

Statement of Deficiencies

Developmental Disabilities Agency

Affinity, Inc. -- Boise
4AFF060-1

8100 W Emerald St Ste 150
Boise, ID 83704-
(208) 375-0752

Survey Type: Recertification

Entrance Date: 3/23/2015

Exit Date: 3/24/2015

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)</p> <p>a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-11)</p>	<p>Review of agency documentation revealed that facility #2 lacked documentation of a quarterly fire drill having been completed in the second quarter of 2014.</p>	<p>1. The fire drill report form and policy has been revised to include the requirement that the person completing the form write in the anticipated month of the next fire drill, as well as upload/scan date of the report to HR Director, Administrative Director, Executive Director and the Administrator asking them to put a reminder in their calendar for the next fire drill.</p> <p>2. This deficiency did not effect participants.</p> <p>3. The Administrator is responsible for the policy revision as well as ensuring that the fire drills occur on a quarterly basis.</p> <p>4. There will be three members of management including the Administrator that will have a calendar reminder that the fire drill needs to occur and that the report should be expected. The Administrator verbally spoke to all members of the new policy and procedure.</p> <p>5. The corrective action was completed at the time of the exit.</p>	<p>03/24/2015</p>

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Administrator/Provider Signature: Sabrina Swope, Ph.D., LCSW, CS, QSUDP

Digitally signed by Sabrina Swope, Ph.D., LCSW, CS, QSUDP
DN: cn=Sabrina Swope, Ph.D., LCSW, CS, QSUDP, o=Affinity Inc & Personal Development,
ou=CEO, email=swope@affinityinc.com, c=US
Date: 2015.03.26 09:33:31 -0500

Date: 3/26/2015

Department POC Approval Signature: *Kerrie Ann Hull, LMSW*

Date: 3/27/15

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