



IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE (208) 364-1959  
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February 4, 2014

Mike Wilson, LMSW, Administrator  
Inclusion, Inc.  
3067 East Copper Point Drive  
Meridian, ID 83642

Dear Mr. Wilson:

Please find enclosed the Statement of Deficiencies report for your Developmental Disabilities Agency (DDA). The report is based on the recertification survey of your agency that was conducted from January 28, 2014, through January 30, 2014, for the purpose of renewing your DDA certificate.

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

The Department has renewed your DDA certificate (also enclosed). This certificate is effective from March 13, 2014, through February 28, 2017, 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 364-1828.

Sincerely,

ERIC D. BROWN  
Manager  
DDA/ResHab Certification Program

EDB/slm

Enclosures

1. Statement of Deficiencies
2. Renewed DDA Certificate



# Statement of Deficiencies

Developmental Disabilities Agency

Inclusion, Inc.  
4INCLUS015

3067 E Copper Point Dr  
Meridian, ID 83642-  
(208) 888-1758

Survey Type: Recertification

Entrance Date: 1/28/2014

Exit Date: 1/30/2014

Initial Comments: Pamela Loveland-Schmidt, Medical Program Specialist - Division of Licensing & Certification; Eric Brown, Manager - Division of Licensing & 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:

2/4/14

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