certificates
2. Compliance Report Participant Key
3. Statement of Deficiencies



Statement of Deficiencies

Developmental Disabilities Agency

Community Connections North, Inc. DDA-3922	1230 W Northwood Center Ct Ste A Coeur d'Alene, ID 83814- (208) 377-9814
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Survey Type: Initial **Entrance Date:** 7/31/2012
Exit Date: 7/31/2012

Initial Comments: Survey Team: Eric Brown, ResHab/DDA Supervisor, Licensing and Certification; Fredé Trenkle-MacAllister, Medical Program Specialist, ResHab/DDA 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.