



IDAHO DEPARTMENT OF HEALTH & WELFARE
LICENSING & CERTIFICATION

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Family Counseling Services, Inc.	Region(s):	4
Agency Type:	Developmental Disability Agency	Survey Dates:	5-6 June 2018
Certificate(s):	DDA-5341	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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>16.03.21.410.01.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: a. Participate in fire and safety training upon employment and annually thereafter; (7-1-11)</p>	<p>Based on the review of agency records, it was determined that 1 out of 3 employee records reviewed did not receive fire and safety training upon hire.</p> <p>For example: Employee #2 did not receive fire and safety training upon hire. Employee #2 was hired on 10-17-2017 and did not receive fire safety training until 1-12-2018.</p>	<p>1. FCS will train all staff on fire and safety upon hire at time of orientation. Using the New Hire Checklist, the new employee will initial and/or will be given a certificate of completion to document the fire and safety training has been completed.</p> <p>2. The agency has already completed a DD staff file audit and have found no one else to be out of compliance.</p> <p>3. The Clinical Administrator will be responsible for this task moving forward.</p> <p>4. The employee has been since trained in fire and safety.</p>	7/3/2018

Agency Representative & Title: Jennifer Browning LCPC Clinical Administrator	Date Submitted: 7/3/2018
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<p>* By entering my name and title, I agree to implement this plan of correction as stated above.</p>	
<p>Department Representative & Title: Sandi Frelly, Medical Program Specialist</p>	<p>Date Approved: 7/3/2018</p>