



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	ALLIES Family Solutions	<b>Region(s):</b>	6
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	02/03/16-02/04/16
<b>Certificate(s):</b>	6ADVOCO62	<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</b> (Please refer to the Statement of Deficiencies cover letter for guidance)	<b>Date to be Corrected</b> (mm/dd/yyyy)
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	One of seven employee record review lacked documentation the Clinical Supervisor conducted an 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	<i>1. The Agency has created a monthly staff observation checklist (see supporting documents) and has assigned specific staff observations to specific clinical supervisors (see supporting documents). All clinical supervisors will meet with the Program Coordinator and Administrator on the 3rd Monday of the month to discuss clinical issues, including progress toward completing</i>	04/01/2016



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<p>and be readily available on-site to provide for:</p> <p>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>services.</p> <p>For example: Employee 2's record lacks documentation the Clinical Supervisor conducted an observation for December, 2015.</p>	<p><i>staff observations.</i></p> <p><i>2. Implementing plan of correction program wide.</i></p> <p><i>3. Clinical supervisors are responsible for completing staff observations each month for the staff members they are assigned.</i></p> <p><i>4. The Program Coordinator will keep track of completed staff observations using the monthly checklist. The Administrator will document the monthly meetings with the clinical supervisors and Program Coordinator.</i></p>	
<p>16.03.21.410.01. 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.</p>	<p>Two of seven employee record review lacked documentation the employee received 12 hours of formal training each calendar year.</p> <p>For example: Employee 1's record lacked documentation he received 12 hours of formal training for 2015. Employee 3's record lacked documentation</p>	<p><i>1. The Agency has created a annual checklist of all IDAPA required training for each staff member's personnel file (see supporting documents). Personnel files will be reviewed and updated on a quarterly basis or more frequently as needed. Also, the agency will document new hire observations/training in the personnel file on the annual training checklist for their first year of hire.</i></p>	<p>04/01/2016</p>



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<p>Each agency staff providing services to participants must: (7-1-11)</p>	<p>she received 12 hours of formal training for 2015.</p>	<p>2. <i>Implementing plan of correction program wide.</i>          3. <i>The Program Coordinator will schedule and document all staff trainings.</i>          4. <i>The progress of annual trainings will be addressed/monitored at each monthly meeting between the clinical supervisors, Program Coordinator, and Administrator. The Administrator will document said monthly meetings.</i></p>	
<p>16.03.21.410.01.a          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:</p>	<p>Four of seven employee record review lacked documentation the employee participated in fire and safety training upon hire and annually thereafter.</p> <p>For example:          Employee 1's record lacked documentation of annual fire and safety training for 2014 and 2015.          Employee 4's record lacked documentation of annual fire and safety training for 2014 and 2015.</p>	<p>1. <i>The Agency held an all staff fire safety training on 02/22/2016 (see supporting documentation). Annual all staff meetings will be scheduled every January to cover policy and procedure updates as well as annual trainings, such as, fire safety, HIPPA, and ethics. To ensure the annual meeting occurs, reminders are set for December 1, 2016 and will be reset every year thereafter. The reminders occur on the scheduling calendars of both the Program Coordinator and Administrator.</i></p>	<p><i>Completed 02/22/2016</i></p>



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<p>a. Participate in fire and safety training upon employment and annually thereafter; (7-1-11)</p>	<p>Employee 6's record lacked documentation of annual fire and safety training for 2015. 2013 and 2014 both identify "safety" but cannot identify if fire safety was included. Employee 7's record lacked documentation of annual fire and safety training for 2015. 2013 and 2014 both identify "safety" but cannot identify if fire safety was included.</p>	<p>2. <i>Implementing plan of correction program wide.</i>  3. <i>The Program Coordinator will schedule and document all staff trainings.</i>  4. <i>The Administrator will attend/ participate in annual meetings to make sure all of the required material is covered and then will document said meetings.</i></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:</p>	<p>Three of seven employee record review lacked documentation of certification in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter.</p> <p>For example:  Employee 4's CPR/1<sup>ST</sup> Aid lapsed between 03/31/14 and 04/05/14.  Employee 6's CPR/1<sup>ST</sup> Aid lapsed between 03/10/14 and 04/05/14.  Employee 7's CPR/1<sup>ST</sup> Aid lapsed between</p>	<p>1. <i>The Agency will schedule quarterly CPR classes. Reminders for these classes are set on the Program Coordinator's calendar. The next CPR/1st Aid class is scheduled for 02/27/2016.</i>  2. <i>The Program Coordinator maintains a matrix that includes important expiration dates, including CPR/1st Aid certifications. This matrix will be reviewed and updated monthly with the assistance calendar reminders.</i>  3. <i>The Program Coordinator will be responsible to maintain the matrix and</i></p>	<p>04/01/2016</p>



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<p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>02/22/15 and 05/02/15.</p>	<p><i>schedule all necessary trainings. 4. The Program Coordinator will report progress/status of all trainings, including CPR/1st Aid to the Administrator at the monthly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</i></p>	
<p>16.03.21.410.01.b.i 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 ninety (90) days of hire and maintain current</p>	<p>Three of seven employee record review lacked evidence the agency ensures that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided.</p> <p>For example: Employee 4, 6 and 7 had lapse in CPR/1<sup>ST</sup> Aid certification and no documentation there was another employee that was CPR/1<sup>ST</sup> Aid certified to accompany the participant.</p>	<p><i>1. The Program Coordinator will not schedule any staff members who are not CPR/1st Aid certified for direct care with any participants. 2. The Program Coordinator maintains a matrix that includes important expiration dates, including CPR/1st Aid certifications. This matrix will be reviewed and updated monthly with the assistance calendar reminders. 3. The Program Coordinator will be responsible to maintain the matrix and schedule all necessary trainings. 4. The Program Coordinator will report progress/status of all trainings, including</i></p>	<p>04/01/2016</p>



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<p>certification thereafter; and i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)</p>		<p><i>CPR/1st Aid to the Administrator at the monthly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</i></p>	
<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</p>	<p>The agency lacked documentation a fire inspection was completed at least annually per rule requirement.</p> <p>For example:</p> <p>The agency had a copy of 2013 fire inspection, but no documentation a fire inspection for 2014, 2015 or 2016 was completed.</p>	<p><i>1. The Agency has scheduled a fire inspection through the Pocatello Fire Department for 02/29/2016. Also, a reminder has been scheduled on the Program Coordinator's and Administrator's calendars for December 1, 2016 and will be reset for every December 1 thereafter. 2. Implementing plan of correction program wide. 3. The Program Coordinator will schedule and document all fire inspections. 4. The Program Coordinator will report progress/status of all fire inspections to the Administrator at the monthly meetings with the clinical supervisors and Program Coordinator. The Administrator will</i></p>	<p>04/01/2016</p>



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<p>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><i>document said meetings.</i></p>	
<p>16.03.21.510.04. 510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least</p>	<p>The agency lacked documentation all incident reports were completed at least annually with recommendations for 2014 and 2015.</p> <p><b>Repeat deficiency from 05/03/13 survey.</b></p>	<p><i>1. The agency will review and A reminder has been scheduled on the Program Coordinators and Administrators calendars for December 1, 2016 and will be reset for every December 1 thereafter.</i></p> <p><i>2. Implementing plan of correction program wide.</i></p> <p><i>3. The Administrator is responsible for reviewing the incident reports annually</i></p> <p><i>4. The Program Coordinator will monitor completion of the annual review.</i></p>	<p>04/01/2016</p>



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<p>annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-11)</p>			
<p>16.03.21.600.02.a.ii. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session.</p>	<p>Four of four participant record review lacked documentation the agency provided a copy of the child's plan of service to the child's school.</p>	<ol style="list-style-type: none"> <li>1. <i>The Program Coordinator will send a copy of each client's assessment summary to the school containing information regarding the child's Program Implementation Plans and their goals.</i></li> <li>2. <i>Implementing plan of correction program wide</i></li> <li>3. <i>The Program Coordinator will send out and document each assessment summary sent.</i></li> <li>4. <i>The Program Coordinator will report progress/status of all assessment summaries to the Administrator at the monthly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</i></li> </ol>	<p>04/01/2016</p>



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<p>li. 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)</p>			
<p>16.03.21.601.01.d. 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</p>	<p>One of four participant record review lacked evidence the profile sheet contains the identifying information reflecting current status of the participant per rule requirement.</p> <p>For example: Participant 4's medications listed on the profile sheet do not match other documents in the file. Additionally, he started taking Abilify in December 2015 but the dosage on the profile sheet states 2mg and the Dr.'s report states he takes 5mg.</p>	<p><i>1. The Program Coordinator will create and implement a matrix containing each client's medication list and amend as changes occur.</i></p> <p><i>2. Implementing plan of correction program wide</i></p> <p><i>3. The Program Coordinator will track and contact parents quarterly in regards to any medication changes and notate and date any changes.</i></p> <p><i>4. The Program Coordinator will report progress/status of all medication changes to the Administrator at the monthly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</i></p>	<p>4/01/2016</p>



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<p>information and to safeguard participant confidentiality under these rules.          01. General Records Requirements. Each participant record must contain the following information:          d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care;</p>			
<p>16.03.21.900.02.e.          900. Each DDA defined under these rules must develop and implement a quality assurance program.          02. Quality Assurance Program Components. Each DDA's written quality assurance program must include</p>	<p>The agency lacked documentation of an annual review of the code of ethics for 2014 and 2015.</p>	<p><i>1. A reminder has been scheduled on the Program Coordinator's and Administrator's calendars for December 1, 2016 and will be reset for every December 1 thereafter.          2. Implementing plan of correction program wide.          3. The Administrator is responsible for</i></p>	<p>04/01/2016</p>



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<p>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)</p>		<p><i>reviewing the code of ethics annually. The Program Coordinator is responsible for scheduling staff training to review the code of ethics.</i>  <i>4. The Administrator will attend/participate in annual meetings to make sure all of the required material is covered and then will document said meetings</i></p>	
<p>16.03.21.900.02.f.            900. Each DDA defined under these rules must develop and implement a quality assurance program.            02. Quality Assurance Program Components. Each DDA's written quality assurance program must include.            f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)</p>	<p>The agency lacked documentation an annual review of the agency policies and procedures manual for 2014 and 2015.</p>	<p><i>1. A reminder has been scheduled on the Program Coordinator's and Administrator's calendars for December 1, 2016 and will be reset for every December 1 thereafter.</i>  <i>2. Implementing plan of correction program wide.</i>  <i>3. The Administrator is responsible for reviewing the code of ethics annually. The Program Coordinator is responsible for scheduling staff training to review the code of ethics</i>  <i>4. The Administrator will attend/participate in annual meetings to make sure all of the required material is covered and</i></p>	<p>04/01/2016</p>



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<p>16.03.21.905.03.a 905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. 03.Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This</p>	<p>One of four participant record review lacked documentation upon initiation of services; the DDA provided the participant and his parent or guardian with a packet of information per rule requirements.</p> <p>For example: Participant 3's record lacked documentation the participant's family received the requirement information upon initiation of services.</p>	<p><i>then will document said meetings</i></p> <ol style="list-style-type: none"> <li>1. <i>The agency will implement a new client intake and orientation checklist ensuring they receive their required information upon initiation of services.</i></li> <li>2. <i>Implementing plan of correction program wide.</i></li> <li>3. <i>The Program Coordinator is responsible for creating an intake and orientation packet to give to all new agency clientele.</i></li> <li>4. <i>The Administrator will attend new intake meeting and ensure they have received their new client orientation packet.</i></li> </ol>	<p>04/01/2016</p>
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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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packet must be written in easily understood terms. (7-1-11)			
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<b>Agency Representative &amp; Title:</b> <i>Cheri L. Atkins, PhD, Administrator</i> * By entering my name and title, I agree to implement this plan of correction as stated above.	<b>Date Submitted:</b> 02/26/2016
<b>Department Representative &amp; Title:</b> <i>Pam Loveland-Schmidt, Licensing &amp; Certification</i> * By entering my name and title, I approve of this plan of correction as it is written on the date identified.	<b>Date Approved:</b> 02/29/16