



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Syringa Family Partnership LLC	<b>Region(s):</b>	1
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	3/13/18-3/15/18
<b>Certificate(s):</b>	DDA-325 DDA-4826 DDA-5319 DDA-5370	<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.	The agency is not required to submit a plan of correction.	<ol style="list-style-type: none"> <li>1. <i>Click here to enter text.</i></li> <li>2. <i>Click here to enter text.</i></li> <li>3. <i>Click here to enter text.</i></li> <li>4. <i>Click here to enter text.</i></li> </ol>	<i>Click here to enter a date.</i>

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