



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Scott's Ongoing Services, Inc.	Region(s):	4
Agency Type:	Residential Habilitation Agency	Survey Dates:	12/7/15-12/8/15
Certificate(s):	RHA-3500	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)
16.04.17.202.02. 202. ADMINISTRATOR. 02. Absences. The administrator must designate, in writing, a qualified person to perform the functions of the administrator to act in his absence. (3-20-04)	Review of agency documentation and report from agency administrator revealed that the person designated in writing to perform the functions of the administrator to act in the administrator's absence does not qualify to do so.	<ol style="list-style-type: none"> 1. Administrator designated, in writing, a qualified person to perform the functions of the administrator to act in his absence. 2. Designation was performed immediately to avoid any impact to agency, participants, staff or systems. 3. Administrator is responsible for implementing corrective action. 4. Additions to current Quality Assurance procedures and checklists to ensure consistent compliance with IDAPA 16.04.17.202.02. 	1/28/2016
16.04.17.301.02. 301. PERSONNEL. 02. Work Schedules. Coverage is	Review of agency documentation revealed that the agency failed to ensure coverage is scheduled in order to assure	<ol style="list-style-type: none"> 1. Develop and implement policy and procedures regarding work schedules for all participants according to the 	2/28/2016



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)
scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)	compliance with the participants individual support plan.	<i>Individual Support Plan. This will include release of liability and service refusal. 2. Agency will review and implement work schedules for all participants according to the Individual Support Plan. 3. Administrator is responsible for implementing corrective action. 4. Additions to current Quality Assurance procedures and checklists to ensure consistent compliance with IDAPA 16.04.17.301.02.</i>	

Agency Representative & Title: Michelle Mares, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 12/29/2015
Department Representative & Title: Kerrie Ann Hull <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: 1/12/2016