



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</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>	<p>1. <i>The fire evacuation from will now have a check box on it to identify suite 7 and suite 2. The form will be filled out for each fire drill and the suite number will be noted so it is clear which side of the building is participating in the drill and evacuation.</i></p> <p>2. <i>N/A</i></p> <p>3. <i>Jamie Williams, LCSW and Natalie Peterson (HR)</i></p> <p>4. <i>The fire log book is monitored quarterly to ensure that we are in compliance with JCAHO and DDA standards.</i></p>	<p>12/1/2017</p>



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amount of time it took to evacuate the 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>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>When profile sheets come in the program manager will get a different colored pen and fill in any missing information. It will be noted on the profile page that the new colored ink was completed by the program manager to make it clear what the parents filled in and what was added by the agency.</i> 2. <i>Jamie Williams checked all DDA books and no other books were missing information on the profile page.</i> 3. <i>Jamie Williams, LCSW</i> 4. <i>Paperwork will be reviewed upon initial intake and at each status review to make sure that there is not any missing information on the profile sheet.</i> 	<p>12/1/2017</p>



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01. General Records Requirements. Each participant record must contain the following information: 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: Jamie Williams, LCSW DDA Program Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 12/1/2017
Department Representative & Title: Sandi Frelly, Medical Program Specialist <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 12/4/2017