**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)**
---|---|---|---
16.03.21.500.03.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. 03. Fire and Safety Standards. a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall’s office. A copy of the inspection | The agency lacked documentation of annual fire inspections. For example: The Pocatello Facility lacked documentation of a fire inspection for 2017. | 1. What actions will be taken to correct the deficiency? Journeys will obtain annual fire inspections and retain proof of such inspections. The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? NA If identified, what corrective actions will be taken? | 5/3/2019

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**Division of Licensing & Certification**

**DDA/ResHab Certification - Statement of Deficiencies**

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Royal Journeys LLC</th>
<th>Region(s):</th>
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<tr>
<td>Agency Type:</td>
<td>DDA</td>
<td>Survey Dates:</td>
<td>April 15, 2019-April 16, 2019</td>
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<tr>
<td>Certificate(s):</td>
<td>DDA-5320</td>
<td>Certificate(s) Granted:</td>
<td>☒ 3 - Year Full</td>
</tr>
</tbody>
</table>

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Page 1 of 2
### Rule Reference/Text

must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited;

### Findings

<table>
<thead>
<tr>
<th>Agency’s Plan of Correction</th>
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<tr>
<td>(Please refer to the Statement of Deficiencies cover letter for guidance)</td>
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</table>

<table>
<thead>
<tr>
<th>Date to be Corrected (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
</tr>
</tbody>
</table>

3. Who will be responsible for implementing each corrective action?
   Facilities maintenance staff will be responsible for obtaining fire inspections

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?
   The Clinical Director will be responsible for verifying and reviewing the inspection annually.

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### Agency Representative & Title:
Tony Whitaker Finance and Operations Director
* By entering my name and title, I agree to implement this plan of correction as stated above.

**Date Submitted:** 5/2/2019

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### Department Representative & Title:
Pam Loveland-Schmidt
* By entering my name and title, I approve of this plan of correction as it is written on the date identified.

**Date Approved:** 5/8/2019

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