Statement of Deficiencies

Developmental Disabilities Agency

Tomorrow's Hope Satellite Services – Boise
4TOMORW018

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Survey Type: Recertification

Entrance Date: 12/16/2014
Exit Date: 12/18/2014

Initial Comments: Surveyors: Eric Brown, Program Manager and Kerrie Ann Hull, Medical Program Specialist.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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)	Review of agency documentation revealed that 2 out of 8 employee records failed to comply with IDAPA 16.05.06, "Criminal History and Background Checks". For example: Records for Employee #4 revealed that the employee was hired 9/30/13 and rehired 7/15/14; however the employee lacked verification of an updated criminal history and background check since rehire. Records for employee #5 revealed that the employee was hired 8/6/13 and rehired 8/1/14; however the employee lacked verification of an updated criminal history and background check since rehire.	* both employee number 4 and 5 have had an Idaho State police check by 12/22/14 HR responsible *All employee files will be reviewed to ensure everyone has a back ground check that is up to date by 1/10/15 HR responsible *DS trained that all re-hire needs to go back through HR to ensure background checks and Idaho state police check are completed HR responsible By 1/12/15 * Policy and Procedure will be updated to include all re-hire have an Idaho State Police check Program Director Responsible By 1/12/15 * HR will add back ground checks to the spread sheet which with staff information which will be handed out to all DS at the monthly QA meeting to ensure all back ground checks are in HR responsible b by 1/12/15	1/12/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.101.02.w.i 101. APPLICATION FOR INITIAL CERTIFICATION. 02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-11) w. When center-based services are to be provided, the following are also required for each service location: (7-1-11) i. A site review must be completed by the Department prior to the initiation of center based services; (7-1-11)	The agency failed to notify the Department of a change in center location so that a site review could be completed by the Department prior to the initiation of center-based services.	* Department has now been notified Administrator responsible by 12/16/14 * Policy and Procedure to be update to indicate that the department will be notified 60 days prior to the move date verbally and in a written notice Program director Responsible by 1/12/15 * Will document any talks of change in location and ensure that the department is notified monitored at monthly QA meeting Program director Responsible by 1/12/15	1/12/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.125 125. RENEWAL AND EXPIRATION OF THE CERTIFICATE. An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure	The agency failed to request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate.	*Program director trained on knowing that we need to request a renewal of certification no less than 90 days before expiration date of the certificate Administrator Responsible by 12/18/14 * Will update The policy and procedure to include the procedure to request a renewal of certification no less than 90 days before the expiration date of certificate	1/12/15

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)		Administrator Responsible by 12/18/14 * Will update The policy and procedure to include the procedure to request a renewal of certification no less than 90 days before the expiration date of certificate Program Director Responsible by 1/12/15 * the Certification date will be added to Program director spread sheet of inspection due dates Program director responsible by 1/12/15 *Spread sheet to be reviewed at that monthly QA to ensure that a request is sent to the department 90dyas prior to the expiration of the current certification Program Director responsible by 1/12/15	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.300.03 300.ENFORCEMENT PROCESS. The Department may impose a remedy or remedies, when it determines a DDA has not met the requirements in this chapter of rules. 03. Repeat Deficiencies. If the Department finds a repeat deficiency in a DDA, it may impose any of the remedies listed in Subsection 300.01 of this rule,. The Department may monitor the DDA on an "as needed" basis, until the DDA has demonstrated to the Department's satisfaction that it is in compliance with these rules. If so, then certification will be granted. If not, the certificate will be denied or revoked. (7-1-11)	Review of agency documentation revealed that the agency have repeat deficiencies from the previous survey completed in October 2011. For example: Rule citations 16.03.21.410.01.b and 16.03.21.500.03.a are repeat citations from October 2011 survey.	* Current repeat deficiencies have been corrected Program Director responsible by 1/12/15 * Current survey and correction will be reviewed quarterly at monthly QA to ensure that all deficiencies are still being met any needs that arise will be added to the action list Program Director responsible by 1/30/15 * the Rules and regulations will be reviewed each year to ensure we are in compliance with the current rules and regulations Program Director responsible by 1/30/15 * Policy and procedure will be compared to the rules and regulations at least 1 time a year to ensure we are in compliance Program Director responsible by 1/30/15 Review dates of the survey corrections, P and P and the rules will be kept on program director spread sheet Program Director responsible by 1/30/15	1/30/15

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16.03.21.400.01 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)	Review of agency documentation revealed that the administrator failed to ensure compliance with this chapter of rules, as well as overseeing and managing staff, developing and implementing written policies and procedures and overseeing the agency's quality assurance program.	*Administrator will review the P&P at least each January Administrator responsible by 1/12/15 *P and P to be update to indicate that the administrator will review the P& P at the monthly QA at least one time a year in January Administrator responsible by 1/12/15 * Administrator will attend the monthly QA meeting and review spread sheet each month to ensure that policy and procedures are being followed , that staff have been trained and we continue to be in compliance with the IDAPA rules Administrator responsible by 1/12/15 *Program director to ensure all information regarding staff training, policy and procedures and compliance with the rules is documented in the QA notes and any action needed is added to the action list . Program director responsible by 1/12/15	1/12/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.410.01.b 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: (7-1-11) 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: (7-1-11) b. Be certified in CPR and first aid within ninety	Review of agency documentation revealed that 6 out of 8 employees failed to maintain current CPR and First Aid certification. For example: Records for employee #2 revealed a lapse in CPR and First Aid Certification from 6/9/2011-7/12/2013. Records for employee #4 revealed that the employee does not have current CPR and First Aid certification.	* All employee's have had their CPR and First aid renewed by 1/16/15 DS Responsible *All staff files will be reviewed to ensure all training and certifications are up to date HR responsible by 1/16/15 * HR will give each DS at them monthly QA a training sheet with all staff and their current training and when it is due HR responsible by 1/16/15 *All training or certifications for staff will be added to the action list 3 months prior to the expiration date. Program Director Responsible by 1/16/15 *DS will bring their staff training sheets to the monthly QA meeting for Program director to review and added any need training on to action list	1/16/15

(90) days of hire and maintain current certification thereafter; and (7-1-11)	Records for employee #5 revealed that the employee was not certified within ninety (90) days of hire and did not have current CPR and First Aid during the course of her employment. Records for employee #6 revealed a lapse in CPR and First aid Certification from 2/10/13-5/31/13. Records for employee #7 revealed a lapse in CPR and First Aid certification from 5/30/14-12/5/14. Records for employee#8 revealed that the employee was not certified within ninety (90) days of hire.	All training or certifications for staff will be added to the action list 3 months prior to the expiration date. Program Director Responsible by 1/16/15 *DS will bring their staff training sheets to the monthly QA meeting for Program director to review and added any need training on to action list Program director Responsible by 1/16/15	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.410.01.b.i 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: (7-1-11) 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: (7-1-11) b. Be certified in CPR and first aid within ninety	Review of agency documentation revealed that the agency failed to ensure that CPR and First Aid trained staff were present or accompanied participants when services were being provided. For example: Agency documentation revealed that 3 out of 8 employees (employee's 5, 7 & 8) were providing DDA services in the community without a CPR/First-Aid staff being present.	*All staff have had their age appropriate CPR /First Aid updated by 1/16/15 Program director responsible by 1/16/15 *All staff to be trained that staff who do not have age appropriate CPR/First Aid can not be left alone with consumers Program director responsible by 1/16/15 *Lead worker will be given a list of all staff and their CPR/First Aid certification to ensure that when scheduling activities and community outing that there is always a CPR certified staff with the consumers DS responsible by 1/16/15 * All staff training will be reviewed at the monthly QA to ensure all staff are current in their training and certifications HR responsible by 1/16/15	1/16/15

(90) days of hire and maintain current certification thereafter, and (7-1-11) i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)		Any staff needing training will be added to the action list 3 months prior to the expiration of their certification Program director responsible by 1/16/15 All	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.410.01.b.ii 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: (7-1-11) 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: (7-1-11) b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter, and (7-1-11) ii. Each agency staff person must have age appropriate CPR and first aid certification for the participants he serves. (7-1-11)	Review of agency documentation revealed that 6 out of 8 employees (employee's 2, 4, 5, 6, 7, & 8) failed to maintain current CPR and First Aid certification as identified in rule violation 16.03.21.410.01.b. As a result the 6 out of 8 employee records reviewed failed to maintain age-appropriate CPR and First Aid certification for the participant he/she serves.	All employee's have had their age appropriate CPR and First aid renewed by 1/16/15 DS Responsible *All staff files will be reviewed to ensure all training and certifications are up to date HR to print out a training sheet HR responsible by 1/16/15 * HR will give each DS the staff training sheet at the monthly QA the training sheet with all staff and their current training and when it is due HR responsible by 1/16/15 *All training or certifications for staff will be added to the action list 3 months prior to the expiration date. Program Director Responsible by 1/16/15 *DS will bring their staff training sheets to the monthly QA meeting for Program director to review and added any need training on to action list Program director Responsible by 1/16/15	1/16/15

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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. (7-1-11) 03. Fire and Safety Standards. (7-1-11) 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 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)	Review of agency documentation revealed that the agency did not have an annual fire inspection completed in 2012 for their Boise location. This is a repeat deficiency from 2011 survey.	* The date of of the fire inspection will be added to the QA action list and the program director spread sheet to be aware of when it will be due Program director responsible by 1/6/15 * The fire inspection date has been added to the building walk through that is completed each month Program director responsible by 1/6/15 * The building walk through will be reviewed by program director each month at the monthly QA meeting Program director responsible by 1/6/15 *The fire inspection will be kept in the monthly QA book and reviewed at the month QA meeting Program director Responsible by 1/6/15 *	1-6-15

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16.03.21.500.03.f 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. (7-1-11) 03. Fire and Safety Standards. (7-1-11) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)	A walkthrough of the agency's Boise center revealed that hazardous or toxic substances were not stored under lock and key.	*All toxic chemicals have been locked up DS responsible by 12/19/14 *Training with staff completed on keeping toxic chemicals locked up and reviewed what those chemicals included Program director responsible by 1/6/15 *Lead staff to complete a daily walk through in the morning to ensure all toxic substances are locked up Lead worker responsible by 1/6/15 *A building PSR is completed each month to ensure that toxic substances are locked up Lead worker responsible by 1/6/15 *Building PSR are reviewed at monthly QA by program director with any problems noted and added to action list Program Director responsible by 1/6/15	1-6-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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. (7-1-11) 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)	A walkthrough of the agency's Boise center revealed that none of the posted evacuation plans identified the location of all fire extinguishers or the location of all fire exits.	*all posted evacuation plans have been updated to include all fire extinguishers and exits Program Director responsible by 12/20/14 *The building walk through has been updated to included checking the evacuation routes to ensure they are up and include the location of exits, fire extinguishers and meeting place Program director responsible by 1/6/15 *staff have been trained on how to fill out the building PSR to ensure they check the evacuation plans Program director Responsible by 1/6/15 *Lead worker to complete a monthly building walk through Lead worker responsible by 1/6/15 *Building PSR will be reviewed at the month QA meeting and all needed items will be added to the action list Program director responsible by 1/6/15 *	1-6-15

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16.03.21.500.04.b 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. (7-1-11) 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)	Review of agency documentation revealed that fire drills completed for both center locations (Meridian and Boise) lacked documentation of problems encountered and corrective action taken.	*All staff trained on how to score the fire drill PSR and what a TO would be considered Program Director Responsible 1/6/15 *Fire drill PSR updated to included a section in which the DS will address the TO DS responsible by 1/6/15 *Fire drill PSR will be turned in and reviewed each month at the QA meeting DS responsible by 1/6/15 *Program director to add any training issues on to the action list and sent out to the DS each month Program Director responsible by 1/6/15	1/6/15

b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)			

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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. (7-1-11)	Review of agency documentation revealed that the agency has failed to follow their medication policies and procedures that outline how the agency will ensure appropriate handling and safeguarding of medications.	*All staff have been trained on the medication policy regarding the appropriate handling and safe guarding of the medication all staff have a current Assistance with medication class DS Responsible by 1/6/15 *All staff files to be reviewed to ensure all staff have been trained on the medication policy and have the Assistance with medication call HR Responsible by 1/6/15 *Quarterly HR will do an audit of staff records to ensure the staff have been trained on the mediation policy and have their medication assistance card HR responsible by 1/6/15 *Staff will be trained on the 8 medication rights and have documentation in their training log DS responsible by 1/6/15 DS will evaluate the pass of medication on the tech monthly PSR DS responsible by 1-6-15 PD will review all PSR and staff training at the monthly QA at add the scores to the spread sheet all needed ares will be added to the action list PD responsible by 1-6-15	1-6-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.511.02.a. 511. MEDICATION STANDARDS AND REQUIREMENTS. 02. Handling of Participant's Medication. (7-1-11) a. The medication must be in the original pharmacy-dispensed container, or in an	Review of participant medication (Boise location) revealed that the agency failed to ensure that participant medications are placed in the original pharmacy-dispensed container or in an original over-the counter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of	*All medication has been placed in an container either by the pharmacy or from home -labeled with the name of the client, name of the medication, dose, time to be taken and the route and any special instruction if needed DS Responsible by 1/6/15 * all Medication has been reviewed for all client to ensure they have proper labeles	1-6-15

original over-thecounter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-11)	the medication, dosage, time to be taken, route of administration, and any special instructions.	DS responsible by 1/6/15 *Building PSR was updated to included checking of the medication cabinet monthly to ensure that medication is in a container with label with name of client, name of medication, time does and route PD responsible by 1/6/15 Building PSR will be completed monthly and turned in at the monthly QA meeting DS Responsible by 1-6-5 *All building PSR will be reviewed at the monthly QA meeting and any issues added to the action list PD responsible by 1/6/15	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.511.02.b 511. MEDICATION STANDARDS AND REQUIREMENTS. 02. Handling of Participant's Medication. (7-1-11) b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the participant's record. Medisets filled and labeled by a pharmacist or licensed nurse can serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use can also serve as written evidence of an order from the physician or other practitioner of the healing arts. (7-1-11)	Review of participant medication revealed that that the agency failed to ensure that a written or verbal order by a physician or practitioner of the healing arts was maintained in the participant record for participant medications. For example: During review of the Boise facility a four pack of risperidone pills were located in the participants medication box with no evidence of a having a written or verbal order from a physician describing the order and instructions for use.	* Received the order for the Risperidone for the client with time and does , name of the medication and special instructions. DS Responsible by 1/6/15 * all Medication has been reviewed for all client to ensure they an order from a physician (the proper label) DS responsible by 1-6-15 *Medication cabinet will be inventorled each month when completing the monthly walk through to ensure all medications are labeled in original container, with name does, time and all medication are current and not out dated. If they find a medication with no label they will call provider and ask for the medication to come with a doctors order DS responsible by 1/6/15 *Building PSR was updated to included checking of the medication cabinet to ensure all medication have a physician order PD responsible by 1/6/15 Building PSR will be completed monthly and turned in at the QA meeting DS responsible by 1-6-15 *All building PSR will be reviewed at the monthly QA meeting and any issues added to the action list PD responsible by 1/6/15	1-6-15

		All building PSR will be reviewed at the monthly QA meeting and any issues added to the action list PD responsible by 1/6/15	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.511.02.d 511. MEDICATION STANDARDS AND REQUIREMENTS. 02. Handling of Participant's Medication. (7-1-11) d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-11)	Review of participant medication revealed that the agency failed to ensure that medications no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. For example: During review of the Boise facility it was determined that the agency had retained medications from 2012 that were no longer used by the participant.	*Medication was sent home to the provider DS responsible by 1-6-15 *All medication in cabinet we check to ensure they are current and still being used DS responsible by 1-6-15 *P and P update to indicate what to do with medication that are not longer being used PD responsible by 1-20-15 *The building PSR was updated to check medication to ensure there are no outdated medication or medication no longer being used PD responsible by 1-6-15 *All building PSR will be completed monthly and reviewed at the monthly QA with all needed items added to the action list PD responsible by 1-6-15	1-20-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.511.04.d 511. MEDICATION STANDARDS AND REQUIREMENTS. 04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-11) d. The medication is in the original pharmacy-dispensed container with proper label and directions; or in an original over-the-counter container, or the medication has been placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container; (7-1-11)	Review of participant medication revealed that the agency failed to ensure that medications are in the original pharmacy-dispensed container with proper label and directions. For example: During review of the Boise facility it was determined that the agency had medications in prescription bottles that did not coincide with the prescription label on the bottle.	All medication has been placed in an container either by the pharmacy or from home -labeled with the name of the client, name of the medication, dose, time to be taken and the route and any special instruction if needed DS Responsible by 1/6/15 * all Medication has been reviewed for all client to ensure they have proper labeles *Medication cabinet will be inventoried each month when completing the monthly walk through to ensure all medications are labeled in original container, with name does, time and all medication are current and not out dated DS responsible by 1/6/15 *Building PSR was updated to included checking of the medication cabinet PD responsible by 1/6/15 *All building PSR will be reviewed at the monthly QA meeting and any issues added to the action list PD responsible by 1/6/15	1-6-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.01.d 601. RECORD REQUIREMENTS: 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	Review of agency documentation revealed that 3 out of 4 participant profile sheets (participant's 2, 3, & 4) lacked information reflecting current medications.	*Client profile sheets have been updated to include current medication DS responsible by 1/6/15 *All client profiles will be reviewed to ensure they are current with current medications DS responsible by 1/21/15 *Client profiles will be reviewed 2 times a year to ensure they are still accurate (at ISP and at 6 month review	1-20-15

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 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. (7-1-11) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)		DS responsible 1/20/15 DS Responsible by 1/21/15 * When reviewing the perm book/client profile and find that the medications do not match the med social or other documentation DS will contact the provider to ensure the correct medication are listed on the profile sheet DS responsible by 1/20/15 *DS will contact the TSC and whom ever completed the med social to let them know the medication listed on their social is no longer correct DS responsible by 1/20/15	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.601.01.f 601. RECORD REQUIREMENTS. 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 accompanied both by credentials and the date	Review of agency documentation revealed that 2 out of 4 participant records (Participants 1 & 3) contained developmental evaluations that did not include the signature, credentials and date by the respective evaluator.	*Developmental evaluations have been signed with current date and credentials DS Responsible by 12/30/14 *All developmental evaluation will be reviewed to ensure they are signed and dated DS responsible by 1/6/15 *All consumer files will be reviewed annually at prior to their ISP meeting to ensure all needed information is in the book - including the signed developmental evaluation (will fill out a client file review PSR) DS responsible by 1/6/15 *Program director will review all completed PSR on consumer files at the monthly QA meeting any missing items will be added to the action list PD responsible by 1/6/15	12-30-14

signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)			
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.900 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)	Review of agency documentation revealed that the agency failed to implement its quality assurance program.	*the Quality assurance program has been reviewed and updated to ensure is an ongoing proactive and internal review of the services being provided PD responsible by 1/20/15 *The DS were trained on needed documentation for the monthly QA meeting PD responsible by 1/20/15 *Program director created a spread sheet to document and track all PSR for the monthly QA meeting PD responsible by 1/20/15 *The QA system will be reviewed on a quarterly basis to ensue that we are following the QA system and it is meeting the needs to determine the quality of services we are providing PD responsible by 1/20/15	1-20-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.900.02.e 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)	Review of agency documentation revealed that the agency failed to complete an annual review of the agency's code of ethics.	* The Administrator, with the PD and DS have reviewed the code of ethics policy Adm responsible by 1/12/15 *The Policy will be reviewed at least annually at the January QA meeting to ensure we are meeting the ethical responsibility to the individuals, ensure our services do not violate conflict of interests, review are responsibilities as professionals, Administrator will sign that he reviewed with any suggestions for needed changes or action that is needed PD responsible by 1/12/15 *All incidents regarding participants rights will be reviewed at the monthly QA to ensure that our Code of Ethics have been followed DS responsible by 1/12/15 *Annually will review and train with all staff regarding our ethical code of conduct DS responsible by 1/12/15	1-12-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.900.02.f 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)	Review of agency documentation revealed that the agency failed to complete an annual review of the agency's policies and procedures.	*The Administrator has reviewed the P & P Administrator responsible by 1/12/15 *A review committee will review the P and P to ensure the policies are in compliance with the rules and regulations PD responsible by 1/12/15 *The policy and procedures will be given to the Administrator to be reviewed at least annually at the January QA meeting Administrator responsible by 1/12/15 * The Policy and Procedure review will be signed by the Administrator and given to the board of directors to have them reviewed and approved Administrator responsible by 1/20/15 * The date of review and approval will be kept on the program director QA spread sheet to ensure it is completed at least annually PD responsible by1/20/15	1-20-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.900.03.a 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) a. Are developed with each participant, parent, or legal guardian, where applicable, and actively promote the participation, personal choice, and preference of the participant; (7-1-11).	Review of agency documentation revealed that the agency's quality assurance program failed to ensure that DDA services provided to participants are developed with each participant, parent, or legal guardian, where applicable, and actively promote the participation, personal choice, and preference of the participant.	* The Quality assurance program has been updated to ensure that services being provided promote the participation, personal choice and preference of the participant PD responsible by 1/12/15 *A Consumer observation PSR was updated to ensure that the consumer was provided personal choice which will be completed at least one time a month DS responsible by 1/12/15 *DS will turn the Consumer PSR in at the monthly QA meeting to the PD DS responsible by 1/12/15 *PD will review all PSR recored the score on spread sheet and note any training issues and add to the action list PD responsible by 1/12/15	1-12-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.900.03.b 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) b. Are age appropriate; (7-1-11)	Review of agency documentation revealed that the agency's quality assurance program failed to ensure that DDA services provided to participants are age appropriate.	The Quality assurance program has been updated to ensure that services being provided and consumer is engaged in is age appropriate PD responsible by 1/12/15 *A Consumer observation PSR was updated to ensure that the participant is engaged in age appropriate activities which will be completed at least one time a month DS responsible by 1/12/15 *DS will turn the Consumer PSR in at the monthly QA meeting to the PD	1-12-15

		DS responsible by 1/12/15 *DS will turn the Consumer PSR in at the monthly QA meeting to the PD DS responsible by 1/12/15 *PD will review all PSR recored the score on spread sheet and note any training issues and add to the action list PD responsible by 1/12/15 *	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.900.03.c 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) c. Promote integration; (7-1-11)	Review of agency documentation revealed that the agency's quality assurance program failed to ensure that DDA services provided to participants promote integration.	* The Quality assurance program has been updated to ensure that services being provided promote integration PD responsible by 1/12/15 *A Consumer observation PSR was updated to ensure that services promote integration which will be completed at least one time a month DS responsible by 1/12/15 *DS will turn the Consumer PSR in at the monthly QA meeting to the PD DS responsible by 1/12/15 *PD will review all PSR recored the score on spread sheet and note any training issues and add to the action list PD responsible by 1/12/15	1/12/15
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.900.03.d 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality	Review of agency documentation revealed that the agency's quality assurance program failed to ensure that DDA services provided to participants provide opportunities for community participation and inclusion.	*The Quality assurance program has been updated to ensure that services provide opportunities for community participation and inclusion PD responsible by 1/12/15 *A Consumer observation PSR was updated to ensure that services promote community participation and inclusion which will be completed at least one time a month DS responsible by 1/12/15	1/12/15

assurance program must ensure that DDA services provided to participants: (7-1-11) d. Provide opportunities for community participation and inclusion; (7-1-11)		DS will turn the Consumer PSR in at the monthly QA meeting to the PD DS responsible by 1/12/15 *PD will review all PSR recored the score on spread sheet and note any training issues and add to the action list PD responsible by 1/12/15	
Rule Reference Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.900.03.e 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) e. Offer opportunities for participants to exercise their rights; and (7-1-11)	Review of agency documentation revealed that the agency's quality assurance program failed to ensure that DDA services provided to participants offer opportunities for participant's to exercise their rights.	* The Quality assurance program has been updated to ensure that services being provided offer opportunities for participants to exercise their rights PD responsible by 1/12/15 *A Consumer observation PSR was updated to ensure that the consumer was provided opportunities to exercise their rights which will be completed at least one time a month DS responsible by 1/12/15 *DS will turn the Consumer PSR in at the monthly QA meeting to the PD DS responsible by 1/12/15 *PD will review all PSR recored the score on spread sheet and note any training issues and add to the action list PD responsible by 1/12/15	1-12-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.900.03.f 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) f. Are observable in practice. (7-1-11)	Review of agency documentation revealed that the agency's quality assurance program failed to ensure that DDA services provided to participants are observable in practice.	* The Quality assurance program has been updated to ensure that a monthly observation will be completed on participants to ensure personal choice, activities are age appropriate, promote independence and integration, offer opportunities for inclusion and for the participant to exercise their rights PD responsible by 1/12/15 *A Consumer observation PSR was updated which will be completed at least one time a month DS responsible by 1/12/15 *DS will turn the Consumer PSR in at the monthly QA meeting to the PD DS responsible by 1/12/15 *PD will review all PSR recored the score on spread sheet and note any training issues and add to the action list PD responsible by 1/12/15	1/12/15

Administrator/Provider Signature: Thair Pond Date: 1-19-15

Department PQC Approval Signature: Kerrie Ann Hull LMSW Date: 1-20-15

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.