



IDAHO DEPARTMENT OF HEALTH & WELFARE
LICENSING & CERTIFICATION

DDA/ResHab Certification - Statement of Deficiencies

| | | | |
|------------------------|---|--------------------------------|---|
| Agency: | Access Behavioral Health Services, Inc. | Region(s): | 4 |
| Agency Type: | DDA | Survey Dates: | 26 – 28 March 2019 |
| Certificate(s): | 4ACCBHSVC122 | 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>16.03.21.600.02.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.</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 the review of agency records, it was determined that 2 out of 4 participant records did not contain and Individual Education Plan (IEP).</p> <p>For example: Participant #1 & Participant #3 both attend school and the agency did not obtain a copy of the Individual Education Plan (IEP).</p> | <p>1. What actions will be taken to correct the deficiency? <i>Moving forward, IEP's will be requested via e-mail to ensure the proper documentation is present to show we attempted to obtain all participant's IEP's. Requesting IEP's will be added to our quarterly DDA audit.</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>A full Audit of all participant files will be completed to ensure a current IEP is on file. If one is not present, we will e-mail the Special Education Director of the school or school district to obtain current records.</i></p> <p>3. Who will be responsible for implementing</p> | 4/30/2019 |



DDA/ResHab Certification - Statement of Deficiencies

| 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>hours that school is typically in session. 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>each corrective action?</p> <p><i>The DDA Clinical Supervisor and DDA Administrative Assistant will be responsible for implementing the corrective action.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>Requesting of IEP's will be added to our quarterly DDA QA audit.</i></p> | |
| <p>16.03.21.600.02.a.ii. 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 Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school</p> | <p>Based on the review of agency records, it was determined that 1 out of 4 participant records did not contain documentation that the agency had provided a current copy of the child's plan of service to the child's school.</p> <p>For example: Participant #3 attends school and the agency did not have documentation that they had provided a current copy of the child's plan of service to the child's school.</p> | <p>1. What actions will be taken to correct the deficiency?</p> <p><i>Moving forward, PIP's will be sent via e-mail to ensure the proper documentation is present to show sent records to the school.</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>A full Audit of all participant files will be completed to ensure current PIP's have been e-mailed to the participant's school. If one was not sent, we will e-mail the Special Education Director of the school or school district the current set of PIP's.</i></p> <p>3. Who will be responsible for implementing</p> | <p>4/30/2019</p> |



IDAHO DEPARTMENT OF HEALTH & WELFARE
LICENSING & CERTIFICATION

DDA/ResHab Certification - Statement of Deficiencies

| 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>district if it is serving the child during the hours that school is typically in session.</p> <p>ii. 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>each corrective action?</p> <p><i>The DDA Clinical Supervisor and DDA Administrative Assistant will be responsible for implementing the corrective action.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>We will add sending PIP's to the participant's school to the quarterly DDA QA audit.</i></p> | |
| <p>16.03.21.009.01. 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)</p> | <p>Based on review of agency records, it was determined that 1 out of 4 staff records did not comply with IDAPA 16.05.06., Criminal History and Background Checks.</p> <p>For example: Employee #5 was a transfer and the agency did not obtain an Idaho State Police check.</p> | <p>1. What actions will be taken to correct the deficiency?</p> <p><i>The Idaho State Police Check was sent the day it was discovered on March 26, 2019.</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>A full audit of all DDA Staff has been completed and no other employee files have been found deficient.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The DDA Clinical Supervisor and the Human Resources Officer were responsible.</i></p> | <p><i>Corrected at Survey</i></p> |



DDA/ResHab Certification - Statement of Deficiencies

| 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>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>The Idaho State Police Check will be added to the New Hire Checklist in all DDA employee files.</i></p> | |
| <p>16.03.21.410.01.a. 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: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: a. Participate in fire and safety training upon employment and annually thereafter; (7-1-11)</p> | <p>Based on review of agency records, it was determined that 1 out of 4 staff records did not contain annual fire and safety training.</p> <p>For example: Staff #1 was not trained on fire and safety training in 2017.</p> <p>Previous citation from the last survey conducted on 3-15-2016.</p> | <p>1. What actions will be taken to correct the deficiency?</p> <p><i>There is no action to be taken. The staff missed his 2017 fire safety training when he was on leave from Jan-July of 2017. This was an extenuating circumstance.</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>All employee files have been audited and all employees are up to date on Fire Safety training.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The DDA Clinical Supervisor and Human Resource Officer will be responsible for this corrective action.</i></p> | <p><i>4/30/2019</i></p> |



IDAHO DEPARTMENT OF HEALTH & WELFARE
LICENSING & CERTIFICATION

DDA/ResHab Certification - Statement of Deficiencies

| 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>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur?</p> <p><i>Fire Safety training is already administered at new hire and there again annually for all staff. It is tracked in a database with both the DDA Clinical Supervisor and Human Resources. Again, this was an extenuating circumstance. Moving forward, all staff coming off of extended leave for any reason will be required to go through the annual staff training before re-starting employment.</i></p> | |

| | |
|--|--|
| <p>Agency Representative & Title: Evangeline M Beechler-Lincoln BFA DS HI CS</p> <p><small>* By entering my name and title, I agree to implement this plan of correction as stated above.</small></p> | <p>Date Submitted: 4/8/2019</p> |
| <p>Department Representative & Title: Sandi Frelly, Medical Program Specialist</p> <p><small>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</small></p> | <p>Date Approved: 4/8/2019</p> |