



IDAHO DEPARTMENT OF

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
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July 31, 2013

Tammy Gusman, Administrator
Advanced Services, LLC
210 East Carol Street
Nampa, ID 83687

Dear Ms. Gusman:

Thank you for accommodating us during the recertification survey concluded on June 6, 2013. Congratulations! The Department found your agency to be deficiency free.

As a result, we have issued Advanced Services, LLC a full certificate effective from August 1, 2013, through July 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate is issued on the basis of substantial compliance. We challenge you to keep the same high standard shown during this survey day by day.

If you have any questions, you can reach me at (208) 364-1906.

Sincerely,

ERIC D. BROWN
Supervisor
DDA/ResHab Certification Program

EDB/slm

Enclosures

1. Statement of Deficiencies
2. Renewed Residential Habilitation Agency Certificate



Statement of Deficiencies

Residential Habilitation Agency

Advanced Services, LLC RHA-207	210 E Carol St Nampa, ID 83687- (208) 461-0438
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Survey Type: Recertification **Entrance Date:** 6/4/2013
Exit Date: 6/6/2013

Initial Comments: Survey Team: Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Supervisor, DDA/ResHab Certification Program.

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: 8/1/13

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