



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Magic Valley Rehabilitation Services Inc	<b>Region(s):</b>	5
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	04/17/18-04/19/18
<b>Certificate(s):</b>	5MVRS020	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction</b> (Please refer to the Statement of Deficiencies cover letter for guidance)	<b>Date to be Corrected</b> (mm/dd/yyyy)
16.03.21.510.03. 510.HEALTH REQUIREMENTS. 03. Employees. Each employee who has direct contact with participants must be free of communicable disease and infected skin lesions while on duty.	<p>The agency policy and procedure for employees lacked rule requirements.</p> <p>For example: The policy and procedure for direct contact with participants lacked documentation it addresses infected skin lesions while on duty.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>Wording was added to the policy and to the orientation document for employees to cover rule requirements. The words "infected skin lesions" were added. All policies will be reviewed annually to ensure they encompass DDA rule requirements.</i></p> <p>The plan should address agency systems and not just the examples specified in the survey report.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that</p>	4/23/2018



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		<p>may be affected by the deficiency? <i>No staff or participants were affected.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>N/A</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The Administrator facilitated the changes and the Human Resource staff will review the documents with all current staff and any new hires.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>All staff will sign the revised document regarding communicable diseases and be given copies of the revised policy by 5/3/18. All policies will be reviewed annually and verified to cover rule requirements.</i></p>	



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<b>Agency Representative &amp; Title:</b> Denise Childs, Director of Facility Based Services <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 4/23/2018
<b>Department Representative &amp; Title:</b> <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 4/24/2018