



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  
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November 18, 2013

Teresa Walker, Administrator  
Adolescent and Child Development Center, LLC  
151 North 3<sup>rd</sup> Avenue, Suite 110  
Pocatello, ID 83201-6367

Dear Ms. Walker:

Thank you for submitting the Plans of Correction for Adolescent and Child Development Center, LLC dated November 12, 2013, in response to the recertification survey concluded on September 20, 2013, and the complaint investigation survey concluded on October 25, 2013. The Department has reviewed and approved the Plans of Correction.

As a result of the recertification survey, we previously issued Adolescent and Child Development Center, LLC a full certificate effective from October 14, 2013, through September 30, 2014, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate was issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS  
Medical Program Specialist  
DDA/ResHab Recertification Program

PLS/slm

Enclosures

1. Approved Plan of Correction – Recertification Survey of September 20, 2013
2. Approved Plan of Correction – Complaint Investigation Survey of October 25, 2013



# Statement of Deficiencies

Residential Habilitation Agency

Adolescent and Child Development Center, LLC  
RHA-2335

151 N 3rd Ave Ste 110  
Pocatello, ID 83201-6367  
(208) 232-5622

**Survey Type:** Recertification

**Entrance Date:** 9/17/2013

**Exit Date:** 9/20/2013

**Initial Comments:** Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Manager, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.302.04 302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing," (3-20-04)	<p>The agency lacked evidence its policy describing the program's system for handling participant medications, which is in compliance with the IDAPA 23.01.01 "Rules of the Board of Nursing," had been followed.</p> <p>For example:</p> <p>Participant 1's record stated he was able to administer his own medications, but agency documentation revealed that the agency assisted with medications and did not follow its system for handling medications.</p> <p>Participant 2's Medication Assistance Record (MAR) lacked documentation that medication was given as directed. In addition, there was no accompanying documentation as to why the participant did not receive the medication as the agency policy described.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. All medication will be assisted with pursuant to regulations. All staff will be correctively trained on the procedures.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? The agency will address this as though all participants' services are affected. The corrective action identified will address the deficiency</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p>	2013-12-16

REPEAT DEFICIENCY from the recertification survey of March 15, 2013.

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

This will be monitored ongoing and during quarterly quality assurance review.

Administrator/Provider Signature:

*Teresa K Walker, QIDP, CFI, BA*

Date:

*11/12/13*

Department POC Approval Signature:

*Pam Lovelock-Schmitt*

Date:

*11/14/13*

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