



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Renewed Horizons, LLC	Region(s):	1
Agency Type:	DDA	Survey Dates:	06/27/16
Certificate(s):	DDA-999	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy) <i>Click here to enter a date.</i>
	There were no deficiencies cited during this survey.	<ol style="list-style-type: none"> <i>Click here to enter text.</i> <i>Click here to enter text.</i> <i>Click here to enter text.</i> <i>Click here to enter text.</i> 	<i>Click here to enter a date.</i>

Agency Representative & Title: <i>Click here to enter text.</i> Scott Hansen, Administrator	Date Submitted: 6/28/16
Department Representative & Title: <i>Click here to enter text.</i> <i>[Signature]</i>	Date Approved: <i>Click here to enter a date.</i> 6/29/16

* By entering my name and title, I agree to implement this plan of correction as stated above.

* By entering my name and title, I approve of this plan of correction as it is written on the date identified.