



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Hope Developmental Center	Region(s):	3
Agency Type:	Developmental Disabilities Agency	Survey Dates:	12/9/15-12/10/15
Certificate(s):	3HOPE007	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)
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	Review of agency documentation revealed that 1 out of 5 employees lacked verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06., "Criminal History and Background Checks". For example: Documentation revealed that employee #3 was hired with the agency October 2013; however clearance on file was dated August 2011. The employee lacked completion of an Idaho State Police Check.	<ol style="list-style-type: none"> <i>The staff member for whom we had only gotten the clearance letter from DHW without also getting the ISP check needed to complete a new DHW background check; she completed the application, had it notarized, and had her fingerprints taken that same afternoon, 12/10/15, and received temporary available-for-service clearance. We are waiting for the final clearance letter, which will be filed in the staff's personnel file.</i> <i>All personnel files were checked and this problem existed only for the one staff.</i> <i>The Program Director is responsible</i> 	12/18/2015



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		<p><i>for this corrective action.</i></p> <p><i>4. The Program Director is revising the policy/procedure manual to reflect changes in the CHU background check requirements.</i></p>	
<p>16.03.21.500.04. 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. 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 walkthrough of the facility revealed that evacuation plans were not updated to reflect location of all fire extinguishers.</p>	<p><i>1. The evacuation route plans were revised to show that one fire extinguisher had been moved to an opposite wall in the room. All incorrect plans have been replaced with corrected plans.</i></p> <p><i>2. No other systems are affected by this deficiency.</i></p> <p><i>3. The Program Director is responsible for this corrective action.</i></p> <p><i>4. The evacuation plans have been added to the agency internal walkthrough to make sure they are updated when needed.</i></p>	<p>12/18/2015</p>
<p>16.03.21.510.06. 510. HEALTH REQUIREMENTS. 06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective</p>	<p>Review of agency documentation revealed that the agency reported a health and safety incident to Adult Protection, however failed to notify the Department of this incident within</p>	<p><i>1. No corrective action is applicable for this particular incident.</i></p> <p><i>2. If this situation occurs again, HDC will report to DHW Certification as well as other relevant DHW department after</i></p>	<p>12/18/2015</p>



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or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)	twenty-four (24) hours.	<i>reporting to Adult Protection. 3. The Program Director is responsible for this action. 4. The Program Director is revising the policy/procedure manual for more clarification regarding Adult Protection reporting requirements.</i>	

Agency Representative & Title: Jeanne Weber, LMSW, Program Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 12/18/2015
Department Representative & Title: Kerrie Ann Hull, LMSW <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: 12/24/2015