## Rule Reference/Text

16.03.21.500.03.f.

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.

03. Fire and Safety Standards.

f. All hazardous or toxic substances must be properly labeled and stored under lock and key.

## Findings

During the walk through inspection of facility 1 toxic substances were found in an unlocked cabinet.

*Please note, this was corrected during survey.

## Agency’s Plan of Correction

(Please refer to the Statement of Deficiencies cover letter for guidance)

1. What actions will be taken to correct the deficiency?

   Corrected during survey

2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency?

   Agency has thoroughly inspected all areas of the Center to verify toxic substances are stored in locked cabinets.

3. Who will be responsible for implementing each corrective action?

   Corrected during survey

4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?

   10/3/2019
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<tbody>
<tr>
<td>16.03.21.510.01.c. 510. Health Requirements. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: c. Address any special medical or healthcare needs of particular participants being served by the agency.</td>
<td>In review of the policy and procedure manual, there was not a policy addressing special medical or healthcare needs of particular participants being served.</td>
<td>Program Director will complete spot checks of the Center on a monthly basis to ensure consistency and effectiveness of system. 1. <strong>What actions will be taken to correct the deficiency?</strong> Agency will develop a policy to address rule requirement. 2. <strong>What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency?</strong> Agency will review new policy at upcoming staff meeting. 3. <strong>Who will be responsible for implementing each corrective action?</strong> Program Administrator will develop policy, as well as oversee implementation. 4. <strong>How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</strong> Program Administrator will complete annual review of policy manual to ensure consistency and effectiveness of system.</td>
<td>01/01/2020</td>
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| 16.03.21.601.01.c.  | In review of participant records, it was identified that participants 1 and 2 had psychiatric evaluations completed however they were not present in the participant’s records. | 1. What actions will be taken to correct the deficiency? Agency will submit request for missing psych evals to provider agency for Participants 1 & 2. Written requests will be documented in participant files.  
2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Agency will review all participant files to determine if additional psych evals are missing. If so, a request will be submitted to provider agencies.  
3. Who will be responsible for implementing each corrective action? Developmental Specialists will be responsible for requesting and filing psych evals, as well as written requests.  
4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur? | 01/01/2020 |

01. General Records Requirements. Each participant record must contain the following information:

- 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.
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<td>c. When a participant has had a psychological or psychiatric assessment, the</td>
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<td>Program Director will complete sample reviews on quarterly basis to ensure consistency and</td>
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<td>results of the assessment must be maintained in the participant’s record.</td>
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<td>effectiveness of system.</td>
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**Agency Representative & Title:** James Moss, Program Administrator

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

**Department Representative & Title:** Michaela Tourville

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

**Date Submitted:** 10/17/2019

**Date Approved:** 10/22/2019