



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Center for Independent Living	Region(s):	5
Agency Type:	Res Hab	Survey Dates:	03/01/16-03/02/16
Certificate(s):	RHA-265	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input 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)
16.04.17.404.04. 404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and 04. Notification to Department of a Participant's Condition. Through a	One of two participant record review lacked documentation the agency notified the Department within twenty-four (24) hours of any significant incidents per rule requirements. For example: Participant 1 had a reportable incident on 12/08/15 and was not reported until 12/10/15.	<ol style="list-style-type: none"> 1. All critical incidents will be submitted with 24 hours of the incident. All professionals will be retrained on the expectation. 2. All participants are potentially affected by the deficiency, but will be affected positively by the corrective action. 3. The administrator or designee 4. The corrective action will be monitored ongoing, following each incident, as part of the quarterly quality assurance program, and as a component of the staff's annual competency review. 	4/1/2016



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Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3-29-12)			

Agency Representative & Title: Becky Novak, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/21/2016
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <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: 3/30/2016