



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Southeastern Idaho Developmental Center	Region(s):	6
Agency Type:	DDA	Survey Dates:	06/23/15-06/25/15
Certificate(s) Renewed:	DDA-5194 (Pocatello-Office only) DDA-6SOEAST035-1 (Blackfoot-Center)	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)
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)	Three of three employee record review lacked documentation received instructions in the needs of the participant(s) served. For example: Employee 4's record lacks documentation he has been trained to meet special health or medical requirements for the participants' he serves. Participant 1 has seizures. Employee 5's record lacks documentation she has been trained to meet special health or medical requirements of the participant. Participant 3 has seizures, utilizes a vegus nerve stimulator and has a magnet on her wrist to activate the stimulator. Employee 6's record lacks documentation she has been trained to meet special health	1. We have added a list of all participants and staff to our QA so we can better track our training documentation. 2. Relevant information will be reviewed during the regular weekly meetings with staff and documentation will be maintained in the staffs' personnel files indicating the training received on the individual participants' services and special health and medical requirements. When we have new participants or when participants' services and health and medical requirements change, these will be reviewed with staff as necessary through orientation, regular weekly meetings, face-to-face contact with staff,	10/8/2015



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	<p>or medical requirements for participants. The employee works with participant 2 who has allergies to cobalt, zinc, nickel, detergents, etc.</p>	<p><i>etc.</i> 3. <i>The Director will be responsible to ensure this will be completed, the DS/CS's will be responsible for reviewing their specific caseloads with relevant staff</i> 4. <i>As mentioned in number 1, we have included a list of participants and staff as part of our QA format.</i></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. 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</p>	<p>The agency lacks documentation of an annual fire inspection. For example: The agency lacks documentation of a fire inspection for 2013.</p>	<p>1. <i>We have now set up a regular annual inspection schedule with the local fire department to come in every first quarter of the year.</i> 2. <i>n/a</i> 3. <i>The Director and Administrative Assistant</i> 4. <i>It is now part of our revised overall QA process to ensure it is done annually the first quarter of every year and both the Director and Administrative Assistant will be responsible for monitoring</i></p>	<p><i>Completed</i></p>



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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)			
16.03.21.510.01.c. 510.HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: c. Address any special medical or health care needs of particular participants being served by the agency. (7-1-11)	The agency lacks a policy and procedure addressing special medical or health care needs of participants being served. For example: the agency has a policy stating will assist participants with special medical or health care needs but does not address a procedure for doing so such as training, etc. The policy addresses medication assistance only.	<ol style="list-style-type: none"> 1. We will develop a separate policy regarding staff training on participant's special health and medical requirement needs which will address procedures for training. 2. Once policy is developed, it will be reviewed with all staff 3. the Director and Administrative Assistant 4. Policy will be included in the orientation packet of all new staff along with a staff acknowledgment. 	10/8/2015
16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include	The agency lacks evidence the quality assurance program completes an annual review of the agency's code of ethics, identification of violations and implementation of an internal plan of correction.	<ol style="list-style-type: none"> 1. Our policy now includes an annual review to be completed within the first quarter of the year to review the code of ethics, identification of violations, and an internal plan of correction. 2. This has already been addressed as part of our policy revision. 	Completed



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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)		3. <i>The Director and Administrative Assistant</i> 4. <i>Will be monitored as part of our annual QA process and we have also implemented an annual checklist as part of our QA process.</i>	

Agency Representative & Title: Jim McCoy, Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 7/16/2015
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: 7/24/2015