



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Access Living, LLC	<b>Region(s):</b>	4
<b>Agency Type:</b>	Developmental Disabilities Agency	<b>Survey Dates:</b>	9/9/15-9/10/15
<b>Certificate(s):</b>	3ACCLVG147	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)</b>	<b>Date to be Corrected (mm/dd/yyyy)</b>
16.03.21.900. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)	<p>Review of agency documentation revealed that the agency failed to implement their quality assurance program.</p> <p>As an example, the agency failed to complete all quarterly checks as specified within their quality assurance program.</p>	<ol style="list-style-type: none"> <li>1. <i>The quarterly checklist will be added to the quarterly administrative team meeting. The CEO will sign off that it was completed at that time.</i></li> <li>2. <i>All checklists have been reviewed and are accounted for. There are no other violations.</i></li> <li>3. <i>Kama Hiner will update the policy to include the review of this checklist at the quarterly administrative meeting and will update signature lines on all required forms.</i></li> <li>4. <i>All updates will be completed by the first Friday in October.</i></li> </ol>	10/9/2015

<b>Agency Representative &amp; Title:</b> Kama Hiner, LCPC, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 9/29/2015
<b>Department Representative &amp; Title:</b> Kerrie Ann Hull, LMSW	<b>Date Approved:</b> 9/29/2015



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