IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

Agency:	Adult and Child Development Center	**Region(s):**	6
Agency Type:	Res Hab	**Investigation Dates:**	01/18/17
Certificate(s):	RHA-2335	**Certificate(s) Granted:**	☐ 6 - Month Provisional ☐ 1 - Year Full ☐ 3 - Year Full ☒ N/A – Complaint

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. Notification to Department of a Participant's Condition. Through a 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)	Two out of four participant record review lacked documentation the agency reported significant incidents per rule requirement. For example: Participant 2's record lacked documentation the agency reported to the Department an incident involving emergency medical care that occurred 10/22/16 until 01/19/17. The Department was not notified within 24 hours per rule requirement.	*1. The agency will notify the Department within 24 hours of significant incidents as defined in regulation* *2. The agency has not identified other participants affected by the deficiency, but will apply the plan of correction to all* *3. The administrator or designee.* *4. This will be monitored ongoing, following the completion of all incident reports to ensure timely completion of the notification to the Department of the participant's condition.*	*2/21/2017*

IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

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)
	Participant 3's record lacked documentation the agency reported to the Department an incident that involved law enforcement that occurred 12/02/16 until 01/19/17. The Department was not notified within 24 hours per rule requirement.		

Agency Representative & Title: Teresa Walker, Executive Program Director * By entering my name and title, I agree to implement this plan of correction as stated above.	**Date Submitted:** 2/22/2017
Department Representative & Title: *Pam Loveland-Schmidt,* L&C * By entering my name and title, I approve of this plan of correction as it is written on the date identified.	**Date Approved:** 3/3/2017