



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Fellowships DDA, LLC	Region(s):	3 & 4
Agency Type:	DDA	Survey Dates:	4/21/15-4/23/15
Certificate(s) Renewed:	04FELDDA156	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
<p>16.03.21.400.03.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 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: 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>Review of agency documentation revealed that 1 out of 6 employee's (employee 6) lacked documentation that observation and review of the direct services performed were completed on at least a monthly basis or more often if necessary.</p>	<ol style="list-style-type: none"> 1. The actions that will be taken to correct this deficiency are that every staff regardless of the services they provide will be observed on a monthly basis. Observations of DDA staff will be conducted during the first 2 weeks of the month to ensure that that are completed in a timely manner. 2. Monthly staff observations will be tracked in a database to ensure that each is completed on a monthly basis. 3. The Clinical Supervisor 4. Staff observations will be tracked in a data base to ensure that this problem does not reoccur. Staff files will also be QAed each quarter to ensure all have has their monthly observations. 	<p>5/1/2015</p>



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<p>16.03.21.410.01.a 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: 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: a. Participate in fire and safety training upon employment and annually thereafter; (7-1-11)</p>	<p>Review of agency documentation revealed that 1 out of 6 employees (employee 4) did not complete fire training upon employment.</p>	<ol style="list-style-type: none"> 1. Fire safety training is provided to staff every year during the month of September. This will be a required training that all DDA staff will be required to attend. 2. DDA staff will receive fire safety training upon new hire, and Fellowships will provide fire safety training to all staff in September of every year. If a staff misses their annual fire safety training, Fellowships will offer a mandatory make up training to comply with rule. 3. Fellowships Administrator 4. Fire safety training will be provided to each staff every September. Staff files will also be QAed each quarter to ensure staff are meeting their training requirements. 	<p>5/1/2015</p>
<p>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. 03. Fire and Safety Standards.</p>	<p>Review of agency documentation revealed that the agency failed to have the center inspected annually by the local fire authority, as required by local city or county ordinances. The agency lacked documentation of the</p>	<ol style="list-style-type: none"> 1. To correct this deficiency, Fellowships will have a fire inspection conducted each year during the month of October. 2. Fire inspections will be scheduled each year during the month of October. 3. Fellowships Administrator 	<p>5/1/2015</p>



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<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 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)</p>	<p>2012 annual fire inspection. Repeat Deficiency.</p>	<p>4. Fellowships Administrator will set a reminder in their Google Calendar to ensure that the fire inspection is conducted during the month of October.</p>	
<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. 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</p>	<p>Review of agency documentation revealed that fire drills completed by the agency lacked documentation of the time the drill occurred.</p>	<p>1. A spot for the time that the fire drill occurred has been added to the form used to document quarterly fire drills. 2. The form has been updated to include the time of the fire drill, and the agencies office manager (who conducts the quarterly fire drills) has been trained on the updated form. 3. Fellowships Administrator 4. The administrator will review the quarterly fire drill form after the fire drill</p>	<p>5/1/2015</p>



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building. 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)		has been conducted to ensure that the time of the drill was noted correctly.	
16.03.21.601.01.d. 601. 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	Review of agency documentation revealed that 1 out of 4 participant profile sheets (participant 2) failed to identify current medications that the participant is taking.	<ol style="list-style-type: none">1. On a quarterly basis each participant file will be reviewed and the necessary updates will be made as needed to the participants profile sheet with regards to their current medications. Each participants profile sheet will also be updated as necessary to reflect their current medications when their plan renews annually.2. Each participants profile sheet will be reviewed quarterly, and annually at their plan renewal date to ensure that the profile sheet accurately reflects their current medications.3. The clinical supervisor.4. The clinical supervisor will review each participants profile sheet quarterly, and annually at their plan renewal date to	5/1/2015



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<p>safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>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)</p>		<p>ensure that the profile sheet accurately reflects their current medications.</p>	
<p>16.03.21.601.01.e.</p> <p>601. 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,</p>	<p>Review of agency documentation revealed that 2 out of 4 participant records reviewed (participant's A & B) lacked documentation of a Medical, Social and Developmental assessment reflecting the current status of the participant.</p>	<p>1. The DS has requested these updated forms from participant A& B's service coordinator, and those requests have been documented in the participants file. At each participants annual ISP meeting the DS will request the updated ICDE records.</p> <p>2. During each participants annual planning meeting the DS will request any updated ICDE records form the service coordinator.</p>	<p>5/1/2015</p>



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<p>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.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-11)</p>		<p>3. The Developmental Specialist and Administrator.</p> <p>4. During the agencies quarterly QA process the administrator will check to see if the ICDE records are current and will request current records for the participant's service coordinator as necessary. Any request for updated records will be noted in the participant's disclosure log.</p>	
<p>16.03.21.601.01.f.</p> <p>601. 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</p>	<p>Review of agency documentation revealed that 2 out of 4 participant records reviewed (participant's A & B) did not contain a developmental evaluation.</p>	<p>1. Developmental Evaluations for participant's A and B have been completed and are in the participant's files.</p> <p>2. Participants developmental evaluations will be updated on an annual basis at the time of the plans renewal to ensure that they accurately reflect the participant's current status.</p>	<p>5/1/2015</p>



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<p>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.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>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)</p>		<p>3. The Developmental Specialist and Administrator.</p> <p>4. Developmental evaluations will be reviewed and updated as needed on an annual basis by the agencies DS. The developmental evaluations will be part of the agencies quarterly QA process to ensure that they are up to date and accurately reflect the participant's current status.</p>	
<p>16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program.</p>	<p>Review of agency documentation determined that the agency failed to complete an annual review of the agency's code of ethics.</p>	<p>1. The agency will review their code of ethics on a annual basis and will create a form to document the date of the review, note any updates or changes to the code</p>	<p>5/1/2015</p>



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<p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include</p> <p>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)</p>		<p>of ethics, if there were any violations to the code of ethics and what corrective actions were taken, and a signature and credentials of the person completing the annual review.</p> <p>2. As part of the agencies QA process, an annual review of the code of ethics will be formally added.</p> <p>3. The agency's Administrator</p> <p>4. The annual review of the agencies code of ethics will take place during the agencies first quarters QA. An annual review form of the code of ethics has been created to document the review, and address any violations of the code of ethics that may have occurred during the year.</p>	
<p>16.03.21.900.02.f.</p> <p>900. Each DDA defined under these rules must develop and implement a quality assurance program.</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include</p> <p>f. An annual review of agency's policy and</p>	<p>Review of agency documentation revealed that the agency failed to complete an annual review of the agency's policies and procedures to include date and content of revisions made.</p>	<p>1. The agency will review their policies and procedures on an annual basis and will create a form to document the date of the review, note any updates or changes to the policy and procedures and a signature and credentials of the person completing the annual review.</p> <p>2. As part of the agencies QA process,</p>	<p>5/1/2015</p>



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procedure manual to specify date and content of revisions made; and (7-1-11)		an annual review of the policies and procedures will be formally added. 3. The agency's Administrator 4. The annual review of the agencies policies and procedures will take place during the agencies first quarters QA. An annual review form of the policies and procedures has been created to document the review, and to note any changes that have been made during the review.	

Agency Representative & Title: Julie Adkins, LMSW, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 5/6/2015
Department Representative & Title: Kerrie Ann Hull, LMSW <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 5/14/2015