IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Residential Habilitation Agency

ICARE Supported Living, Inc.
RHA-5220

3330 N. Meridian Road, Suite 150
Meridian, ID 83646-
(208) 914-5615

Survey Type: Initial

Entrance Date: 12/9/2014

Exit Date: 12/10/2014

Initial Comments: Surveyors: Eric Brown, Program Manager and Kerrie Ann Hull, Medical Program Specialist.

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: Kerrie Ann Hull, LMSW **Date:** 12/15/2014

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