

# Statement of Deficiencies

Developmental Disabilities Agency

Syringa Family Partnership, LLC -- Hayden  
DDA-325

8680 N Wayne Blvd, Ste C  
Hayden, ID 83835-  
(208) 635-5907

**Survey Type:** Recertification

**Entrance Date:** 3/3/2015

**Exit Date:** 3/5/2015

**Initial Comments:** Surveyors: Lead: Kimberly Cole, LSW; Kerrie Ann Hull, LSW

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.a</p> <p>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)</p> <p>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)</p> <p>a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)</p>	<p>For 1 of 7 (# 6) staff files and training logs reviewed, there was no documentation of annual fire training for 2013.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <p>1. CORRECTIVE ACTION: Syringa had one employee who works in a rural area providing home based services who could not attend our 2013 agency wide fire training, and it was missed in her training log. 2. No participants were affected due to practiced evacuations and no actual need to evacuate.</p> <p>3. Who will be responsible for implementing each corrective action? Agency Director will work with HR will ensure Staff fire training is logged into her training log on file.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? HR will monitor training logs during quarterly personnel file audits.</p> <p>5. By what date will the corrective actions be completed? Staff #6 does currently have fire training for 2014-2015.</p>	<p>n/a current</p>

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<p>16.03.21.410.02.d</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11)</p> <p>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>In review of staff files and observations 4 of 8 ((2,3,7,8) staff did not meet the standard of "adequate observation" as indicated by the lack of details other than signature of clinical supervisor on month of observation. Therefore, there was no ability to determine that observation actually transpired.</p>	<p>1. What actions will be taken to correct the deficiency? Staff files 2,3,7,8 did indicate proof of observation along with dates and CS signature. Detailed observation forms were not maintained in the same observation log book.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Syringa CS team will ensure detailed observation forms are placed in the "sign off" binder in the future.</p> <p>3. Who will be responsible for implementing each corrective action? Clinical Supervisor team.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? CS Team will continually monitor the CS observation binder and audit it for accuracy.</p> <p>5. By what date will the corrective actions be completed? Detailed observation forms were placed in the sign off binder starting 3-2015.</p> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p>	<p>3-5-15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>03. Fire and Safety Standards. (7-1-11)</p> <p>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</p>	<p>Facility #2 did not have documentation of an annual inspection by the local fire authority for 2012.</p>	<p>1. CORRECTIVE ACTION: Syringa has a current fire inspection at this time. We had an unidentified gap in our inspection from 2013. Our building was initially inspected and during our 2012 survey it was still current, and then we had dates misprinted in our calendar.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? No participants were affected by this gap in inspection.</p> <p>3. Who will be responsible for implementing each corrective action? Agency Director will work with HR to ensure annual inspections are completed and dates in calendar are accurate.</p>	<p>n/a current</p>

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)

4. How will the corrective actions be monitored? HR will monitor dates in calendar and schedule inspections 60 days in advance of expiration.  
5. By what date will the corrective actions be completed? Syringa has a current building inspection for this location.

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<p>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)</p>	<p>For 1 of 3 facilities (Facility #1) hazardous or toxic substances were not stored in a place secure from participants. Hazardous materials were moved to a higher location under supervision of staff during survey. Recommended to put child locks on all cabinets where toxic substances are stored in all facilities to fully meet rule.</p>	<p>1. What actions will be taken to correct the deficiency? Clorox wipes were removed from the rest room and placed in a closed cabinet out of the reach of clients and in a different room. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Syringa sent out a memo to all employees reminding them of our policy regarding hazardous and toxic substance storage. 3. Who will be responsible for implementing each corrective action? Agency Director 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Continue to train during New Hire Orientation and new hire hands on training 5. By what date will the corrective actions be completed? Corrected during Survey immediately</p>	<p>3-3-15</p>
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<p>16.03.21.500.04 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p>	<p>For 1 of 3 facilities ( Facility #1) the designated meeting area outside of the building was not indicated on the evacuation plans. CORRECTED DURING SURVEY.</p>		<p>3-3-15</p>

<p>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)</p>		<p>2. What will the agency do to identify any other participants, staff, or systems that are affected? If identified, what corrective actions will be taken?                  No staff or participants were affected by deficiency. Was remedied during survey.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? All new evacuation plans will be reprinted from a current file which has the meeting area on it</p>	
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<p>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)                  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)</p>	<p>For 3 of 3 facilities, the fire drills did not indicate the staff and participants participating, the time the drill occurred consistently.</p>	<p>1. What actions will be taken to correct the deficiency? Corrected during survey. Some forms had date missing due to a text box hiding it that was added recently, and number of participants and staff were listed on all fire drill forms, which was approved during previous audit.                  2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? HR fixed the form on 3-5-15 and provides staff with the form during drills.                  3. Who will be responsible for implementing each corrective action? HR has already corrected                  4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Forms will be audited regularly by HR and Agency Director for accuracy to avoid typos or formatting errors and that all info is included.                  5. By what date will the corrective actions be completed? Corrected during survey 3-5-15</p>	<p>3-5-15</p>
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<p>16.03.21.500.05.b                  500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.                  The requirements in Section 500 of this rule,</p>	<p>The refrigerator in facility #2 did not have a thermometer. Corrected during survey.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected</p>	<p>3-3-15</p>

apply when an agency is providing center-based services. (7-1-11)  
 05. Food Safety and Storage. (7-1-11)  
 b. When the agency does not provide food service for participants, it must keep refrigerators and freezers used to store participant lunches and other perishable foods in good repair and equipped with an easily readable thermometer. Refrigerators must be maintained at forty-one degrees Fahrenheit (41°F) or below. Freezers must be maintained at ten degrees Fahrenheit (10°F) or below. (7-1-11)

by the deficiency? Once thermometers were in place, temperature readings indicated that the temp is set within the required temp range therefore no one was affected.  
  
 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency Director and HR will ensure during quarterly inspections that a thermometer is present in both the freezer and the refrigerator and that temperature is set within normal range.

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<p>16.03.21.900.01.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)                      01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)                      c. The environment in which services are delivered is safe and conducive to learning; (7-1-11)</p>	<p>In review of documentation, there is no methodology in place to ensure that the environment in which services are delivered is safe and conducive to learning. CORRECTED DURING SURVEY: The observation form and Policy and Procedure were revised during survey.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:                      1. CORRECTIVE ACTION: A new observation form was implemented that will identify and ensure the environment is safe and conducive to learning.                      2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Due to monitoring and oversight, only the compilation of quality assurance data was affected by this deficiency. The new observation form and policy and procedure have been implemented.                      3. Who will be responsible? Agency Director will ensure the Clinical Supervisory team completes observation forms as needed.                      4. How will the corrective actions be monitored? The observation form will be completed by the CS Team during required observations and will be reviewed monthly by the CS Team and/or Agency Director.</p>	
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<p>16.03.21.900.01.d</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>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)</p>	<p>In review of agency documentation, there was no methodology in place to ensure that skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. CORRECTED DURING SURVEY: The policy and procedure manual and observation form were revised during survey to be implemented.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Agency Director has shown HR and the Clinical Supervisor Team the new policy and procedure manual changes with GOALS added to each section of the QA Section.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency Director will monitor at the Annual Review of the Policy and Procedure Manual that GOALS and % are still applicable and are being met.</p>	<p>3-3-15</p>
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<p>16.03.21.900.01.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>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>e. The rights of a person with disabilities are protected and each person is provided opportunities and training to make informed choices.</p>	<p>In review of agency documentation there was no methodology to ensure that the rights of a person with disabilities are protected and each person is provided opportunities and training to make informed choices. CORRECTED DURING SURVEY: The policy and procedure and observation form were revised during survey to capture this information.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Agency Director has shown HR and the Clinical Supervisor Team the new policy and procedure manual changes with GOALS added to each section of the QA Section. 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency Director will monitor at the Annual Review of the Policy and Procedure Manual that GOALS and % are still applicable and are being met.</p>	<p>3-3-15</p>

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16.03.21.900.02.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) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of this rule; (7-1-11)	The policy and procedure manual and quality assurance program were incomplete as there was not a component for agency goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in subsection 900.01. CORRECTED DURING SURVEY: Policy and Procedure Manual was revised to meet rule and to be implemented.	2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Agency Director has shown HR and the Clinical Supervisor Team the new internal audit checklists for our internal audit forms. Syringa has a current and extensive internal QA System, but didn't have an "at a glance" to determine what was deficient in each area and who was responsible and by which date, all on the same form, so that has now been created.  4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency Director will work with HR to monitor the implementation of the new form that has been created.	3-3-15
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16.03.21.900.02.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)	In review of documentation and policies and procedures, the agencies quality assurance program did not have the components of identifying the person, discipline or department responsible for each agency quality assurance goal. CORRECTED DURING SURVEY: The	Citation removed	
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02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)  
 b. Person, discipline, or department responsible for each goal; (7-1-11)

policy and procedure was revised to include this component to be implemented.

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<p>16.03.21.900.02.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)                      02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)                      c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)</p>	<p>In review of policy and procedures and documentation, the agency's quality assurance program was missing a system to ensure the correction of problems identified within a specified period of time. CORRECTED DURING SURVEY: The policy and procedure was revised during survey to include this component to be implemented.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Agency Director has shown HR and the Clinical Supervisor Team the new internal audit checklists for our internal audit forms. Syringa has a current and extensive internal QA System, but didn't have an "at a glance" to determine what was deficient in each area and who was responsible and by which date, all on the same form, so that has now been created.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency Director will work with HR to monitor the implementation of the new form that has been created.</p>	<p>3-3-15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.b</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>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>b. Are age appropriate; (7-1-11)</p>	<p>In review of documentation, the quality assurance program did not have a methodology to ensure that DDA services provided to participants are age appropriate. CORRECTED DURING SURVEY: The agency revised their observation form to ensure this requirement.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Syringa had a variety of tools, trainings and processes to ensure that therapy that occurs is age appropriate at all times, however, Syringa added a section on our CS Monthly Observation forms where the CS will ensure that they are age appropriate and are observable in practice.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? New CS Monthly Observation form will be mandatory for all observations. Other tools and observations forms that were previously used will still be an option in addition to the new form per child specific therapy goals, objectives, etc.</p>	<p>3-3-15</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.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>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>c. Promote integration; (7-1-11)</p>	<p>In review of documentation, the agency's quality assurance program did not have a methodology to ensure that DDA services provided to participants promote integration. CORRECTED DURING SURVEY: The observation form was revised to capture this information.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Syringa had a variety of tools, trainings and processes to ensure that therapy promotes integration at all times, however, Syringa added a section on our CS Monthly Observation forms where the CS will ensure that therapy observed promotes integration that is observable in practice.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? New CS Monthly Observation form will be mandatory for all observations. Other tools and observations forms that were previously used will still be an option in addition to the new form per child specific therapy goals, objectives, etc.</p>	<p>3-3-15</p>

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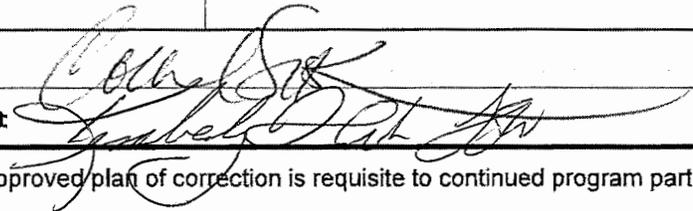
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.d</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>d. Provide opportunities for community participation and inclusion; (7-1-11)</p>	<p>In review of agency documentation, the agency's quality assurance program did not have a methodology to ensure that DDA services provided to participants provide opportunities for community participation and inclusion. CORRECTED DURING SURVEY: The observation form was revised to capture this information.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Syringa had a variety of tools, trainings and processes to ensure that therapy provides opportunities for community participation and inclusion per POS and planning team decisions, however, Syringa added a section on our CS Monthly Observation form where the CS will ensure that therapy observed shows that the client is being provided opportunities for community participation and inclusion.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? New CS Monthly Observation form will be mandatory for all observations. Other tools and observations forms that were previously used will still be an option in addition to the new form per child specific therapy goals, objectives, etc.</p>	<p>3-3-15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.f</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>03. Additional Requirements. The quality assurance program must ensure that DDA</p>	<p>In review of agency documentation, the agency's quality assurance program had no methodology to ensure that DDA services provided to participants are observable in practice. CORRECTED DURING SURVEY: The observation form was revised to capture this information.</p>	<p>Syringa added a section on our CS Monthly Observation form where the CS will ensure that therapy that occurs and all of its components are observable in practice.</p> <p>4. New CS Monthly Observation form will be mandatory for all observations. Other tools and observations forms that were previously used will still be an option in addition to the new form per</p>	<p>3-3-15</p>

services provided to participants: (7-1-11)  
f. Are observable in practice. (7-1-11)

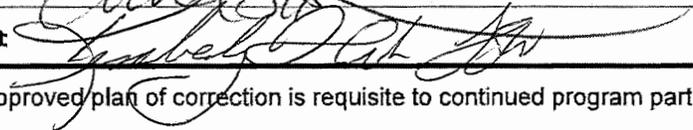
child specific therapy goals, objectives, etc.

Administrator/Provider Signature:



Date: 3-25-15

Department POC Approval Signature:



Date: 3-8-15

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