



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Adult & Child Development Center	Region(s):	5
Agency Type:	Res Hab	Survey Dates:	06/29/15-06/30/15
Certificate(s) Renewed:	RH-5349	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)
16.04.17.203.05. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 05. Review of Services. A review of the	Two of two employee record review lacked documentation of training specific to the needs of the participant. For Example: Employee 7's record lacks documentation she received specific training such as PIP's, documentation of specific needs for participant 2 as his record states he has seizures and suicidal ideation, etc. Employee 13's record lacks documentation she received specific training such as PIP's, specific needs for participant 1 as his record states he has seizures, cortical blindness, adaptive eating utensils, etc. and participant 2.	<ol style="list-style-type: none"> 1. The agency will ensure that all staff will receive training to the specific needs of the participant as prioritized by the professional as essential to their job duties prior to working with them. All staff files will be reviewed and missing training will be provided. Any staff will incomplete training will be removed from the schedule until completed. 2. The agency will address the deficiency with all staff training documentation. The corrective action delineated in item #1 will remedy any other deficient findings 3. Administrator or designee 4. The agency will monitor employee 	8/15/2015



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

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>specific services that the participant requires. (3-20-04) 16.03.10.705.01.c.ix. Training specific to the needs of the participant. (3-19-07)</p>		<p><i>training compliance upon hire, prior to staff working with participants, as a core measurement of the agency's quarterly compliance program, and ongoing.</i></p>	
<p>16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>Eleven of 13 employee record lacked documentation the agency verified the employee satisfactorily completed the criminal history check per rule.</p> <p>For example: Employee 3's date of hire was 04/29/15; the self-declaration was completed 06/22/15 and the fingerprints were completed 06/24/15. The documentation in the agency record only included the applicant status which stated available 06/23/15, but no documentation of clearance letter. The employee started working with participants on 05/02/15. The employee worked with participants for approximately 52 days prior to availability. Employee 4's date of hire was 05/28/15; the self-declaration was completed 06/05/15. The agency documentation includes the self-declaration was signed and notarized on</p>	<p><i>1. This was corrected prior to the survey. All staff were removed from the schedule, fingerprints were obtained and all claims submitted associated with the deficiency were reversed.</i> <i>2. The agency addressed the deficiency with all staff and participants. The corrective actions taken have resulted in compliance.</i> <i>3. The administrator or designee</i> <i>4. The agency will not allow staff to work with participants without verifying criminal history compliance upon hire, prior to working with participants, and ongoing.</i></p>	<p>6/29/2015</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

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>06/19/15 and applicant status as of 06/26/15 pending back ground check in process- available, but no documentation of clearance letter.</p> <p>Employee 5's date of hire was 06/03/15; the self-declaration was completed 04/23/15 and fingerprint was 04/24/15 cleared for another agency. The self-declaration for this agency was completed 06/22/15; No fingerprint completed, pending not available. The agency documentation includes a clearance as of 04/28/15 from another agency. The agency signed and notarized a self-declaration 06/23/15 but no documentation of a clearance letter. The employee started working with participants 06/07/15.</p> <p>Employee 6's date of hire was 06/15/15; the self-declaration was completed 06/23/15; and fingerprints were completed 06/24/15. The employee received an unconditional denial. The employee started working with participants on 06/19/15 and worked 5 days.</p> <p>Employee 7's date of hire was 05/29/15; the self-declaration was completed 06//22/15; and fingerprints were completed 06/24/15.</p>		



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

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>The agency documentation included a self-declaration notarized page and an application status stating a fingerprint appointment for 07/11/15. The employee started working with participants on 06/08/15. The employee worked 14 days prior to availability.</p> <p>Employee 8's date of hire was 06/02/15; the self-declaration was completed 06/22/15; and fingerprints were completed 06/22/15. The agency documentation included the application status stating available 06/22/15 if self-declaration completed. No documentation of a clearance letter. The employee started working with participants on 06/05/15 and worked 17 days prior to availability.</p> <p>Employee 9's date of hire was 05/18/15; the self-declaration was completed 05/20/15 and stated mailing fingerprints. The agency documentation included applicant status and a self-declaration not notarized. No evidence or documentation this employee has been fingerprinted or cleared the criminal history check. The employee started working with participants on 05/22/15.</p>		



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

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>Employee 10's date of hire was 05/27/15; the self-declaration was completed 05/29/15, but not notarized until 06/19/15. The employee cleared on 06/25/15. The employee started working with participants on 06/08/15 and worked 11 days prior to availability.</p> <p>Employee 11's date of hire was 05/28/15; the self-declaration was completed on 06/02/15, but not notarized. The agency documentation stated mailing fingerprints. The employee was available as of 06/23/15 and cleared as of 06/25/15. The employee started working with participants on 06/02/15.</p> <p>Employee 12's date of hire was 06/03/15; the self-declaration was completed 06/22/15; and the fingerprints were completed 06/24/15. The agency documentation included the self-declaration page notarized on 06/22/15. The employee started working with participants on 06/04/15 and worked for 18 days prior to availability.</p> <p>Employee 13's date of hire was 05/04/15; the self-declaration was completed on 06/22/15; and the finger prints were completed 06/24/15. The agency</p>		



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

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>documentation included a self-declaration notarized page dated 06/22/15 and a clearance letter from another agency dated 01/17/14. No documentation of a clearance letter for this agency in the record. The employee started working with participants the week of 05/03/15.</p>		
<p>16.04.17.302.04. 302.SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p>	<p>One of two participant record review lacked documentation the agency followed its system for handling participant medications which comply with the nursing rules.</p> <p>For example: Participant 1's medication logs for 06/03/15; 06/17/15 and 06/26/15 state the staff gave him ½ a tablet instead of the prescribed 1 mg tablet twice a day as needed.</p>	<p>1. <i>The agency will ensure that all medication documentation adheres with agency's policies and procedures and comply with the board of nursing rules. The agency will refrain from ever accepting a verbal order from a physician or practitioner of the healing arts, but will instead require written documentation of medication changes prior to assisting.</i></p> <p>2. <i>The agency will address the deficiency with all participant files and</i></p>	<p>8/15/2015</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

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)
		<i>medications are affected. The corrective action delineated in item #1 will remedy any other deficient findings 3. The administrator or designee 4. The agency will not allow staff assist with medications without written orders. Training will be provided to staff upon hire, prior to working with participants, and ongoing. Compliance with assistance with medications will be monitored ongoing, monthly while processing medications, and as a core measurement of the agency's quarterly quality assurance program.</i>	

Agency Representative & Title: Teresa R. Walker, Program Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 7/29/2015
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: 7/29/2015