



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Southeastern Idaho Developmental Center Inc	<b>Region(s):</b>	6
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	06/26/18-06/28/18
<b>Certificate(s):</b>	6SOEAST035-1	<b>Certificate(s) Granted:</b>	<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)
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.	1. <i>n/a</i> 2. <i>Click here to enter text.</i> 3. <i>Click here to enter text.</i> 4. <i>Click here to enter text.</i>	<i>n/a</i>

<b>Agency Representative &amp; Title:</b> No signature required <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> n/a
<b>Department Representative &amp; Title:</b> <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 6/29/2018