



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Canyon Creek Developmental Services, Inc.	<b>Region(s):</b>	3
<b>Agency Type:</b>	Developmental Disabilities Agency	<b>Survey Dates:</b>	4/12/16
<b>Certificate(s):</b>	3CANCRK123	<b>Certificate(s) Granted:</b>	<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)
16.03.21.500.04. 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>A walkthrough of the center revealed that evacuation plans posted did not include the point of orientation.</p> <p>Furthermore, it was found that an evacuation plan posted in the center did not indicate the location of all fire extinguishers.</p> <p>The deficiency was corrected during survey.</p>	<ol style="list-style-type: none"> <li>CCDS will update the QA checklist to include: (a) evacuation plans are posted; (b) plans indicate accurate location of all fire extinguishers; (c) evacuation plans indicate point of orientation ('you are here'); &amp; (d) designated meeting area outside of building is accurate. In addition, evacuation plans will be posted in all restroom.</li> <li>No participants or staff were affected.</li> <li>Administrator implemented corrective action during the survey.</li> <li>QA Specialist will conduct a quarterly review of all evacuation plans to ensure plans are accurate and current,</li> </ol>	4/12/2016



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		according to rule, including accuracy of fire extinguisher locations and accuracy of point of orientation.	

<b>Agency Representative &amp; Title:</b> Deb Stiller, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 4/14/2016
<b>Department Representative &amp; Title:</b>  <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 4/14/2016