



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT—DEPUTY DIRECTOR
RANDY MAY —DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

November 2, 2011

Lexi Maetche, Administrator
Alternative Nursing Services
1827 8th Street
Lewiston, ID 83501

Dear Lexi:

Thank you for submitting the Plan of Correction for Alternative Nursing Services dated October 6, 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 Alternative Nursing Services a full three year certificate effective from November 30, 2011 through November 29, 2014.

Due to the nature of the deficiency identified during the review and the fact that it was corrected during the review, your agency is not required to submit supporting documentation to verify ongoing compliance. Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me if at (208) 364-1906.

Sincerely,

ERIC D BROWN
Program Supervisor
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Alternative Nursing Services
2ALTNURSE051

1827 8th St
Lewiston, ID 83501
(208) 746-3050

Survey Type: Recertification

Entrance Date: 9/20/2011

Exit Date: 9/23/2011

Initial Comments: Survey Team: Pete Petersen, Human Services Regional Program Specialist, Family and Community Services; and Eric Brown, Program Supervisor, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.500.03.f	Building Standards	
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. (7-1-11) 03. Fire and Safety Standards. (7-1-11) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)	During the facility review of the Bryden Street location, two cans of disinfectant were noted to be unsecured. (The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	2. The ADC facilitator will do a center inspection every week and will turn in to the Program Administrator whom will keep record in log book. This checklist includes that all chemicals are locked up. The agency has also outsourced the janitorial service whom will be bringing in and out all cleaning supplies and chemicals so that no chemicals will be kept at the center location. 3. The ADC facilitator will be responsible for this correction and the program administrator/manager will ensure that this is completed weekly. 4. The checklist will be turned into the administrator weekly and ADC facilitator's payroll will be dependent on receipt of inspection checklist.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Administrator Signature (confirms submission of POC):

Rexie MacKillo

Date: 11-2-11

Team Leader Signature (signifies acceptance of POC):

E. D. Ru

Date: 11-2-11