



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – Governor  
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DIVISION OF MEDICAID  
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April 20, 2011

Maureen Stokes, Administrator  
WITCO, Inc.  
3919 E. Ustick Rd.  
Caldwell, ID 83605

Dear Maureen,

Thank you for submitting the WITCO, Inc. Plan of Correction dated April 15, 2011. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued WITCO, Inc. a full three year certificate effective from April 30, 2011 through April 30, 2014. Please sign the enclosed Statement of Deficiencies and return it to me. You may keep a copy for your records.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Please submit these documents in order of citation, following the plan of correction findings. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than May 10, 2011. You may submit supporting documentation as follows:

NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to: (208) 364-1811  
Email to: [BrownE@dhw.idaho.gov](mailto:BrownE@dhw.idaho.gov)  
Mail to: Idaho Division of Medicaid  
Attn: Eric Brown  
PO Box 83720  
Boise, ID 83720-0009

Or deliver to: 3232 Elder Street, Boise, ID 83705

You can reach me if you have any questions at (208) 364-1906.

Thank you for your patience and accommodating us through the survey process.

Eric Brown  
Program Supervisor  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

WITCO Development Center  
3WITCO009-4

3919 E Ustick Rd  
Caldwell, ID 83605  
(208) 454-3051

**Survey Type:** CARF Accreditation - Focus

**Entrance Date:** 3/21/2011

**Exit Date:** 3/21/2011

**Initial Comments:** Survey Team: Eric Brown, Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.01.b 415.GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06) b. Each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter. (7-1-06)	Training Personnel file reviews revealed that [Staff #1]'s First Aid certification expired in November 2010, and [Staff #4]'s CPR certification expired in October 2010.	<ol style="list-style-type: none"> <li>1. An audit of the CPR/First Aid certification status of all developmental services employees has been completed and corrective action has been taken. Staff #1 has completed a recertification class for CPR/First Aid on April 6, 2011. Staff #4 is scheduled to complete a recertification class for CPR/First Aid on April 25th 2011.</li> <li>2. n/a</li> <li>3. Leanne Swetland, Developmental Services Program Director</li> <li>4. The Developmental Services Program Director will monitor the list on a monthly basis, and future audits will be part of the quality assurance review. Training will be scheduled as necessary to maintain all staff certifications.</li> <li>5. April 25th 2011</li> </ol>

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<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b> 2011-04-25	<b>Administrator Initials:</b>
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<b>Administrator Signature (confirms submission of POC):</b>	<b>Date:</b> 2011-04-15
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<b>Team Leader Signature (signifies acceptance of POC):</b> <i>S. D. P...</i>	<b>Date:</b> 4/20/11
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