



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	CenterPointe, Inc.	Region(s):	3
Agency Type:	DDA	Survey Dates:	28-29 November 2017
Certificate(s):	DDA-5336 DDA-5353	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
<p>16.03.21.500.04.a. 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.</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building.</p> <p>a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the</p>	<p>Based on the review of agency records, there was no documentation to verify that fire drills were conducted at the DDA center in Suite 2.</p>	<ol style="list-style-type: none"> 1. <i>Click here to enter text.</i> 2. <i>Click here to enter text.</i> 3. <i>Click here to enter text.</i> 4. <i>Click here to enter text.</i> 	<p><i>Click here to enter a date.</i></p>



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building; and (7-1-11)			
<p>16.03.21.601.01.d. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p>	<p>Based on the review of agency records, 1 out of the 3 participant records reviewed did not contain a completed profile sheet for the participant.</p> <p>For example: Participant #3's profile sheet lacked the following information: the current status of the participant, including living arrangement and physician information.</p> <p>Corrected during survey.</p>	<ol style="list-style-type: none"> 1. <i>Click here to enter text.</i> 2. <i>Click here to enter text.</i> 3. <i>Click here to enter text.</i> 4. <i>Click here to enter text.</i> 	<p><i>Click here to enter a date.</i></p>



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d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)			

Agency Representative & Title: *Click here to enter text.*

Date Submitted: *Click here to enter a date.*

** By entering my name and title, I agree to implement this plan of correction as stated above.*

Department Representative & Title: *Click here to enter text.*

Date Approved: *Click here to enter a date.*

** By entering my name and title, I approve of this plan of correction as it is written on the date identified.*