

## Survey Findings/Facility Response

Facility : COPPER CANYON ACADEMY

Survey Date - 8/27/2010 - Citation10

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### Survey Findings

A review of personnel records and an interview with staff revealed the licensee did not ensure staff members' training was documented to include the staff member's signature and professional credential or job title; the date of the training; the duration of the training and the name, signature, professional credential or job title of the individual providing the training.

Findings include:

A review of seven personnel records revealed two of the seven records reviewed were for staff members required to receive annual training hours that was not documented to include the requirements in (B)(a)(e). Specifically:

The record for staff #3, a full time behavioral health technician with a hire date of July 8, 2003, contained a form titled "Copper Canyon Academy Training Log 2009". However, there was no documentation to substantiate the subject or topics covered in the training, duration of the training, and the name, signature, and professional credential or job title of the individual providing the training.

The record for staff #4, a full time behavioral health technician with a hire date of December 1, 2006, contained a form titled "Copper Canyon Academy Training Log 2009". However, there was no documentation to substantiate the subject or topics covered in the training, duration of the training, and the name, signature, and professional credential or job title of the individual providing the training.

In an interview, the HR Director said staff keep their training certificates in their offices and both staff were out of the office and unable to produce the certificates of attendance for their trainings.

The requirement for a licensee to ensure a staff member's training is documented to include the staff member's name, signature, and professional credential or job title, the date of the training, the subject or topics covered in the training, the duration of the training, and the name, signature, and professional credential or job title of the individual providing the training was discussed with the Executive Director during the exit conference.

This citation is unrelated to the allegations.

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### Rule/Statute

No Rule Text found in Databas

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### Facility Response

The date (02/28/2011) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.