



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Joshua D Smith Foundation	Region(s):	7
Agency Type:	DDA	Survey Dates:	06/06/16-06/08/16
Certificate(s):	7JOSUA027-2 Arco Center 7JOSUA027-3 Driggs Center 7JOSUA027-4 Idaho Falls Center 7JOSUA027-5 Salmon 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)
16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)	One of five employee record review lacked documentation the employee is certified in CPR and first aid within 90 days of hire and maintains current certification thereafter. For example: Employee 1's record lacked documentation of First Aid from 04/01/16 to present.	1. Deficiency resulted from miscommunication between training agency and trainer/JDSF about what was included in the training received. Employee 1 has now been issued certification for the first aid training received in February 2016. In the future JDSF will utilize training agencies who have demonstrated the ability to provide all of the CPR/First Aid training required. 2. Deficiency is location specific and therefore would potentially affect one additional employee at the Arco office. Corrective action same as above. 3. Compliance Manger 4. JDSF uses a database, reviewed monthly, to ensure that all CPR/First Aid certifications remain current.	7/6/2016
16.03.21.500.03.a.	The agency lacked documentation a fire inspection	1. JDSF will utilize a scheduling application to	7/6/2016



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<p>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.</p> <p>03. Fire and Safety Standards.</p> <p>a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>	<p>was completed annually.</p> <p>For example:</p> <p>The Driggs facility lacked documentation a fire inspection was completed for 2014.</p> <p>This is a repeat deficiency from 06/24/13 survey.</p>	<p><i>ensure that fire inspections are scheduled and completed annually. Additionally, oversight for completion of fire inspections as scheduled will be transferred from individual facility managers to the compliance manager.</i></p> <ol style="list-style-type: none"> 2. <i>Corrective action will be implemented for all facilities.</i> 3. <i>Compliance Manager</i> 4. <i>Records of annual fire inspections will be maintained at the administrative office in addition to facility locations in order to more adequately identify delays in scheduling or completion of fire inspections prior to becoming a deficiency.</i> 	
<p>16.03.21.500.04.</p> <p>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.</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire</p>	<p>The agency lacked documentation the evacuation plans posted throughout the center indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building.</p> <p>For example:</p> <p>The Arco facility evacuation plans listed one of the extinguishers in the wrong location. The employee</p>	<ol style="list-style-type: none"> 1. <i>The current JDSF facility review checklist will be updated to include verification that evacuation plans are not only posted as necessary but are also current with regard to all information required.</i> 2. <i>Corrective action will be implemented in all facilities.</i> 3. <i>Compliance Manager</i> 4. <i>The current quarterly review process using</i> 	7/13/2016



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extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)	stated the fire marshal had them move it but the evacuation plans did not get updated.	<i>the facility review checklist will continue to be used to ensure compliance with all aspects of facility maintenance requirements.</i>	
<p>16.03.21.500.04.b. 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.</p> <p>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.</p> <p>b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)</p>	<p>The agency lacked documentation a brief summary of each fire drill conducted indicated the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken.</p> <p>For example: The Salmon facility fire drill reports did not include the on participants and staff who participated in the fire drill.</p> <p>This is a repeat deficiency from 06/24/13 survey.</p>	<p>1. Previous JDSF practice was to include an attachment to the fire drill summary with names of participants and staff participating in the drill. The fire drill summary will be updated to include names on the summary form itself in order to ensure completion of all fire drill documentation requirements. Additionally all staff will be given training on documentation requirements for fire drills.</p> <p>2. Corrective action will be implemented in all facilities</p> <p>3. Compliance Manager</p> <p>4. The current quarterly review process that ensures drills are completed as required will be expanded to include a review of compliance with documentation requirements.</p>	7/8/2016
<p>16.03.21.511.01. 511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will ensure</p>	<p>The agency lacked evidence the employees followed the agency medication policy.</p> <p>For example: The agency policy is to check all medications in and count them, but the forms were not completed. In</p>	<p>1. JDSF policy will be updated to include that one person be assigned in each facility as the primary responsible party to check medications as soon as they arrive at the facility and that at least one other person be assigned as a contingency in case the primary is unavailable.</p>	7/8/2016



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<p>appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to ensure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-11)</p>	<p>the Idaho Falls center all but one participant medications were not checked in for the current week.</p> <p>This is a repeat deficiency from 06/24/13 survey.</p>	<p><i>Training will be provided to all staff assigned to check medications regarding the time and frequency at which medications need to be documented.</i></p> <ol style="list-style-type: none"> 2. <i>Corrective action will be implemented in all facilities.</i> 3. <i>Program Manager</i> 4. <i>The facility review checklist will be updated to include expected standard for compliance with JDSF medication policy. JDSF will continue to use the quarterly facility review process to identify deficiencies in following medication policy.</i> 	

<p>Agency Representative & Title: Carl Jones, Administrator * By entering my name and title, I agree to implement this plan of correction as stated above.</p>	<p>Date Submitted: 7/6/2016</p>
<p>Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification * By entering my name and title, I approve of this plan of correction as it is written on the date identified.</p>	<p>Date Approved: 7/6/2016</p>