

# Statement of Deficiencies

Developmental Disabilities Agency

North Star Child Development Center  
1NSCDC136

280 East Kathleen Avenue  
Coeur d'Alene, ID 83815-9815  
(208) 765-6821

**Survey Type:** Recertification

**Entrance Date:** 2/11/2015

**Exit Date:** 2/12/2015

**Initial Comments:** Surveyor: Kimberly D. Cole, LSW

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03.b</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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: (7-1-11)</p> <p>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>In review of documentation 1 Clinical Supervisor failed to conduct monthly observation and review of services for 5 consecutive months for assigned staff. One other staff had one missed monthly observation.</p>	<p>1. The agency has already implemented a monthly tracking sheet for all staff providing service. It is reviewed at the end of each month to ensure all staff observed.</p> <p>2. During the last week of each month the Clinical Supervisor will review tracking sheet. This will allow time for the C.S. to observe any staff that may have been missed. If a staff is missed, due to any significant missed time, it will be documented and they will be observed twice the following month.</p> <p>3. Karl Sperling is responsible for implementing each corrective action plan.</p> <p>4. With the new system of monthly monitoring it will be identified immediately to ensure the problem does not recur.</p> <p>5. This was identified prior to survey and corrected previously. This is the current policy, and tracking sheet was updated on 3/1/15</p>	3/1/15

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<p>16.03.21.900.02.c</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)</p>	<p>The agency policy is lacking full procedure to ensure the correction of problems identified within a specified period of time. Specifically, the agency has and uses various tools to collect individual quality data, but does not combine those for full agency quality assurance which includes correction of identified problems within a specified timeframe.</p>	<p>Text does not flow to the next page.</p> <p>1. A new form was created to identify problems found, and corrective action plan with a specified date of correction. This form will be used in conjunction with each QA tracking sheet, and will follow the QA schedule for each tracking system.</p> <p>2. To ensure any deficiencies are not affecting staff, participants, or systems the new forms will be reviewed by the Clinical Supervisor monthly and signed when the corrective action is completed. At the end of the year the C.S. will review all forms and summarize findings and update policy and procedures if it is found necessary to ensure recurrence does not happen.</p> <p>3. Kari Sperling, C.S., will be responsible for each corrective action</p> <p>4. The corrective actions will be monitored monthly, as well as compiled and reviewed annually.</p> <p>5. Corrective Action Plan has been implemented and corrected as of 3/1/15</p>	<p>3/1/15</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.e</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>e. An annual review of the agency's code of</p>	<p>In review of agency documents, the ethics policy, quality assurance policy and practice fail to address an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.</p>	<p>1. A new form was created to identify each potential ethical violation, that can identify violation, date of violation, staff member who violated it, and when it would be corrected by. This will be kept in the Quality Assurance binder to be recorded anytime this may happen.</p> <p>2. To ensure any deficiencies are not affecting staff, participants, or systems the new form will be reviewed by the Clinical Supervisor monthly and signed when the corrective action is completed.</p>	<p>3/1/15</p>

<p>ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>		<p>The form will be reviewed quarterly to determine if violations are agency wide, and will include how it will be corrected. The form will also be reviewed at the year and all findings will be summarized and put into Quality Assurance binder.                  3. Kari Sperling, C.S., will be responsible for each corrective action                  4. Ethical violations will be monitored monthly, as well as compiled and reviewed annually.                  5. Corrective Action Plan has been Implemented and corrected as of 3/1/15</p>	
<p><b>Rule Reference/Text</b></p>	<p><b>Findings</b></p>	<p><b>Plan of Correction</b></p>	<p><b>Date to be Corrected</b></p>
<p>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)</p>	<p>In review of the agency's policy and procedure manual and documentation, there was no evidence of annual review of agency's policies and procedures including a date and content revisions made. Multiple policies and procedures were needing updates from rule changes in 2011.</p>	<p>1. The agency has created a new form to identify when the policies and procedure manual is reviewed and/or changed.                  2. The agency will ensure by the end of each year that the new form is placed into the operating manual to ensure documentation of changes or revisions, and general overview exists.                  3. Karl Sperling, C.S., is responsible for any corrective actions.                  4. This new form will be added to QA schedule to ensure it is used and put into the operating manual.                  5. The current manual has been updated and revised as well as documented as of 3/1/15</p>	<p>3/1/15</p>

Administrator/Provider Signature:

*Tracy Harris*

Date:

3/10/15

Department POC Approval Signature:

*Kimberly Cole MSW*

Date:

3/12/15

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