



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  
PHONE (208) 364-1959  
FAX (208) 287-1164

August 2, 2013

Bill Benkula, Administrator  
WDB, Inc.  
P.O. Box 1862  
Twin Falls, ID 83301

Dear Mr. Benkula:

Thank you for accommodating us during the recertification survey concluded on July 31, 2013. Congratulations! The Department found your agency to be deficiency free.

As a result, we have issued WDB, Inc. a full certificate effective from September 1, 2013, through August 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,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS  
Medical Program Specialist  
DDA/ResHab Certification Program

PLS/slm

Enclosures

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



# Statement of Deficiencies

*Residential Habilitation Agency*

WDB, Inc.  
RHA-279

141 Shoshone St N  
Twin Falls, ID 83301-  
(208) 734-4344

**Survey Type:** Recertification

**Entrance Date:** 7/30/2013

**Exit Date:** 7/31/2013

**Initial Comments:** Surveyor present: Pam Loveland-Schmidt, Medical Program Specialist, 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.		

<b>Administrator/Provider Signature:</b>	<b>Date:</b>
<b>Department POC Approval Signature:</b>	<b>Date:</b>

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