



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	The Lilypad, LLC	Region(s):	3
Agency Type:	DDA	Survey Dates:	11 – 13 July 2017
Certificate(s):	DDA-1341	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>16.03.21.500.03.a. 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. 03. Fire and Safety Standards. 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</p>	<p>Based on the review of agency records, it was determined that the agency did not obtain an annual fire inspection.</p> <p>For example: The agency did not obtain a 2015 fire inspection report.</p>	<ol style="list-style-type: none"> 1. <i>The agency corrected this deficiency by setting recurring calendar reminders to request annual fire inspections from the fire department.</i> 2. <i>Participants were not affected by this deficiency.</i> 3. <i>The agency administrator and director are responsible for ensuring that the annual fire inspection is completed and both parties now receive annual automated reminders.</i> 4. <i>The agency director will ensure ongoing compliance by requesting a fire inspection of the facility in February of each year.</i> 	<p>2/2/2016</p>



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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)			

Agency Representative & Title: Alicia Ward, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 8/1/17
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: 8/1/2017