

# Statement of Deficiencies

Residential Habilitation Agency

Community Connections North, Inc.  
RHA-3904

316 East 5th Avenue  
Post Falls, ID 83854-  
(208) 377-9814

Survey Type: Investigation

Entrance Date: 6/4/2014

Exit Date: 7/29/2014

**Initial Comments:**

Rule Reference/Text	Findings	Plan of Correction	Date To Be Corrected
<p>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>	<p>Review of agency documentation revealed that the agency did not follow its own policy/protocol regarding assistance with medication.</p>	<ol style="list-style-type: none"> <li>1. All Post Falls CCI Residential Habilitation employees have been retrained on medication procedures and proper UAP Assistance.</li> <li>2. All Residential Habilitation participants who need assistance with their medications will receive assistance in accordance with CCI policy. Staff will receive refresher trainings as needed and at a minimum of quarterly each year.</li> <li>3. The Quality Assurance Professional and Region 1 Residential Habilitation Program Manager are responsible for implementing corrective actions.</li> <li>4. Written verification of retraining of Post Falls CCI Residential Habilitation employees will be kept on file. Ongoing monitoring will occur through weekly home checks, participant specific training and quarterly quality assurance reviews.</li> </ol>	<p>7/10/14</p>

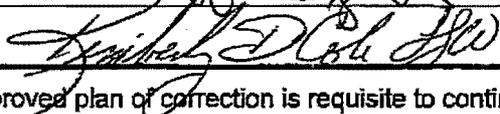
Administrator/Provider Signature:



Date:

8/13/14

Department PSC Approval Signature:



Date:

8/12/14

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