



Statement of Deficiencies

Developmental Disabilities Agency

Advanced Services, LLC -- Nampa
3ADV081

210 Holly St
Nampa, ID 83686-
(208) 461-0438

Survey Type: Recertification

Entrance Date: 6/4/2013

Exit Date: 6/6/2013

Initial Comments: Survey Team; Bobbi Hamilton, Medical Program Specialist, Eric Brown, Supervisor

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: 7/8/13

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