### Rule Reference/Text

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

### Findings

Based on the review of agency records, it was determined that the agency did not obtain an annual fire inspection.

For example:
The agency did not obtain a 2015 fire inspection report.

### Agency’s Plan of Correction

1. The agency corrected this deficiency by setting recurring calendar reminders to request annual fire inspections from the fire department.
2. Participants were not affected by this deficiency.
3. The agency administrator and director are responsible for ensuring that the annual fire inspection is completed and both parties now receive annual automated reminders.
4. The agency director will ensure ongoing compliance by requesting a fire inspection of the facility in February of each year.

### Date to be Corrected (mm/dd/yyyy)

2/2/2016
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)
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obtained from the Idaho State Fire Marshall’s office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11) |  |  |

**Agency Representative & Title:**
Alicia Ward, Administrator
* By entering my name and title, I agree to implement this plan of correction as stated above.

**Department Representative & Title:**
Sandi Frelly, Medical Program Specialist

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

**Date Submitted:** 8/1/17

**Date Approved:** 8/1/2017