

Statement of Deficiencies

Developmental Disabilities Agency

Magic Valley Rehabilitation Services, Inc.
5MVRS020

484 Eastland Dr S
Twin Falls, ID 83301-
(208) 734-4112

Survey Type: Recertification

Entrance Date: 4/13/2015

Exit Date: 4/14/2015

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Kerrie Ann Hull, Medical Program Specialist, Licensing & Certification.

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>Three of three employee record review lacked documentation the clinical supervisor (Developmental Specialist) conducted monthly observation and review of the direct services performed by all paraprofessionals to ensure staff demonstrate the necessary skills to correctly provide the DDA services.</p> <p>For example: Employee 2's record lacked documentation of an observation conducted for 02/15. Employee 3's record lacked documentation of an observation for 10/14 and 12/14. REPEAT CITATION FROM 04/26/12</p>	<p>1. Formal and informal observations of therapy technicians are routinely done by the DS/CS, often at a greater frequency than monthly. However, there have been occasions when these have not been documented. In the future, the DS/CS will continue to complete these observations and reviews on each of the therapy techs no less frequently than monthly, and ensure they are documented.</p> <p>2. Regarding the two employees referenced, the observations were completed but not documented - no participants were affected.</p> <p>3. CAP Manager/DS/CS</p> <p>4. The CAP Manager/DS will develop a monthly listing of all therapy techs which will include a column to add the date an observation was done for each tech. Near the end of each month, the CAP Manager will check the listing to ensure that each tech has had at least one observation and it has been documented. The Rehabilitation Director</p>	<p>5/21/15</p>

		will review these observation logs no less than frequently than every 6 months. 5. 5/21/15	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.410.01.c 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) c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)	Four of four employee records reviewed lack documentation the employee received training to meet any special or medical requirements of the participants they serve. For example: Employee 3 works with participant 3 and she has seizure disorder.	1. Seizure disorders any other special health/ medical needs of new participants will be identified at the intake/orientation, and assigned techs will be given the appropriate training by the CAP manager, or by another individual if more appropriate, prior to service delivery. This training will now be documented. 2. The CAP manager and Rehabilitation Director will review all current DT case files to identify any special health or medical needs of existing participants. If any are identified, appropriate training will be provided by the CAP Manager, or by another individual if more appropriate. This training will be documented. 3. CAP Manager and Rehabilitation Director 4. As stated above, any special health/medical needs will be identified at the intake/orientation of new participants, and staff training will be done. As a double check, this item will be added to the existing MVRS Case Records/Case Quality Review Process (where a certain percentage of case files are reviewed monthly). 5. 6/21/15	6/21/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.410.02.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.	Four of four employee records reviewed lack documentation the employee received training on optimal independence.	1. The MVRS mission statement focuses on assisting individuals with developmental and other disabilities in moving toward optimal	6/21/15

Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)
 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11)
 a. Optimal independence of all participants is encouraged, supported, and reinforced through appropriate activities, opportunities, and training; (7-1-11)

1. (continued) independence and self-reliance. To that end, there are a number of policies and procedures in place here which are reviewed with staff at monthly staff meetings that focus on independence and self-reliance. However, documentation of this training has not been adequate. In the future, these trainings will be included on individual CAP staff member training sheets.
 2. Participants have not been affected.
 3. CAP Manager and Rehabilitation Director.
 4. Training files will be reviewed by the Rehabilitation Director every 6 months.
 5. 6/21/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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: (7-1-11) 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) 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>Four of four employee records reviewed lack documentation the employee received training on adequate observation, review and monitoring of participant performance to promote the achievement of participant goals and objectives.</p>	<p>1. Training is provided to therapy techs by the CAP manager on adequate observation, review and monitoring of participant performance to promote the achievement of participant goals. This is done through weekly meetings with the techs, monthly observations, and through CAP staff meetings which usually occur monthly. However, this training has not been adequately documented. In the future, this training will be logged on individual CAP staff member training sheets. 2. Current participants have not been effected. 3. CAP Manager and Rehabilitation Director. 4. Training files will be reviewed by the Rehabilitation Director every 6 months. 5. This will begin immediately, as training is provided.</p>	<p>4/21/15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.501.05</p> <p>501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: (7-1-11)</p> <p>05. Liability Insurance. Continuously maintain liability insurance that covers all passengers and meets the minimum liability insurance requirements under Idaho law. If an agency employee transports participants in the employee's personal vehicle, the agency must ensure that adequate liability insurance coverage is carried to cover those circumstances. (7-1-11)</p>	<p>Two of three employee record reviewed lack documentation the staff continuously maintains liability insurance that covers all passengers and meets the minimum requirements.</p> <p>For example: Employee 2's record lacked documentation of vehicle insurance, the record included a renters insurance policy only. Employee 3's record lacked documentation of continuously maintaining liability insurance, the liability insurance policy expired 03/24/15.</p>	<p>1. A tickler system is currently in place that will be used to verify that each employee continuously maintains liability insurance that covers passengers and meets minimum requirements. The two referenced employees were overlooked as the position responsible for overseeing this had turned over recently. Neither employee had allowed their insurance to lapse, but documentation of this was not available for the survey team. We will continue to use this tickler system.</p> <p>2. Neither employee had let their insurance lapse, and no one was affected, the two employees mentioned have provided proof of insurance.</p> <p>3. Administrative Division Director/Bookkeeper</p> <p>4. The Admin. Director/Bookkeeper will review the tickler system and employee files on a monthly basis to ensure that proof of insurance is in place and does not lapse.</p> <p>5. The process will begin immediately.</p>	<p>4/22/15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.510.06</p> <p>510. HEALTH REQUIREMENTS.</p> <p>06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)</p>	<p>One of four participant record lacked documentation when the DDA reports a health- and safety-related incident to protective or legal authorities, they also notified the Department of this incident within twenty-four (24) hours.</p> <p>For example:</p>	<p>1. All accident and incident reports that are communicated to Adult Protection will be reported immediately to the Department of Health & Welfare as well. This will be done via a phone call or email by the CAP Manager or the Rehabilitation Director. In addition, our accident and incident report forms now reflect that H&W is</p>	<p>4/22/15</p>

	<p>Participant 3's record included an incident report from 2/10/14 which was reported to Adult Protection Services on 2/11/15, but does not have documentation the incident was reported to the Dept. of Health & Welfare.</p>	<p>is to be notified, and check box verifying it has been done has been added. 2. No participants were affected. 3. CAP Manager and Rehabilitation Director. 4. This will be monitored through the use of modified accident and incident forms. These forms will also be reviewed quarterly by the Safety Committee for compliance. 5. The forms have been changed and the process of notifying H&W will begin immediately.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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 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</p>	<p>One of four participant record lacks documentation the profile sheet contains 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.</p> <p>For example: Participant 1's profile sheet lacked documentation of medications, it was left blank. The med/social in the participant's record indicated Ritalin as a medication for sleep.</p> <p>The agency corrected the deficiency during survey. The agency must address questions 2-</p>	<p>2. As a precaution, the CAP Manager will review all current participant files and profile sheets for medications, and call parents/care givers if additional information is needed regarding documentation of medications. We do not believe any participants were affected. 3. CAP Manager 4. This item will now be included in our existing Case Quality/Case Records Review process which is done monthly. Profile sheets will also be reviewed no less than annually by the CAP Manager. Any change in a participants medication will be entered on the profile sheet as soon as we become aware of it. Participants and care providers will be notified that if medication changes occur, we need to be made aware of it immediately.</p>	<p>4/14/15</p>

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)

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Administrator/Provider Signature:

John Bodden

Date:

4/22/15

Department POC Approval Signature:

Shirley Loveland-Schmitt

Date:

4/24/15

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