



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Human Dynamics and Diagnostics LLC	Region(s):	5
Agency Type:	DDA	Survey Dates:	09/28/15-10/01/15
Certificate(s):	DDA-3559 Idaho Falls DDA-5325 Salmon DDA-5326 Arco	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.	Three of four employee record lacked documentation has been trained to meet any special health or medical requirements of the participants they serve. For example: Employee 1 works with participant 1 who has been diagnoses with epilepsy and no documentation the staff has been trained to meet his needs. Employee 2 works with participant 2 who has penicillin and some seizure medication allergies. He has also been diagnosed with complex partial seizure disorder and no documentation the staff has been trained to meet the participant's needs. Employee 3 works with participant 3 who	1. <i>Initial Hire will cover types of seizures and other medical needs that current clients have. All staff will be trained by a professional in the areas of need for each client.</i> 2. <i>A yearly training schedule will be created to cover all necessary medical needs and have the training documented in Employee files and in client profile.</i> 3. <i>Office Manager and Clinical supervisors will monitor employee files quarterly and client files to make sure the correct trainings have been done.</i> 4. <i>The clinical supervisor will monitor this quarterly, during in-house audit.</i>	12/31/2015



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	has been diagnoses with epilepsy and no documentation the staff has been trained to meet her needs.		
<p>16.03.21.510.02. 510.HEALTH REQUIREMENTS. 02. Services that Require Licensed Professionals. Some services are of such a technical nature that they must always be performed by, or under the supervision of, a licensed nurse or other licensed health professional. The agency must ensure all such care is provided within the scope of the care provider's training and expertise. These limitations are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing."</p>	<p>The agency lacked evidence it ensures all care is provided within the scope of the care provider's training and expertise. These limitations are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing."</p>	<p>1. Policy and procedure has been updated to include 16.03.21.510.02: "Rules of the Idaho Board of Nursing": Scope of Practice: the extent of treatment, activity, influenced range of actions permitted or authorized for licensed nurses based on the nurse's education preparation, and experience. (5-3-03) 2. Training will be provided during initial hire to insure their scope of service. 3. The Clinical Supervisor or hiring manager will be responsible for the implementation and updating policy procedure. 4. A yearly training schedule will be developed and implemented insure adequate training of staff on Policy and procedure.</p>	<p>12/31/2015</p>
<p>16.03.21.510.03. 510.HEALTH REQUIREMENTS. 03. Employees. Each employee who has direct contact with participants must be free</p>	<p>Nine of nine employee records reviewed lacked evidence the employee who has direct contact with participants is free of communicable disease and infected skin</p>	<p>1. Policy and Procedure has been updated to include: infected skin lesion and communicable disease such as Tuberculosis, hepatitis, Whooping Cough, etc. If a</p>	<p>12/31/2015</p>



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of communicable disease and infected skin lesions while on duty.	<p>lesions while on duty.</p> <p>For example: Employee 1,2,3,4,6,7,8, 9 and 10's record lacked evidence the agency ensured the employee was free of communicable disease and infected skin lesion while on duty.</p>	<p><i>communicable disease is present, staff must get a Doctor's release specifically clearing them to work with children; and if an open skin lesions present, it must be covered with gauze or a bandage while on duty.</i></p> <p><i>2. During initial hire and all current staff will sign a Skin Lesion Communicable disease policy form indicating that they do not know or will not work with children if they know they have a transferable disease.</i></p> <p><i>3. Clinical supervisor will be monitoring and implementing the policy.</i></p> <p><i>4. Employee files will be monitored quarterly.</i></p>	
<p>16.03.21.510.06. 510.HEALTH REQUIREMENTS. 06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours.</p>	<p>The agency lacked a process ensuring the DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours.</p>	<p><i>1. Policy and procedure has been updated to include: "when a health and safety related incident occurs it will be reported to protective or legal authorities, as well as be reported to the Department of Health and Welfare within twenty-four (24) hours".</i></p> <p><i>2. Training will be provided to insure that all participants and staff aware of the policy.</i></p> <p><i>3. Clinical supervisor will be monitoring and implementing the policy by training staff and new hires on the policy.</i></p>	12/31/2015



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		<p><i>4. Yearly training schedule will be developed to insure that Health and safety procedure are reinforced.</i></p>	
<p>16.03.21.601.01.f. 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. 01. General Records Requirements. Each participant record must contain the</p>	<p>One of four participant record review lacked documentation the intervention evaluation includes the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators.</p> <p>For example: Participant 1's Habilitative Intervention evaluation was not signed, dated or credentialed by the Habilitative Interventionist.</p> <p>The agency corrected the deficiency during survey. The agency must completed questions 2-4 on the plan of correction.</p>	<p><i>1. We audit files quarterly. Our audit sheet will be updated to include: required signatures on both the Assessment and PIP. 2. At time of plan all signatures will be monitored. 3. Clinical supervisor will be responsible for review plans and conducting the audit quarterly. 4. Files will be audited Quarterly to insure required signatures are present.</i></p>	<p><i>12/31/2015</i></p>



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following information: f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators.			

Agency Representative & Title: Shannon Johnson, Program Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/28/2015
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: 10/29/2015