



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	A New Hope	Region(s):	6
Agency Type:	DDA	Survey Dates:	06/09/15-06/11/15
Certificate(s) Renewed:	DDA-4911 (Office Only) DDA-5052 (Office Only)	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)
<p>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: 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: c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)</p>	<p>Two of two employee record review lacked documentation the agency provided training to meet any special health or medical requirements of the participants they serve.</p> <p>For example: Employee 2's record lacks documentation she received training on the special health or medical needs of participant(s) she serves. Participant 1 is diagnosed with Epilepsy, MI, allergies. Employee 3's record lacks documentation she received training on her special health or medical needs. Participant 2 is diagnosed with Mental Health.</p> <p>Repeat deficiency from 12/02/14 survey.</p>	<p>1. The agency will improve record keeping to reflect participant specific training for individual employees. 2. The agency will update the recordkeeping method for all employees to reflect participant specific training for individual employees. 3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</p>	9/30/2015



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<p>16.03.21.410.03.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: 03. Additional Training for Professionals. Training of all professional staff must include the following as applicable to their work assignments and responsibilities: a. Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-11)</p>	<p>Two of two employee record reviews lacked documentation received correct and consistent implementation of all participants' plans and implementation plans to achieve individual objectives.</p> <p>For example: Employee 2 and 3's record lacks documentation of correct and consistent implementation of all participants' individual plans and PIPS training.</p> <p>Repeat deficiency from 12/02/14 survey.</p>	<p>1. The agency will improve record keeping to reflect participant specific training for individual employees regarding PIPs and objectives. 2. The agency will update the recordkeeping method for all employees to reflect participant specific training for individual employees. 3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</p>	<p>9/30/2015</p>
<p>16.03.21.601.01.b. 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>One of two participant record reviews lack documentation the program implementation plans meet rule requirements.</p> <p>For example: Participant 1's Program Implementation Plan's baseline is not measurable per IDAPA 16.03.21.010.12. & IDAPA 16.03.10.521.02.</p>	<p>1. The agency will review participant records to be sure that all progress notes are data based, and have measurable components. 2. The agency will review all participant records to be sure that all progress notes are data based, and have measurable components. 3. The administrator and/or his designees</p>	<p>9/30/2015</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>b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant.</p>	<p>The baseline states "struggles with completing the goal independently" or "without assistance".</p>	<p><i>will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action.</i></p> <p><i>4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</i></p>	
<p>16.03.21.601.01.c. 601. Each DDA certified under these rules</p>	<p>One of two participant record review lacked documentation when a participant has had a</p>	<p><i>1. The agency will improve record keeping to reflect psychological or</i></p>	<p><i>9/30/2015</i></p>



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<p>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 participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>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-</p>	<p>psychological or psychiatric assessment; the results of the assessment must be maintained in the participant's record.</p> <p>For example: Participant 2's record indicates she receives CBRS services and the record contains a copy of the plan but there are no psychological or psychiatric assessments in the record. The plan identifies diagnoses of Depressive Disorder NOS, RO Mood Disorders, RO ODD and Learning Disorders.</p>	<p>psychiatric assessment and the results of the assessment will be maintained in the participant's record.</p> <p><i>2. The agency will update the recordkeeping method for all participants to reflect the results of any psychological or psychiatric assessments.</i></p> <p><i>3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action.</i></p> <p><i>4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</i></p>	



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11)			

Agency Representative & Title: C. Jared White <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/29/2015
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <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: 7/7/2015