



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Dawn Enterprises, Inc.	Region(s):	6
Agency Type:	Res Hab	Survey Dates:	03/15/16
Certificate(s):	RHA-379	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)
16.04.17.301.03.i 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: i. Evidence of current CPR and First Aid certifications; and (7-1-95)	Two of three employee record review lacked evidence of current CPR and first aid certification. For example: Employee 2 's record lacked documentation the employee was CPR/1 st Aid certified 03/27/11-07/27/11 and 07/29/13-05/27/14. Employee 4 's record lacked documentation the employee was CPR/1 st Aid certified 01/13/14-05/27/14. Repeat deficiency from 03/19/13 survey.	<ol style="list-style-type: none"> 1. <i>The Program Administrator, will review and maintain the tickler for certificates and licenses monthly. Program Administrator will also schedule required training before certifications and licenses expire.</i> 2. <i>All staff are current at this time with certifications and licenses. CPR/1st Aid classes will be scheduled for the end of April for all individuals whose certifications expire in May, June, August & September 2016.</i> 3. <i>The Program Administrator will implement all corrective actions.</i> 4. <i>The tickler will also be reviewed by the Quality Assurance Committee each</i> 	3/15/2016



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		<i>month.</i> <i>5. Corrective actions were completed</i> <i>3-15-16</i>	

Agency Representative & Title: Donna Butler <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/28/2016
Department Representative & Title: <i>Pam Loveland-Schmidt</i> , 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: 3/28/2016