



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	The Adventure Center	<b>Region(s):</b>	7
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	07/11/16-07/12/16
<b>Certificate(s):</b>	7ADVENTCTR103 Center DDA-3548 Center	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)</b>	<b>Date to be Corrected (mm/dd/yyyy)</b>
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 eight employee record review lacked documentation the employee maintained CPR and first aid certification.  For example: Employee 4's record lacked documentation CPR/1st Aid certification was maintained between 05/08/16-05/17/16.	1. No staff will be allowed to work without current CPR and first aid, including initially and ongoing. The acquisition of CPR and first aid will be ensured upon hire and ongoing by formally tracked as an employee file QA tenet. 2. All staff files have been reviewed to determine if other lapses occurred. Any staff were removed from shift until CPR and first aid certifications were obtained. There are no other participants are affected following the corrective action. 3. Administrator or designee 4. No staff will be allowed to work without current CPR and first aid, including initially and ongoing. The acquisition and maintenance of CPR and first aid will be ensured upon hire and ongoing by formally	7/25/2016



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<p>16.03.21.410.01.b.i 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 i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)</p>	<p>One of eight employee record review lacked documentation the employee was accompanied by a CPR/1<sup>st</sup> Aid certified employee.</p> <p>For example: Employee 4's record lacked documentation CPR/1st Aid certification was maintained between 05/08/16-05/17/16 and evidence the employee was accompanied by a CPR/1<sup>st</sup> ad certified employee while providing services.</p>	<p><i>tracked as an employee file QA tenet.</i></p> <ol style="list-style-type: none"> <li><i>1. No staff will be allowed to work without current CPR and first aid, including initially and ongoing. The acquisition of CPR and first aid will be ensured upon hire and ongoing by formally tracked as an employee file QA tenet.</i></li> <li><i>2. All staff files have been reviewed to determine if other lapses occurred. Any staff were removed from shift until CPR and first aid certifications were obtained. There are no other participants are affected following the corrective action.</i></li> <li><i>3. Administrator or designee</i></li> <li><i>4. No staff will be allowed to work without current CPR and first aid, including initially and ongoing. The acquisition and maintenance of CPR and first aid will be ensured upon hire and ongoing by formally tracked as an employee file QA tenet.</i></li> </ol>	<p>7/25/2016</p>

**Agency Representative & Title:** Kathi Hirschi, Administrator

\* By entering my name and title, I agree to implement this plan of correction as stated above.

**Date Submitted:** 7/2/16



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**Department Representative & Title:** Pam Loveland-Schmidt, Licensing & Certification

**Date Approved:** 8/8/2016

\* By entering my name and title, I approve of this plan of correction as it is written on the date identified.