



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Alternative Nursing Services	Region(s):	2
Agency Type:	Developmental Disability Agency	Survey Dates:	October 19 and 20, 2015
Certificate(s):	2Altnurse051-1 2Altnurse 051-2	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full (to 11/30/2017)

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>16.03.21.400.03.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>In review of documentation by the survey team, one of two employee records review lacked documentation of monthly supervision. Employee 2's record lacked documentation of monthly observations for December, 2014 and March, 2015. All Developmental Disability Agency direct services must be observed by all paraprofessional and professional staff at least monthly. If a staff does not provide a service for a specific month, there must be documentation of such in the observation record that would be verified through cross reference.</p>	<p>1. To ensure all employees are observed on a monthly basis DS will utilize her Outlook Calendar and schedule all employees for monthly observation. If an employee is not working for that month she will document this on the weekly communication to show dates not scheduled which will then be cross referenced through Soneto (scheduling software). 2. The agency Administrator reviewed all observation requirements under all provided programs to ensure we are meeting State and contract requirements. This will affect all programs and clients of the agency.</p>	10/30/2015



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		<p>3. The DS will be responsible to schedule all observations in her Outlook Calendar with a cc to the Administrator. DS will be responsible to document on the weekly communication if an employee will not be working for the month. The Administrator will be responsible to ensure observations are being completed in her monthly QA reviews.</p> <p>4. Administrator will be responsible to review DS QA's on a monthly basis to ensure completion.</p>	
<p>16.03.21.410.01.b 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: b. Be certified in CPR and first aid within</p>	<p>In review of documentation by the survey team, it was identified that Employee #3's record lacks documentation ensured the employee maintained current CPR/1st Aid between 03/01/14-03/29/14. The agency must ensure that CPR and 1st Aid certification is maintained current in all employee files. This is a repeat deficiency.</p>	<p>1. The deficiency regarding lack of documentation for maintaining current CPR/1st aid certifications will be tracked through Soneto (scheduling software) which will not allow employees to be scheduled if these documents are expired.</p> <p>2. Our scheduling system monitors for upcoming expiring CPR/1st certificates for all caregivers and agency staff. HR has reviewed all agency staff and</p>	<p>10/30/2015</p>



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<p>ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>		<p><i>employee's files for current CPR/1st aid certifications and no others were found.</i></p> <p><i>3. HR will be responsible to run a weekly report identifying all upcoming expirations of certifications, then notifying those individuals of expirations and schedule training for those individuals.</i></p> <p><i>4. The Administrator will monitor the weekly HR QA to ensure that items expiring are being monitored and followed up on.</i></p>	
<p>16.03.21.500.02. 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. 02. Environment. The facilities of the agency must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting, and noise control. (7-1-11)</p>	<p>In review of the proposed center in Lewiston by the survey team, The environment required lighting repair. The propose bathroom had a light strip with one of the three light bulbs burnt out above the sink. <u>This was corrected during survey. Please answer questions 2 through 4 in the column to the right.</u></p>	<p><i>1. Corrected during the survey.</i></p> <p><i>2. Agency has added to monthly Center Inspection Checklist under the miscellaneous section; All lights working properly.</i></p> <p><i>3. DS will be responsible to check the center monthly by using the Center Inspection Checklist and correcting any items that are found during inspection and turn in to Administrator each month.</i></p> <p><i>4. Administrator will review Center</i></p>	<p><i>10/30/2015</i></p>



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		<i>Inspection Checklist on a monthly basis to ensure all items have taken care of.</i>	
<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 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)</p>	<p>In review of documentation by the survey team, the Kamiah center lacked documentation of an annual fire inspection. The agency is required to get and maintain documentation that the center has been inspected at least annually by the local fire authority ensuring that the premises meet all local and state codes concerning the fire and life safety that are applicable to a DDA. A copy of the inspection must be made available to the Department and include any necessary corrective action taken to violations cited. This is a repeat deficiency.</p>	<ol style="list-style-type: none"> 1. Agency has added to the Center Inspection Checklist under the miscellaneous section; Fire Inspection reviewed and date it expires. 2. Agency has received the Fire Inspection for the Kamiah Center that was completed on 9/9/15 from the Kamiah Fire Department. 3. DS to monitor monthly with use of updated Center Inspection Checklist on a monthly basis that is then submitted to the Administrator. 4. Administrator will review Center Inspection Checklist monthly to ensure each center has a current fire inspection completed and on file. 	<p>10/30/2015</p>
<p>16.03.21.500.03.g.</p>	<p>Upon facility review of the proposed</p>	<p>1. Corrected during survey.</p>	<p>10/30/2015</p>



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<p>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.</p> <p>03. Fire and Safety Standards.</p> <p>g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-11)</p>	<p>center in Lewiston by the survey team, the water temperature tested at 122 degrees Fahrenheit. <u>This was corrected during survey. Please answer questions 2-4 in the column to the right.</u></p>	<p>2. Agency had just relocated the center and the water temperature had not yet been checked. Agency had the water temperature adjusted while survey was in process and retested to be at 120 degrees.</p> <p>3. DS will be responsible to schedule the water temperature check annually at the same time fire inspections are scheduled.</p> <p>4. Administrator will review Center Inspection Checklist monthly to ensure each center's water temperature is scheduled annually.</p>	
<p>16.03.21.500.05.b.</p> <p>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.</p> <p>05. Food Safety and Storage.</p> <p>b. When the agency does not provide food service for participants, it must keep refrigerators and freezers used to store participant lunches and other perishable</p>	<p>In review of the Kamiah center by the survey team, the freezer did not have a thermometer to ensure compliance with this requirement. The freezer did have popsicles stored in it indicating it is used to store participant food.</p>	<p>1. Agency has purchased a thermometer and placed in the freezer and ensured temperature at 10 degrees Fahrenheit.</p> <p>2. Review of freezer temperature is listed on the Center Inspection Checklist with an area to record the temperature.</p> <p>3. DS will be responsible to inspect monthly and record the freezer temperature on the Center Inspection Checklist that will be turned into the</p>	<p>10/30/2015</p>



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foods in good repair and equipped with an easily readable thermometer. Refrigerators must be maintained at forty-one degrees Fahrenheit (41°F) or below. Freezers must be maintained at ten degrees Fahrenheit (10°F) or below. (7-1-11)		<p><i>Administrator monthly.</i></p> <p><i>4. Administrator will review Center Inspection Checklist monthly to ensure the centers freezer temperature at 10 degrees Fahrenheit.</i></p>	
<p>16.03.21.500.06.a</p> <p>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.</p> <p>06. Housekeeping and Maintenance Services.</p> <p>a. The interior and exterior of the center must be maintained in a clean, safe, and orderly manner and must be kept in good repair; (7-1-11)</p>	<p>In review of the proposed center in Lewiston by the survey team, There were wall dividers stored behind the bathroom door leaning against the wall. The pocket door in the bathroom leads to the hot water heater and furnace room, open pipes, cleaning supplies etc. This pocket door needs to be locked. The proposed center needs to have carpets cleaned. <u>The wall dividers were moved out of the center and there was a lock added to the pocket door during survey.</u> The administrator identified that the carpets are scheduled to be cleaned on October 21, 2015. Please answer questions 3 and 4 in the column to the right.</p>	<p><i>1. Click here to enter text.</i></p> <p><i>2. Click here to enter text.</i></p> <p><i>3. DS will be responsible to ensure interior and exterior of the centers are clean, safe and orderly as well as being kept in good repair. DS will utilize the Center Inspection Checklist monthly to ensure this does not reoccur and will submit to the Administrator monthly.</i></p> <p><i>4. Administrator will review Center Inspection Checklist monthly to ensure the centers are properly maintained.</i></p>	<p><i>10/30/2015</i></p>
<p>16.03.21.501.05.</p> <p>501. VEHICLE SAFETY REQUIREMENTS. Each</p>	<p>In review of documentation by the survey staff, it was found that employee #3's</p>	<p><i>1. Corrected During Survey</i></p> <p><i>2. Our scheduling system monitors for</i></p>	<p><i>10/30/2015</i></p>



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<p>DDA that transports participants must: 05. Liability Insurance. Continuously maintain liability insurance that covers all passengers and meets the minimum liability insurance requirements under Idaho law. If an agency employee transports participants in the employee's personal vehicle, the agency must ensure that adequate liability insurance coverage is carried to cover those circumstances. (7-1-11)</p>	<p>insurance was expired. This is a repeat deficiency. <u>This was corrected during survey. Please answer questions 2-4 in the column to the right.</u></p>	<p><i>upcoming expiring requirements for all caregivers and agency staff. HR has reviewed all agency staff and employee's files for current insurance documents and no others were found. Our scheduling system will not allow anyone to be scheduled if they have expired documents.</i></p> <p><i>3. HR will be responsible to run a weekly report identifying all upcoming expirations of required documents then obtain updates documents from those employees.</i></p> <p><i>4 The Administrator will monitor the weekly HR QA to ensure that items expiring are being monitored and followed up on.</i></p>	
<p>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,</p>	<p>In review of documentation by survey staff, documentation for participants #1 and #2 records, the file/status review indicate that goal was met for period beyond target date and do not document why the participant continues</p>	<p><i>1. DS will ensure that duration of goal to be met is included in the objective, and there is written documentation on the status review to show progress towards the goal as well as why the participant continues to need the service.</i></p>	<p><i>10/30/2015</i></p>



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<p>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.</p> <p>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)</p>	<p>to need the service.</p>	<p>2. DS has reviewed all participant plans and status reviews to show need for continuation of services specific to each goal and updated goals as needed to show progress.</p> <p>3. DS will be responsible to show written documentation the status review to include the date updated and identifies the participant's progress towards the goals.</p> <p>4. DS will add to weekly QA report any plan updates which is turned into Administrator. Administrator will review all plan updates on her monthly QA.</p>	
<p>16.03.21.900.01.c. 900. Each DDA defined under these rules must develop and implement a quality assurance program.</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is</p>	<p>In observation of services, a participant was observed plugging their ears when conversation level rose around her. This was not addressed in order to ensure the environment was safe and conducive to learning. Upon review of policies and</p>	<p>1. Agency Policy has been updated to ensure all caregivers are trained at orientation as well as annually on how to successfully implement all areas of the staff observation form. This includes how to maintain a safe and conducive</p>	<p>11/30/2015</p>



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<p>an ongoing, proactive, internal review of the DDA designed to ensure: c. The environment in which services are delivered is safe and conducive to learning; (7-1-11)</p>	<p>procedures, there were not components in place to adequately train and address this.</p>	<p><i>learning environment. All caregivers will be trained on all areas of the staff observation form by 11/30/15.</i> <i>2. DS will train caregivers at orientation and annually how to successfully implement all areas of the observation form. DS will continue to utilize monthly observation forms to address and retrain caregivers on identified needs.</i> <i>3. Administrator has updated the agency policy. DS will train caregivers on this successful implementation of the staff observation form.</i> <i>4. The corrective action will be monitored monthly by observation of the caregivers by the DS. Administrator will review DS's observations in her monthly QA.</i></p>	

<p>Agency Representative & Title: Julie Hendren, Administrator and Leilani Prado, DS/Admin * By entering my name and title, I agree to implement this plan of correction as stated above.</p>	<p>Date Submitted: 11/03/2015</p>
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Department Representative & Title: Kimberly D. Cole, LSW

Date Approved: 11/9/2015

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