



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Tomorrow's Hope Satellite Services	Region(s):	4
Agency Type:	Developmental Disabilities Agency	Survey Dates:	5/18/15-5/18/15
Certificate(s) Renewed:	4TOMORW018 4TOMORW018-2	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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)
16.03.21.601.01.c. 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 3 participant records reviewed lacked the results of a psychological or psychiatric assessment. For example: Records for participant #3 revealed that the participant has had a psychological evaluation completed; however the assessment was not maintained in the participant's record.	<ol style="list-style-type: none"> 1. Participant # 3 has the psychological that has been referenced PD responsible by 5/22/15 2. Will review all participants perm files to ensure if there is reference to a psychological or psychiatric assessment that it is in the participants file DS responsible by 6/30/15 3. Perm book PSR will be modified to indicated that there is a copy of a psychological or psychiatric assessment maintained in the participants permanent file if they have had one- PD responsible by 5/30/15 4. PD to review all Perm book PSR at the monthly QA meeting to ensure there is a psychological or psychiatric 	6/30/2015



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safeguard participant confidentiality under these rules. 01. General Records Requirements. Each participant record must contain the following information: c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)		<i>assessment maintained in their permanent file and if not will be added to the action list. PD responsible by 6/30/15</i>	

Agency Representative & Title: Debbie Poole Program Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 5/22/2015
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: 6/1/2015