



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	The Adventure Center	Region(s):	7
Agency Type:	DDA	Survey Dates:	02/26/19-02/28/19
Certificate(s):	7ADVENTCTR103 DDA-3548	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)
16.03.21.120.04. 120.INITIAL ISSUANCE OF CERTIFICATE. 04. Availability of Certificate. The certificate must be posted in a conspicuous location in the DDA where it may be seen readily by the participants and members of the public.	<p>One of two center locations lacked evidence the DDA certificate was posted in a conspicuous location.</p> <p>For example: The Gladstone center's DDA certificate was not posted.</p> <p>The deficiency was corrected during survey. The agency is required to complete questions 2-4 on the agency plan of correction.</p>	<p>1. What actions will be taken to correct the deficiency? <i>n/a</i></p> <p>The plan should address agency systems and not just the examples specified in the survey report.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>NO other participants, staff or systems were affected as the other facility had the certificate posted.</i></p> <p>If identified, what corrective actions will be taken? <i>No other action needed</i></p>	<i>n/a</i>



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		3. Who will be responsible for implementing each corrective action? <i>Agency administrators, and directors will add it to the checklist to make sure certificates are posted.</i> 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>Will check that the certificate is posted monthly.</i>	

Agency Representative & Title: Kathi Hirschi, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/26/2019
Department Representative & Title: <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 3/27/2019