### Rule Reference/Text

16.03.21.500.04. 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.  
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. (7-1-11)

### Findings

One of two center locations lacked documentation the evacuation met rule requirements.  
For example: The Twin Falls center location’s evacuation plans were not oriented to the location of the center.  
The agency corrected the deficiency during survey. The agency must complete questions 2-4 on the agency’s plan of correction.

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#### 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?  
   *n/a*  
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? This deficiency does not affect participants, staff or others. Fire Drills will continue to be conducted in order to ensure everyone is aware of how to exit the building in case of an emergency.

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#### Date to be Corrected

(n/a Corrected on 6/19/19)
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| 16.03.21.510.04.510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the agency lacked documentation the incident reports complied with rule. For example: The documented review by the agency of all incident reports must be | The agency lacked documentation the incident reports complied with rule. For example: The documented review by the agency of all incident reports must be | If identified, what corrective actions will be taken?  
*Not applicable*  
3. Who will be responsible for implementing each corrective action?  
*Twin Falls Program Director, Safety Representative, and Director of Adult Services.*  
4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?  
*Quarterly inspections of the center occur by the safety representative or Program Director. They will ensure that evacuation plans continue to be oriented to the location of the center.* | 8/31/2019 |

1. What actions will be taken to correct the deficiency?  
*CPI has a safety committee that meets monthly to review all incident reports in the company. Minutes are generated from this meeting and we*
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<td>the adult participant’s legal guardian, if he has one, or, in the case of a minor, the minor’s parent or legal guardian, has been notified or that the participant’s care provider has been notified if the participant or the participant’s parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-11)</td>
<td>completed at least annually lacked written recommendations.</td>
<td>will ensure the recommendations for incidents are captured in the minutes for each meeting in order to be in compliance with rule. The plan should address agency systems and not just the examples specified in the survey report.</td>
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<tr>
<td>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? The safety committee has representation for each department in the company, therefore this correction will be company wide. If identified, what corrective actions will be taken? NA</td>
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<td>3. Who will be responsible for implementing each corrective action? The Safety Committee chair and Director of Adult Services.</td>
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<td>4. How will the corrective actions be monitored to ensure the problem is</td>
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### Rule Reference/Text

16.03.21.511.01.511. MEDICATION STANDARDS AND REQUIREMENTS.
01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will ensure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to ensure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file.

Also, see IDAPA 16.03.21.511.02-05

### Findings

The Twin Falls center lacked evidence the agency complied with its medication policy and procedure.

For example:
The Twin Falls center had Baclofen 20 mg medication in the agency medication box, but no MAR and it appears as though the participant no longer takes the medication and it was not disposed of per the agency medication policy and procedures. The agency P&P states medications that are no longer used will be returned to the participant/guardian and will not be kept by the agency or staff for no longer than 30 days.

### 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?

   A training will be held to retrain all staff who are authorized to assist with medications and CPI’s medication policy. At a minimum, quarterly inspections will occur to check all medication forms and the locked container they are stored in to ensure that all medication policies are being followed.

   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? CPI

### Date to be Corrected

10/1/2019
**Rule Reference/Text** | **Findings** | **Agency’s Plan of Correction** | **Date to be Corrected**
---|---|---|---

will conduct a training across all teams providing services to ensure that the policy is clear and being followed in each office location.

If identified, what corrective actions will be taken?

*If the medication policy is still not being followed after training, then direct supervisors will work with staff to ensure compliance. This will be documented and a training plan created as needed.*

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

*Program Director and Director of Adult Services.*

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

*A training will be held to retrain all staff who are authorized to assist with medications and CPI’s medication policy. At a minimum, quarterly*
## Rule Reference/Text

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<td>inspections will occur to check all medication forms and the locked container they are stored in to ensure that all medication policies are being followed.</td>
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### Agency Representative & Title: TeRonda Robinson, Director of Adult Services

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

### Date Submitted: 7/8/2019

### Department Representative & Title:

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

### Date Approved: 7/15/2019