

# Statement of Deficiencies

Developmental Disabilities Agency

Meridian Developmental Services  
04MDS157

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Meridian, ID 83642-2992  
(208) 888-6068

Survey Type: Recertification

Entrance Date: 3/31/2015

Exit Date: 4/2/2015

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

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 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)	The agency did not request renewal of its certificate less than ninety (90) days before the expiration date of their certificate.	1. MDS will revise its P&P, Quality Assurance, to include: requesting renewal of its certificate before 90 days of its expiration. See #4 for agency systems changes. 2. NA 3. Administrator: oversight of P&P revisions; reassignment of QA tasks to Program Manager's job duties. Program Manager: P&P and Annual QA Checklist revisions; placement of contact date on calendar; use of web site to request renewal. 4. MDS will revise its Annual QA Checklist to include: reviewing its certificate expiration date. When MDS's certificate expiration is within 6 months, a date to use the DDA web site will be entered on the Program Manager's calendar.	5/29/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</p> <p><b>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</b> 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>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>Review of agency documentation revealed that 2 out of 6 employees were not certified in CPR and First Aid within ninety (90) days of hire.</p> <p>For example:</p> <p>Employee 4 was hired 11/1/2013 but was not certified in CPR and First Aid until 4/14/2014.</p> <p>Employee 5 was hired 3/5/2013 but was not certified in CPR and First Aid until 6/25/2013.</p>	<p>1. MDS will revise its Employee Manual to specify: staff will not be allowed to work if their CPR and 1st Aid certificate has lapsed. See #4 for agency systems changes.</p> <p>2. MDS will review MDS Incident Reports, during the specified employee's lapse of CPR and 1st Aid certification, to determine what participants might have been affected. A letter of apology will be written, and read to the affected participants. The specified Para professional staff evaluations will reflect that they did not renew their CPR and 1st Aid certificates as requested.</p> <p>3. Administrator: oversight of revision to Employee Manual. Program Manager: Employee Manual revision; review of MDS Incident Reports; writing and reading letter of apology. Developmental Specialists: Para professional evaluations.</p> <p>4. MDS will revise its Program Manager Job description to include: weekly, monthly, quarterly, and yearly QA tasks. The quarterly QA tasks will include: reviewing staff files.</p>	<p>5/29/15</p>

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<p>16.03.21.500.03.a</p> <p><b>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</b> 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</p>	<p>Review of agency documentation revealed that the owner or operator of the DDA failed to have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. The agency lacked documentation of an annual fire inspection for 2013 and 2014.</p>	<p>1. MDS will contact the Fire Department for its annual fire inspection. See #4 for agency systems changes.</p> <p>2. MDS will use its April monthly Client Rights discussion to address this infraction with its current participants. Any infractions identified by the fire inspector will be pointed out and their possible effects discussed with participants.</p> <p>3. Administrator: correction of any fire inspection</p>	<p>5/1/15</p>

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)

infractions; reassignment of QA tasks to Program Manager's job duties. Program Manager: contact of Fire Inspector; place yearly fire inspections on calendar; discussion with participants; Annual QA Checklist revision.  
4. MDS will revise its Program Manager Job description to: include weekly, monthly, quarterly, and yearly QA tasks. The yearly QA tasks will include: Fire Inspection. MDS's revision of its Annual QA Checklist to include: Fire Inspections. The QA calendar will be revised to indicate all required yearly agency reviews, and inspections.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.b</p> <p>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)</p> <p>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>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>Review of agency documentation revealed that fire drills completed by the agency lacked corrective action taken where problems were identified during the drill.</p>	<p>1. MDS will revise its Fire Drill Forms to include: Corrective Actions Taken. Developmental Specialists will be directed to formulate corrective actions to resolve the current problems occurring during the drills. See #4 for system changes. 2. MDS will review fire drills performed since its previous certification to identify the problems which occurred, and the participants affected. MDS will write up corrective actions for problems identified that have continued to occur. 3. Program Manager: Fire Drill Form revision; review past Fire Drills; direct Developmental Specialists to formulate corrective actions and discuss with staff. Developmental Specialists: determine corrective actions to be taken; discuss as part of Weekly Staff Supervision. 4. MDS will require Developmental Specialists to include all Fire Drill results as part of the Weekly Supervisions.</p>	<p>5/29/15</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete</p>	<p>Review of agency documentation revealed that 3 out of 3 participant profile sheets failed to identify current medications that the participant is taking.</p>	<p>1. MDS will correct the specified Participant Profile sheets to reflect current medications. The Profile sheet will be revised to allow additional information.</p>	<p>5/29/15</p>

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 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)

See #4 for agency systems changes.  
 2. All participant Profile Sheets will be reviewed and corrected to reflect current medications.  
 3. QA team members: determine if Profile sheet medications are "current" during File Reviews. Program Manager: Profile sheet and Quarterly QA File Review Checklist revisions; direct Developmental Specialists to review participant medications at ISPs. Developmental Specialists: review all participant files, and correct medical misinformation; review medication information at ISPs.  
 4. Medications will be reviewed at yearly ISP meetings. The Quarterly QA File Review Checklist will be revised to specify: current medications.

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 ethics, identification of violations, and implementation of an internal plan of</p>	<p>After review of agency documentation and discussion with the agency Administrator it was determined that the agency failed to complete an annual review of the agency's code of ethics.</p>	<p>1. MDS will create a form, the MDS Code of Ethics Review form. It will include: number of ethical violations, and corrective actions. See #4 for agency systems changes.                  2. All Ethical Concern Forms received since its previous certification will be reviewed with any patterns noted on the MDS Code of Ethics Review form.                  3. Administrator: use MDS Code of Ethics Review form at Annual QA Review. Program Manager: create MDS Code of Ethics Review form; place Code of Ethics Review on Annual QA Checklist.</p>	<p>5/29/15</p>

correction; (7-1-11)		.4. The MDS Annual QA Checklist will be revised to include: Code of Ethics Review. The QA calendar will be revised to indicate all required yearly agency reviews, and inspections.	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.905.03.b</p> <p>905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-11)</p> <p>03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-11)</p> <p>b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-11)</p>	<p>During the agency review it was determined that the rights posted by the agency failed to include all of the rights contained in this chapter.</p> <p>The following participant rights were not included on the agency rights document:</p> <p>Exercise all civil rights, unless limited by prior court order, privacy and confidentiality, receive courteous treatment, receive a response from the agency to any request made within a reasonable time frame, and the right to receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community.</p>	<p>1. MDS will review its current required Participant Rights, and revise it to meet Idaho Code. See #4 for agency systems changes.</p> <p>2. During the May, 2015 Participant Rights discussion, MDS will explain and describe in understandable language, the rights that it had previously failed to include. Staff will assist participants who may have been effected to voice and record concerns on the MDS Ethical Concern form.</p> <p>3. QA Team: review of P&amp;P. Administrator: oversight of Participant Rights revisions. Program Manager: revise P&amp;P Participant Rights, and post them. Developmental Specialists: discuss additions to rights with participants; record participant concerns. Developmental Specialist Assistant: assist in Participant Rights discussion.</p> <p>4. MDS will revise its Program Manager Job description to include weekly, monthly, quarterly, and yearly QA tasks. MDS P&amp;P will be reviewed in its entirety by the QA Team and the Administrator at the MDS Annual QA Review. The QA calendar will be revised to indicate all required yearly agency reviews, and inspections.</p>	<p>5/29/15</p>

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Administrator/Provider Signature:

*[Handwritten Signature]*

Date:

4/28/15

Department POC Approval Signature:

*[Handwritten Signature: Keele Ann Hill, LMSW]*

Date:

4/28/15

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