



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Development Workshop Inc.	Region(s):	7
Agency Type:	DDA	Survey Dates:	02/10/16
Certificate(s):	7DEVWOR025 DDA-3906 7DWINC155-2 DDA-5332	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)
16.03.21.601 601. RECORD REQUIREMENTS. 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. (7-1-11)	Two of ten participant record review lacked evidence the record clearly documented the date, time, duration and type of service and included the signature accompanied by the credentials and date signed of the individual providing the service for each service provided. For example: Participant 2's Continuing Service Report (CSR) dated 10/19/15 lacked documentation of the employee's signature, credentials and date signed.	1. Action taken regarding the findings on participant 2, it was found to be unsigned, the responsible staff was confirmed and signature was provided. Participant 6 was found to be an error by the paraprofessional this was corrected by crossing out using one single line and staff initials. The system for future review of the CSR's will be conducted in a timely manner to assure accuracy. 2. Deficiency's found were reviewed and no findings were found that would affect any other participants, staff or systems. 3. Those responsible for implementing the corrections will be; VP of Medicaid,	2/11/2016



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	<p>Participant 6's Continuing Service Report (CSR) documented a time in/time out of 12:30-12:45, but lacked documentation of date, signature of employee, credentials and date signed.</p>	<p><i>Developmental Specialists, Clinical Supervisors, Lead Paraprofessionals, and Rehab Assistant</i></p> <p><i>4. Monitoring will be as follows; Lead paraprofessionals will review CSR documents within 48 hours and any incomplete data will be corrected. Incomplete documentation which cannot be corrected will be documented at the time of review as unbillable. The CSR review by the Professional is completed on a monthly basis, at this time any further corrections will be followed up and needed training for the paraprofessional will be conducted to ensure proper documentation. Ongoing training is conducted regarding 16.03.21.410.0 Accurate Record Keeping and Data collection. Any start times, end times, dates or signatures that are incorrectly documented by the paraprofessional will be crossed out using one line and initialed for</i></p>	



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		<i>verification by responsible staff.</i>	

Agency Representative & Title: McKayla Matlack VP of Medicaid

** By entering my name and title, I agree to implement this plan of correction as stated above.*

Date Submitted: 2/11/2016

Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification

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

Date Approved: 2/23/2016