

Statement of Deficiencies

Residential Habilitation Agency

Northfork Developmental Services Inc.
RHA-255

146 E 9th S
Saint Anthony, ID 83445-2038
(208) 624-7781

Survey Type: Recertification

Entrance Date: 10/14/2014

Exit Date: 10/14/2014

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.		

Administrator/Provider Signature:

Date:

Department POC Approval Signature:

Pam Loveland-Schmidt

Date:

10/20/14

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