IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Independent Living Specialists LLC	**Region(s):**	6
Agency Type:	DDA	**Survey Dates:**	08/11/15-08/13/15
Certificate(s):	DDA-5187-C	**Certificate(s) Granted:**	☐ 6 - Month Provisional ☐ 1 - Year Full ☒ 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.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	Two of three participant record lack documentation the profile sheet contains the rule requirements. For example: Participant 2's - med/social states her mother cuts her food into bite size portions for choking considerations. No mention on of this on the profile sheet. Participant 3's medical documentation states he is allergic to Ritalin and Tetanus vaccines. There is a medical report from 10/10/14 and a medical report from 8/10/15 that both state the allergies but the participant's profile sheet states: "no known allergies"	*1. As of the date of this POC, the agency profile sheet has been revised to add a section specifically to list special health concerns and needs. Further, Agency QA protocol has also been revised to specifically include areas of the profile sheet as required in rule. (A copy of the new profile sheet and revised QA are attached.)* *2. As of the date of this POC, Professional staff have been provided with the new profile sheet and have been tasked with updating all files with the new form and ensuring that each file has the complete and required information. Previous versions of the profile sheet will*	*10/21/2015*

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)
safeguard participant confidentiality under these rules. 01. General Records Requirements. Each participant record must contain the following information: 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)		*be destroyed as they are replaced.* *3. On the week of 9-14-15, an agency wide internal QA will be conducted by the Director to assure that all files are in compliance, including the issues identified in this SOD. A copy of the QA result will be provided to all professional staff by 9-21-15. Issues identified will be corrected by the individual professional staff, and turned in to the Director for review by 10-21-15.* *4. A new calendar/schedule of QA review of all agency records has been established in order to add structure to the agency QA program and more consistently assure ongoing monitoring of program components, including file documentation. This new schedule structure will be implemented following the agency-wide internal QA. All QA activities on the new calendar will be completed by the Director. (A copy of the structure/schedule is attached.)*	

IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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)
16.03.21.601.02. 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 safeguard participant confidentiality under these rules. 02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)	Two of three participant record lacked documentation the status review meet rule requirements. For example: Participant 2's 6-month provider status review for 2014-2015 plan year lacks documentation-Goal 3A data sections for months 9/14 through 2/15 are blank. Comments sections for goals 2, 3, and 3b are blank. Baseline sections for all goals are blank which does not address progress toward the goals on the plan and why the participant continues to need the services. . Participant 3's Provider Status review states he met criteria for some goals but the goals were not changes or discontinued. In addition, does not address why he continues to need the service.	*1. Professional staff have been tasked with reviewing all status reviews completed in their files to assure that all components are present and complete, including revisions to goals when indicated. The deadline for completion of this task is 9-14-15 when an agency-wide internal QA review will be conducted of all programs and files.* *2. A retraining on status reviews to include a review of current rule requirements, as well as methods for data analysis is scheduled to be done with professional staff on 9-4-15. Training will be presented by the Director, and will be documented in the agency training record.* *3. As of the date of this POC, the agency QA protocol has been revised to specifically include correct completion of the status review. On the week of 9-14-15, an agency wide internal QA will be conducted by the Director to assure that*	*10/21/2015*

IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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)
		all files are in compliance, including the issues identified in this SOD. A copy of the QA result will be provided to all professional staff by 9-21-15. Issues identified will be corrected by the individual professional staff, and turned in to the Director for review by 10-21-15. 4. A new calendar/schedule of QA review of all agency records has been established in order to add structure to the agency QA program and more consistently assure ongoing monitoring of program components, including file documentation. This new schedule structure will be implemented following the agency-wide internal QA. The QA tasks on this structure and schedule will be completed by the Director.	

Agency Representative & Title: Janet Boyce, Director * By entering my name and title, I agree to implement this plan of correction as stated above.	**Date Submitted:** 8/28/2015
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification	**Date Approved:** 9/1/2015

IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

* By entering my name and title, I approve of this plan of correction as it is written on the date identified.	