IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE (208) 364-1959
FAX (208) 287-1164

January 22, 2013

Pamela Kaufman, Administrator
Supported Living of Idaho, LLC
P.O. Box 1026
Meridian, ID 83680

Dear Ms. Kaufman:

Thank you for submitting the Plan of Correction for Supported Living of Idaho, LLC dated January 21, 2013, in response to the recertification survey conducted from January 8, 2013, through January 11, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Supported Living of Idaho, LLC a full certificate effective from January 22, 2013, through January 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at 364-1828.

Sincerely,

Frede Trenkle-MacAllister

FREDÉ TRENKLE-MACALLISTER
Medical Program Specialist
DDA/ResHab Certification Program

FTM/slm

Enclosures
1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificate

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Residential Habilitation Agency

Supported Living of Idaho, LLC
RHA-1069

P.O. Box 1026
Meridian, ID 83680-
(208) 994-1855

Survey Type: Recertification

Entrance Date: 1/8/2013

Exit Date: 1/11/2013

Initial Comments: Survey Team: Eric Brown, Supervisor, DDA/ResHab Certification Program; and Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.301.03.i 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (3-29-12) i. Evidence of current CPR and First Aid certifications; and (7-1-95)	Based on review of the agency's personnel records, it was determined that 1 of 17 employees (Employee D) lacked documentation of maintaining a current CPR certification. Employee D's CPR certification expired on January 1, 2011. This certification was renewed on January 28, 2011, which constituted a 26-day gap in certification.	1. The CPR was renewed and no lapses have taken place since. 2. N/A 3. The Administrator through a weekly QA of personnel files. 4. Weekly QA of files. 5. Already corrected.	

		[redacted]	

Administrator/Provider Signature: [signature]	**Date:** 1/21/13
Department POC Approval Signature: Freddie Trinkle-MacAllister	**Date:** 1/22/13

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.