



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

December 19, 2013

Robynn Howell, Administrator
H.A.S. Inc.
1570 Midway Avenue, Suite 1
Ammon, ID 83406

Dear Ms. Howell:

Thank you for accommodating us during the recertification survey concluded on December 18, 2013. Congratulations! The Department found your residential habilitation agency to be deficiency free.

As a result, we have issued H.A.S. Inc. a full certificate effective from January 1, 2014, through December 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 our survey day by day.

If you have any questions, you can reach me at (208) 239-6267.

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

H.A.S. Inc.
RHA-253

1570 Midway Ave Ste 1
Ammon, ID 83406-
(208) 529-3342

Survey Type: Recertification

Entrance Date: 12/17/2013

Exit Date: 12/18/2013

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Eric Brown, Program Manager, 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:

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