



IDAHO DEPARTMENT OF HEALTH & WELFARE
LICENSING & CERTIFICATION

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Ambitions of Idaho	Region(s):	3 and 4
Agency Type:	DDA	Survey Dates:	13 – 15 March 2019
Certificate(s):	DDA-5357 DDA-5359 DDA-5358	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

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)
<p>16.03.21.125. 125. An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules. (7-1-11)</p>	<p>Based on review of agency records, it was determined that the agency did not request their renewal of its certificate.</p>	<p>1. What actions will be taken to correct the deficiency? The agency will submit the request for the audit 90 days prior to the re-certification date.</p> <p>2. Who will be responsible for implementing each corrective action? <i>The Administrator or designee</i></p> <p>3. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur? <i>The agency will monitor the current certification and make sure there is no lapse</i></p>	<p><i>3/27/2019</i></p>



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		<i>in certification. Documentation of the request will be maintained by the Administrator or designee. P&P pg.40</i>	
<p>16.03.21.400.03.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>Based on review of agency records, it was determined that the Clinical Supervisor(s) did not provide monthly observations of direct care staff.</p>	<p>1. What actions will be taken to correct the deficiency? <i>In the beginning of each month the agency will identify all staff that need to be observed and assign them to a clinical supervisor.</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>Ambitions will make sure all participants are receiving quality services. Also, that staff are trained efficiently to ensure that they are learning the necessary skills to correctly provide the services and supports.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>The Administrator or designee</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p>	<p>4/1/2019</p>



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		<p><i>They will monitor the Clinical Supervisors to ensure that they are completing monthly observations of direct staff. This will be monitored by the Administrator or designee with our QA process. P&P pg.106</i></p>	
<p>16.03.21.410.02.d. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: d. Adequate observation, review, and monitoring of staff, volunteer, and participant performance to promote the achievement of participant goals and objectives; (7-1-11)</p>	<p>Based on review of agency records, it was determined that 5 out of 5 staff did not receive adequate observations.</p> <p>For example: Staff #1 was hired on 12-20-2018 and started direct services on 1-4-2019 and did not receive an observation in January 2019.</p> <p>Staff #2 was hired on 5-22-2018 and did not receive observations for July, October, or December of 2018.</p> <p>Staff #3 was hired on 7-12-2018 and did not receive observations for July, September, October, November, December and January 2019.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>In the beginning of each month the agency will identify all staff that need to be observed and assign them to the Clinical Supervisor.</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency?</p> <p><i>Ambitions will ensure that all participants are receiving adequate and quality services by observing all professional and paraprofessional staff monthly and will have consistent communication with participant families to identify if there are any concerns with the current staff.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The Administrator or designee</i></p>	<p>4/1/2019</p>



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	<p>Staff #4 was hired on 9-6-2018 and did not receive observations for September, October, November, and December 2018.</p> <p>Staff #5 began HI services in May 2018 and did not receive observations in July, September, October, November, December, and January 2019.</p>	<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>Clinical Supervisors will keep track of monthly observations for staff by using a tracking tool on excel. This will be monitored by the Administrator or designee with our QA process. P&P pg.43, 63</i></p>	
<p>16.03.21.600.02.a. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided.</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the</p>	<p>Based on review of agency records, it was determined that 1 out of 4 participant records did not contain notification to the child's current school.</p> <p>For example: Participant #1 is enrolled at a different school this year and the agency failed to notify the current school.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>The agency will update information in participant records by using our QA process. Updating all profile sheets and addressing changes in status.</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency?</p> <p><i>By using our QA process Ambitions will be able to identify any changes regarding participants changing schools. When identified Ambitions will obtain accurate information to update to the participant records to ensure Ambitions can obtain a</i></p>	<p>4/1/2019</p>



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hours that school is typically in session. (7-1-11)		<p><i>current IEP and send the plan of service to the appropriate school.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The Administrator or designee</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>This will be monitored by the QA process and documentation will be provided to ensure the school was notified.</i></p>	
<p>16.03.21.600.02.a.i. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with</p>	<p>Based on review of agency records, it was determined that 1 out of 4 participants records did not contain an Individual Education Plan (IEP).</p> <p>For example: Participant #1's file did not contain an IEP for the current school year.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>By using the annual QA process, Ambitions will identify missing records and Ambitions will obtain these records in a timely manner.</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency?</p> <p><i>By using the annual QA it will help identify records that are needed for participants. When participants start a new plan year it is part of</i></p>	4/1/2019



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<p>Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session.</p> <p>i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>		<p><i>policy and procedure to send the school a copy of the plan of services and request a current IEP.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The Administrator or designee</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>This will be monitored by using our annual QA to ensure participant records are up to date and accurate.</i></p>	
<p>16.03.21.600.02.a.ii.</p> <p>600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided.</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies:</p> <p>a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with</p>	<p>Based on review of agency records, it was determined that 1 out of 4 participant records did not contain documentation of the child's plan to the local school.</p> <p>For example: Participant #1's file did not contain documentation that the agency had provided documentation of services to the child's school.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>The agency will provide documentation to demonstrate each plan of service was sent to the current school they attend.</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency?</p> <p><i>Using our QA process to ensure that the plan of service is being sent to the appropriate school. When each participant has a new</i></p>	<p>4/1/2019</p>



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<p>Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. li. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)</p>		<p><i>plan of service part of the process is to send the school a copy of the plan of service.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>The Administrator or designee</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur? <i>This will be monitored by the Administrator or designee by overseeing the QA process.</i></p>	
<p>16.03.21.601.01.c. 601. 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</p>	<p>Based on review of agency records, it was determined that 1 out of 4 participant records did not contain the results of the most recent psychological or psychiatric assessment.</p> <p>For example: Participant #1's record did not contain the child's most recent psychological assessment.</p>	<p>1. What actions will be taken to correct the deficiency? <i>When a participant has a psychological eval, Ambitions will obtain a copy for the participant records.</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>During the QA process Ambitions will identify what is needed in the participant records. This will also serve as another assessment that will assist with writing accurate evaluations.</i></p>	<p>4/1/2019</p>



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<p>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.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>		<p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The Administrator or designee</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>The corrective actions will be monitored by using our QA process to ensure that participant records are accurate.</i></p>	

<p>Agency Representative & Title: Shane Hagel, Administrator</p> <p><i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i></p>	<p>Date Submitted: 4/4/2019</p>
<p>Department Representative & Title: Sandi Frelly, Medical Program Specialist</p> <p><i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i></p>	<p>Date Approved: 4/5/2019</p>