



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Community Partnership of Idaho, Inc.	Region(s):	3 & 4
Agency Type:	DDA	Survey Dates:	Feb 13 – 17, 2017
Certificate(s):	3COMPRT046-1 DDA-362 3COMPRT046-2 DDA-5333 3COMPRT046-3 DDA-5347 4COMPRT012-1 4COMPRT012-2	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)
<p>16.03.21.511.01. 511. MEDICATION STANDARDS AND REQUIREMENTS. 01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will ensure 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</p>	<p>The agency lacked evidence that it was following their Medication Policy.</p> <p>For example: The Agency has one medication policy for all locations; however, each location has a different process for tracking medication.</p> <p>7 out of the 8 agency locations lacked a process and documentation to ensure that the participant was receiving the prescribed medication in accordance with the physician orders.</p>	<p>1. What corrective action(s) will be taken? <i>CPI will create a medication tracking form that clearly tracks when medications are given, received, missed, requested, etc. in order to see patterns to ensure that participants are receiving all medications as prescribed by doctor and policy is being implemented the same in each office location.</i></p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? <i>No specific participants have been impacted, but a more defined system will provide more security and efficiency for all participants at all locations.</i></p>	04/10/2017



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maintained in the staff personnel file. (7-1-11)		<p>3. Who will be responsible for implementing each corrective action? <i>The Program Director at each location, The Director of Adult & Children's services.</i></p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? <i>A Training will be held with all DS/QIDP's, Clinical Supervisors, Program Supervisors/Managers & Program Directors to ensure that the medication policy and new forms will be implemented correctly in each location. CPI conducts "mock surveys" annually when the documentation will be reviewed for completion.</i></p>	

Agency Representative & Title: <i>TeRonda Robinson, Director of Adult Services</i> <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 03/07/2017
Department Representative & Title: Sandi Frelly, Medical Program Specialist <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 3/9/2017