



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Panhandle Special Needs Inc.	Region(s):	1
Agency Type:	Developmental Disability Agency	Survey Dates:	8/9/17 – 8/10/17
Certificate(s):	1PSNI065 DDA-5175	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input 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>16.03.21.500.04.b. 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.</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building.</p> <p>b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and</p>	<p>In review of fire drill logs, the log being used as the primary log for the last 13 months does not include problems encountered and corrective action taken.</p>	<p>PSNI's fire drill form was revised at time of review by the safety committee to include problems encountered and corrective actions to be taken. These components were incorrectly removed during a revision of the form.</p> <p>To ensure future form revisions meet compliance new forms will now go through a quality assurance review by the QA committee prior to implementation.</p> <p>The fire drill form was corrected at time of review however the first use of the new form will take place sometime</p>	<p>8/31/2017</p>



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staff participating, problems encountered, and corrective action(s) taken. (7-1-11)		between 8-14-17 and 8-31-17 during our monthly evacuation drill.	

Agency Representative & Title: Trinity Nicholson – Program Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 8/18/2017
Department Representative & Title: Kimberly D. Cole, LSW <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: 8/23/2017