



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Snake River Rehabilitation Counseling Services	<b>Region(s):</b>	2
<b>Agency Type:</b>	Developmental Disability Agency	<b>Survey Dates:</b>	October 21 and 22, 2015
<b>Certificate(s):</b>		<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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>
<b>1</b>	16.03.21.125 - An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules. (7-1-11)	Entrance was October 21, 2015. Certificate expires November 30, 2015. At the time of entrance, there was no request for renewal of the certificate. <b>This is a repeat deficiency.</b>	<ol style="list-style-type: none"> <li>1. <i>The admin staff will create an internal verification process of all certifications and deadlines pertaining to DDA services along with 120 day QA audit.</i></li> <li>2. <i>N/A</i></li> <li>3. <i>Admins staff, monitored by office Mgr. will be responsible for initiation and maintenance of QA audit</i></li> </ol> <p><i>Through internal QA, all dates will be verified every 120 days to ensure compliance with all dates and deadlines to remit required material to DDA as per rule.</i></p>	12/18/2015



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)
2	16.03.21.400.01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)	Based on review of documentation, the policies and procedures had not been completely reviewed and updated and the Quality assurance program had not been implemented. Therefore, the administrator is not performing these duties. <b>Failure to comply with Plan Of Correction. This is a repeat deficiency.</b>	<i>Policy and Procedure will be updated to meet all guidelines and requirements of IDAPA Rule by Admin Staff. A new internal quality assurance review worksheet that will be utilized in all files every 120 days and will be used to gather data to complete an annual QA report.</i>	12/18/2015
3	16.03.21.410.01. 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: (7-1-11) a. Participate in fire and safety training upon employment and annually thereafter;	Based on review of employee records, two of 5 employee's did not have proof of yearly training in fire and safety. Employee 1's record included the training documents for 2010-2014 for another employee. Then for 2015 training, this employee's record does not address this rule. Employee 4's record lacked training documentation for 2012-2015.	<ol style="list-style-type: none"> <li>1. <i>SRRCs will implement in house training log to include specific date summary of training and staff signature verifying attendance.</i></li> <li>2. <i>QA team will verify exact date of staff training and include month, day and year of training as well as require staff signature of verification on attendance.</i></li> <li>3. <i>All in-house training logs</i></li> </ol>	12/18/2015



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)
			<i>will be created by admin staff, completion will be ensured by specific trainer. All trainings will be checked and verified by QA team every 120 days with internal audit.</i>	
4	16.03.21.410.01.b. 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: (7-1-11) b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)	Based on review of employee records, 1 of 5 employee records did not have documentation of CPR & 1 <sup>st</sup> Aid. Employee #3 did not have a CPR and 1 <sup>st</sup> Aid card on file at the time files were reviewed. <u>This was corrected during survey, as the card was provided at exit for survey review. This is a repeat deficiency. Please answer questions 2-4 in the column to the right.</u>	<i>Included in the QA audit for employee files, every 120 days SRRCS will verify current CPR certification.</i>	12/18/2015
5	16.03.21.410.02.a. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and	Based on review of employee records, 1 of 5 employee records did not have proof of sufficient training to meet this component of rule. For	<i>1. SRCS admin staff will inspect all employee files and ensure proper labels for each stating reason and date for receiving and employee</i>	12/18/2015



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)
	responsibilities: (7-1-11) a. Optimal independence of all participants is encouraged, supported, and reinforced through appropriate activities, opportunities, and training; (7-1-11)	employee #1 the training documents for 2010-2014 are identified as belonging to another employee and the 2015 training record for this employee does not address this rule.	<i>name</i> 2. All other employee files to pass an initial audit conducted by all admin staff 3. Office manager will ensure start and completion of audit 4. once all files meet initial audit standards, any subsequent audit will be dated and initialed by admin staff completing audit.	
6	16.03.21.410.02. b. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) b. Correct and appropriate use of assistive technology used by participants; (7-1-11)	Based on review of employee records, 1 of 5 employee records did not have proof of sufficient training to meet this component of rule. For employee #1 the training documents for 2010-2014 are identified as belonging to another employee and the 2015 training record for this employee does not address this rule.	<i>SRCS admin staff will inspect all employee files and ensure proper labels for each stating reason and date for receiving and employee name</i> 2. All other employee files to pass an initial audit conducted by all admin staff 3. Office manager will ensure start and completion of audit 4. once all files meet initial audit standards, any subsequent audit will be dated and initialed by admin	12/18/2015



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)
			<i>staff completing audit.</i>	
7	16.03.21.410.02.c. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) c. Accurate record keeping and data collection procedures; (7-1-11)	Based on review of employee records, 1 of 5 employee records did not have proof of sufficient training to meet this component of rule. For employee #1 the training documents for 2010-2014 are identified as belonging to another employee and the 2015 training record for this employee does not address this rule.	<i>SRCS admin staff will inspect all employee files and ensure proper labels for each stating reason and date for receiving and employee name 2. All other employee files to pass an initial audit conducted by all admin staff 3. Office manager will ensure start and completion of audit 4. once all files meet initial audit standards, any subsequent audit will be dated and initialed by admin staff completing audit.</i>	12/18/2015
8	16.03.21.410.02.d. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) d. Adequate observation, review, and monitoring of staff, volunteer, and participant performance to	Based on review of employee records, 1 of 5 employee records did not have proof of sufficient training to meet this component of rule. For employee #1 the training documents for 2010-2014 are identified as belonging to another employee and the 2015 training record for this	<i>During initial intake all staff conducting intake will discuss current and past medical needs of participant. This information will be added to participant plans as well as instructions on what action needs to be taken because of medical needs. If special training is required; participant will be paired</i>	12/18/2015



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)
	promote the achievement of participant goals and objectives; (7-1-11)	employee does not address this rule.	<i>with a staff member that has that training or attend stated training needed.</i>	
9	16.03.21.410.02.e. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) e. Participant's rights, advocacy resources, confidentiality, safety, and welfare; and (7-1-11)	Based on review of employee records, 1 of 5 employee records did not have proof of sufficient training to meet this component of rule. For employee #1 the training documents for 2010-2014 are identified as belonging to another employee and the 2015 training record for this employee does not address this rule.	<ol style="list-style-type: none"> <li>1. SRCS admin staff will inspect all employee files and ensure proper labels for each stating reason and date for receiving and employee name</li> <li>2. All other employee files to pass an initial audit conducted by all admin staff</li> <li>3. Office manager will ensure start and completion of audit</li> <li>4. once all files meet initial audit standards, any subsequent audit will be dated and initialed by admin staff completing audit.</li> </ol>	12/18/2015
10	16.03.21.410.02.f. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11)	Based on review of employee records, 1 of 5 employee records did not have proof of sufficient training to meet this component of rule. For employee #1 the training documents	<i>SRCS admin staff will inspect all employee files and ensure proper labels for each stating reason and date for receiving and employee name</i>	12/18/2015



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)
	f. The proper implementation of all policies and procedures developed by the agency. (7-1-11)	for 2010-2014 are identified as belonging to another employee and the 2015 training record for this employee does not address this rule.	<p>2. All other employee files to pass an initial audit conducted by all admin staff</p> <p>3. Office manager will ensure start and completion of audit</p> <p>4. once all files meet initial audit standards, any subsequent audit will be dated and initialed by admin staff completing audit.</p>	
11	16.03.21.500.03.f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)	Based on observational review of the center, hazardous and toxic substances were not stored under lock and key. For example: the entry way of the agency has a bleach bottle sitting under a plant; the cabinet under the sink between men & women's bathrooms have cleaners on the counter and under the counter; the bathrooms have aerosol air fresheners and freshener beads that state keep out of reach of children are not stored under lock and key.	<p>1. Facility staff will inspect all areas where cleaners/fresheners are kept and move them from the reach of children and ensure all materials are secured by lock and key.</p> <p>2. In order to ensure complete compliance agency wide, ensuring that all staff understand and are aware of the protocol for toxic substances</p> <p>3. The admin staff will conduct initial inspection of entire facility so as to gather any substances not safe for children</p>	This issue was corrected immediately; all hazardous and/or toxic materials and substances were removed from all accessible areas of our facility. We have ordered suitable locks for all areas deemed necessary to contain hazardous/toxic materials



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)
			4. <i>The admin staff will as well create several signs stating the protocol for any substances that are unsafe for participants and children.</i>	
12	16.03.21.500.04.b A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)	Based on review of agency records, the fire drills conducted did not contain participants(of services) that participated in the fire drills. For example: The fire drill lacks documentation which participants participated in the fire drill. <b>This is a repeat deficiency.</b>	<ol style="list-style-type: none"> <li>1. <i>SRCS admin staff will edit the fire drill form and verify that all individuals, including clients are noted on the form.</i></li> <li>2. <i>Though no individual is directly affected by this deficiency, the staff who conduct the drill will verify at the time of the drill which individuals are in office and participating in the drill.</i></li> <li>3. <i>Staff tasked with conducting the fire drill will also be responsible for indicating which staff and participants that were present and this information will be verified by Office Manager.</i></li> <li>4. <i>Office Manager/admin staff will ensure compliance with every drill conducted</i></li> </ol>	12/18/2015



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)
13	16.03.21.500.06.a 06. Housekeeping and Maintenance Services. (7-1-11) 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)	In observational review of the center, the center is not maintained clean, safe and in good repair. For Example: the couches and chairs in therapy rooms are dirty and carpet is soiled with some beginning separating along carpet seams; the women's bathroom's garbage cans were full throughout survey.	<ol style="list-style-type: none"><li>1. A complete deep cleaning of the facility including chairs rugs and toys will be done and a cleaning checkoff list will be created for future reference to ensure completeness</li><li>2. Through in-services, all aspects of facility maintenance will be passed out. As well, cleaning and safety checklists will be posted to ensure total compliance to rule.</li><li>3. Office Manager and admin staff will ensure on a daily basis that the facility meets the requirements of rule.</li><li>4. Admin staff will monitor agency environment and correct any issues on a daily basis.</li></ol>	11/25/2015



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

	<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>
<b>14</b>	16.03.21.510.03. Employees. Each employee who has direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (7-1-11)	Based on review of documentation, the current form that is being signed regarding employees being free from communicable disease does not include being free from infected skin lesions while on duty. For example: The agency policy and procedure states will sign the form stating free of communicable disease and skin lesions, but the form signed by the employee does not address infected skin lesions while on duty.	<p><i>Agency will encore the correction of communicable disease signature form is up to date to cover skin lesions as well and have employees sign that are missing the form currently.</i></p> <p><i>2. All employee files will be audited to ensure compliance with rule gaining any forms currently missing to include communicable diseases.</i></p> <p><i>3. admin staff will audit all files for required documentation and this information will be revisited upon every review time.</i></p> <p><i>4. Office manager will monitor progress and procedure for ensuring no documentation is missing.</i></p>	12/18/2015
<b>15</b>	16.03.21.600.02.a.ii. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)	Based on review of documentation, for 2 of 2 participants, there was no documentation that the DDA has provided a current copy of the child's plan of service to the child's school. This rule requires that the	<p><i>1. All participants will be verified to ensure all documentation between school and agency has been cross disseminated as well as audit of all other program participants to ensure</i></p>	12/18/2015



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)
		implementation plans must be sent to the school. For participants #1 and #2, the collaboration section is empty, IP does not indicate sent to school, and the office manager identified that the agency has not been sending a copy of the implementation plans to the child's school. <b>This is a repeat deficiency.</b>	<p><i>information is shared between entities.</i></p> <p>2. <i>During initial intake via release of information, SRRCS will ensure information such as plans of service and other pertinent information is sent to all other providers. This will be verified by check off list created by QA team/admin staff to ensure all information is sent and received in a timely manner.</i></p> <p>3. <i>QA/Admin staff</i>  <i>During 120 day internal audit, all information will be verified sent or received to all necessary providers to participant.</i></p>	
16	16.03.21.601.01.d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement,	In review of documentation, for 2 of 2 participant files, the profile sheet is not being completed to contain all rule requirements. For example: Participant 1's profile sheet (General	<i>Admin and QA Tem members will audit all participant files and fill in all information pertinent to participant and staff interaction with participant. The general</i>	12/18/2015



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)
	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)	Information form) does not address allergies, dietary and special needs. Participant 2's the profile sheet (General Information form) dated 04/15/15 addresses autism and seizures as diagnosis' but the Med/Soc. Dated 03/27/15 addresses autism, seizure disorder and language disorder. The medical assessment addresses.	<p><i>information form will now be completed after all other providers/documentation has been received or verified.</i></p> <p><i>2. To ensure completeness of all files, a preliminary audit of all participant files is necessary at which time required information and complete file information is noted</i></p> <p><i>3. Admin staff and QA team will do initial audit of all files annually as well as during each review.</i></p> <p><i>4. All file information will be completed and turned into admin staff to verify completeness once reviewed. Admin staff will file client folder.</i></p>	
17	16.03.21.601.01.f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation	In review of documentation, an intervention evaluation has not been completed or obtained prior to the delivery of intervention services to meet rule. For example:	<i>1.All QA staff will audit participant files to ensure all documents are signed, credentialed and that intervention evaluation has been completed.</i>	<i>Click here to enter a date.</i>



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)
	must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)	Participant #1 was authorized for new evaluation for plan year beginning 7/1/15 and has not been conducted or obtained. The existing evaluation was not signed, dated and credentialed. Participant 2's HI assessment was completed 06/01/14, but not signed, dated and credentialed by the respective evaluator (HI).	<p>2. All files will be initially audited to ensure compliance. As new participants come in the file will be completed showing all necessary documents are signed and credentials and are most current available.</p> <p>3. QA team will ensure initial compliance.</p> <p>4. ensuring every client file is complete and correct we will also conduct 120 day random audit. Annual review of QA review will be submitted quarterly to licensing and credentialing for review.</p>	
18	16.03.21.900.02.a. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) a. Goals and procedures to be implemented to achieve the purpose of the quality assurance	The Quality assurance program has not been fully implemented. According to the plan of correction approved on 7/20/15, the QA program was to be implemented on 7/15/15. The only component that was identified was employee file reviews. These do not have a	<p>1. SRRCs will review and adapt Policy &amp; Procedure to ensure a suitable QA program is discussed and in place to ensure all Requirements are being met and the agency is held to that standard</p> <p>2. As all clients and staff are</p>	12/18/2015



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)
	program as described in Subsection 900.01 of this rule; (7-1-11)	complete assurance process.. <b>This is a repeat deficiency. The agency agreed during exit to submit their quarterly quality assurance reviews to the survey lead to assure compliant implementation of this rule.</b>	<p><i>potentially affected by this rule, a QA program will be implemented to address goal and procedures to achieve the purpose of the IDAPA rule 900.01. These QA will be dated signed and credentialed</i></p> <p><i>Admin, Agency, and Clinical staff will be utilized for input in completing an all-encompassing, effective QA program to ensure all areas of Agency will receive the most</i></p>	
19	16.03.21.900.02.b. Person, discipline, or department responsible for each goal; (7-1-11)	In review of documentation, the quality assurance policy and procedure has not been corrected to comply with the plan of correction nor has it been implemented. <b>Failure to comply with Plan of Correction. The agency agreed during exit to submit their quarterly quality assurance reviews to the survey lead to assure compliant implementation</b>	<ol style="list-style-type: none"> <li>Admin staff has started immediately revising the policy and procedure. An alert was also completed to let admin staff knows when a change has come out.</li> <li>Annual review of all agency programs and documentation will be completed as this deficiency affects the agency as a whole. As well, annual review</li> </ol>	12/18/2015



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)
		of this rule.	<p>of QA will adjusted and/or changed as needed to improve compliance and service delivery.</p> <p>3. Office manager will ensure completion of audits.</p> <p>4. All agency audits will include verification of current rules.</p>	
20	16.03.21.900.02.c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)	In review of documentation, the quality assurance policy and procedure has not been corrected to comply with the plan of correction nor has it been implemented. <b>Failure to comply with Plan of Correction. This is a repeat deficiency. The agency agreed during exit to submit their quarterly quality assurance reviews to the survey lead to assure compliant implementation of this rule.</b>	<p>1. <i>Although there are no specified participants to go along with specified system of correction;</i></p> <p>2. <i>Because all staff and participant could potentially be affected, SRRCS will create a QA summary form that will note, not only deficiencies found during each 120 day or annual audit, but a summary of correction of each deficiency including date by which any found deficiency will be corrected.</i></p> <p>3. <i>Agency/Clinical</i></p>	12/18/2015



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)
			<p><i>management, admin staff and members of QA team will be required to assist in completing QA corrections form and summary.</i></p> <p><i>Along with 120 day and annual audits, previous audits will be reviewed to check for previous deficiencies and plans of corrections, and that those deficiencies have been rectified by date stated on corrections summary.</i></p>	
21	16.03.21.900.02.e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)	In review of documentation, the quality assurance policy and procedure has not been corrected to comply with the plan of correction nor has it been implemented to meet this rule. <b>Failure to comply with Plan of Correction. The agency agreed during exit to submit their quarterly quality assurance reviews to the survey lead to assure compliant implementation of this rule.</b>	<ol style="list-style-type: none"> <li>1. <i>No specific participant can be identified with stated system correction.</i></li> <li>2. <i>Because of the potential to affect all staff/participants, SRRCS will complete a review of agency code of ethics and create a form to document any violation or deficiency noted. This form will be utilized during all subsequent internal 120 day and annual audits.</i></li> </ol>	12/18/2015



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)
			<p>3. <i>Through the QA, SRRCS will create a plan of correction to address found deficiencies of internal audit along with date deficiency is to be resolved. This form will be accepted and verified by QA Team as well as Agency/Clinical Management to ensure any deficiency or violation is addressed and corrected in a timely manner.</i></p> <p><i>This form will be revived during each subsequent audit to ensure violation/deficiency was noted and corrected in stated amount of time</i></p>	
22	16.03.21.915.09. Written Informed Consent. Ensure programs developed by an agency to assist participants with managing maladaptive behavior are conducted only with the written informed consent of a participant,	In review of documentation, 1 of 2 participants had a restrictive program for maladaptive behaviors. This program was not signed by the parent/legal guardian indicating informed consent. Participant #1 has a restrictive program to use Mandt	<p>1. <i>All documents completed for each participant will be reviewed to ensure current compliance of rule, part of the file check list verification will be made showing all required documents have</i></p>	12/18/2015



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

	<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction</b> (Please refer to the Statement of Deficiencies cover letter for guidance)	<b>Date to be Corrected</b> (mm/dd/yyyy)
	parent, or legal guardian, where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-11)	restraint techniques if needed for the participant or staff safety which is not signed by the guardian.	<p><i>been signed by all required parties. Also, a space will be added to form that must be initialed, stating that, "parent has been notified and requested to sign"</i></p> <p><i>2. Initial QA to ensure total compliance will be conducted by QA team. At this time all missing documents and/or signatures.</i></p> <p><i>3. Admin staff will be responsible for initiating first audit and all subsequent audits, .Clinical Supervisor will be part of this process to ensure compliance. CS will verify at initiation of services if ther is a restrictive Tx program, that all required partries have been ggiven informed consent and signed</i></p>	



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)
			<i>approval.</i> 4. <i>All new client files as well as participant annual reviews will be verified for correct substance.</i>	

<b>Agency Representative &amp; Title:</b> Victoria Cunningham <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 12/8/2015
<b>Department Representative &amp; Title:</b> Kimberly Cole <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 12/11/2015