



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Adult & Child Development Center	Region(s):	6 & 7
Agency Type:	DDA	Survey Dates:	February 1, 2016-
Certificate(s):	06AACDC158 Pocatello (Center) DDA-5186 Idaho Falls (No Center)	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)
16.03.21.500.03.g. 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. 03. Fire and Safety Standards. g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-11)	The agency lacked evidence the center-based water temperatures accessed by participants do not exceed 120 degrees. For example: The water temperature in the kitchen was approximately 130 degrees and the water temperature in the restroom was approximately 125 degrees which exceeds the rule requirements.	<ol style="list-style-type: none"> 1. The agency will purchase a device to regulate the temperature from the faucet side as there is no way to regulate it for the entire building from the water heater. 2. If uncorrected, the water being too hot would affect all participants using the hot water. However, all participants are currently supervised with hot water use. The control mechanism will alleviate any potential risk. 3. Administrator or designee 4. The temperature will be monitored ongoing and as a component of the agency's annual quality assurance program. 	2/25/2016



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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)
<p>16.03.21.601.01.d. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information: d. Profile sheet containing the identifying information reflecting the current status of</p>	<p>One of four participant record review lacks documentation the profile sheet containing the identifying information reflecting the current status of the participant.</p> <p>For example; Participant 3's profile sheet's medications match the ICDE Med/Soc done in 11/14 but does not match the medications listed on the medical assessment dated 11/4/15 that lists different meds. It doesn't appear the profile sheet was updated to reflect current status. The profile sheet does not address Abilify or Trazadone.</p>	<ol style="list-style-type: none"> 1. <i>The profile will be updated to include the most recent information.</i> 2. <i>There should be no other incomplete profiles as the updated document that place the profile out of compliance had not been process by the QA division at the time of the survey. All others are correct.</i> 3. <i>Administrator or designee</i> 4. <i>This will be monitored ongoing and as a core element of the agency's annual quality assurance program.</i> 	<p>2/25/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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)
the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)			

Agency Representative & Title: Vance R. Walker, CEO <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 2/18/2016
Department Representative & Title: Pam Loveland-Schmidt <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: 2/19/2016