IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Royal Journeys LLC	**Region(s):**	7
Agency Type:	DDA	**Survey Dates:**	02/06/17-02/10/17
Certificate(s):	DDA-4519 2664 E 1st Street, Ammon DDA-1065 265 E 4th, Rexburg 7JOURNEYS102-1 111 E Main Street, Rigby 7JOURNEYS102-2 182 E Fremont Ave, Rigby DDA-5328 2660 E 1st Street, Ammon DDA-5348 1560 Midway Drive, Ammon	**Certificate(s) Granted:**	☐ 6 - Month Provisional ☐ 1 - Year Full ☒ 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)
16.03.21.511.04.e. 511. MEDICATION STANDARDS AND REQUIREMENTS. 04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: e. Written and oral instructions from a licensed physician or other practitioner of the healing arts, pharmacist, or nurse	One of fourteen participant records review lacked documentation of written and oral instructions from a licensed physician or other practitioner of the healing arts, pharmacist, or nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency have been reviewed by the staff person. For example: Participant 8's record lacked documentation of written and oral instructions per rule requirements for the participant's oxygen.	*2. The agency identified other participants using oxygen that are affected by the corrected deficiency. The corrective action, however, remedied the findings.* *3. The administrator or designee* *4. This will be monitored at intake, ongoing, as a part of the annual QA program, during staff trainings, and participant redeterminations.*	*2/8/2017*

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concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency have been reviewed by the staff person; (7-1-11)	The agency corrected the deficiency during survey. The agency is required to complete questions 2-4.		
16.03.21.511.05. 511. MEDICATION STANDARDS AND REQUIREMENTS. 05. Administration of Medications. Only a licensed nurse or another licensed health professional working within the scope of his license may administer medications. Administration of medications must comply with the Administrative Rules of the Board of Nursing, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (7-1-11)	The agency lacked documentation staff were following IDAPA 23.01.01 rule requirements for administration of medications. For example: Participant 8's staff were observed setting oxygen dosage and no documentation meets rule requirements for administration of medications.	*2. The agency identified other participants using oxygen that are affected by the corrected deficiency. The corrective action, however, remedied the findings and administration of the oxygen will not occur.* *3. The administrator or designee* *4. This will be monitored at intake, ongoing, as a part of the annual QA program, during staff trainings, staff performance appraisals, during observations, and participant redeterminations.*	*2/8/2017*

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Agency Representative & Title: Robynn Howell, RN * By entering my name and title, I agree to implement this plan of correction as stated above.	**Date Submitted:** 2/23/2017
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