



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  
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December 11, 2013

Amy Wright, Administrator  
A New Leaf, Inc.  
2428 North Stokesberry Place  
Meridian, ID 83646

Dear Ms. Wright:

Thank you for accommodating us during the recertification survey concluded on December 5, 2013. Congratulations! The Department found your residential habilitation agency to be deficiency free.

As a result, we have issued A New Leaf, Inc. a full certificate effective from February 1, 2014, through January 31, 2017, 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 our survey day by day.

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

Sincerely,

ERIC D. BROWN  
Manager  
DDA/ResHab Certification Program

EDB/slm

Enclosures

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



# Statement of Deficiencies

Residential Habilitation Agency

A New Leaf, Inc. -- Meridian  
RHA-708

2428 Stokesberry Pl  
Meridian, ID 83642-  
(208) 939-3888

Survey Type: Recertification

Entrance Date: 12/4/2013

Exit Date: 12/5/2013

Initial Comments: Review Team: Kimberly Cole, Medical Program Specialist; Eric Brown, Manager

Code 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: 12/11/13

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