



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Access Behavioral Health Services, Inc.	Region(s):	4
Agency Type:	Developmental Disabilities Agency	Survey Dates:	3/15/16-3/17/16
Certificate(s):	4ACCBHSVC122	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)
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	<p>Review of agency documentation revealed that 1 out of 6 employee records lacked verification of compliance with IDAPA 16.05.06. "Criminal History and Background Checks".</p> <p>For example:</p> <p>Records for employee #6 did not have a clearance letter available for inspection. The agency failed to print a copy of the clearance letter within fourteen (14) days of the clearance being accessible.</p> <p>Corrected during survey.</p>	<ol style="list-style-type: none"> 1. <i>The deficiency was corrected at survey and the background check was printed off.</i> 2. <i>All DDA employee files have been audited for compliance, no other violations were found.</i> 3. <i>The Human Resource officer will be responsible for printing off all background checks within 14 days of clearance and will be responsible for any corrective action.</i> 4. <i>The Human Resource officer will be responsible for conducting ongoing and regular audits of the employee files during the new hire process to ensure all criminal background checks are printed</i> 	3/15/2016



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		<i>off within the 14 day of clearance requirement.</i>	
<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: a. Participate in fire and safety training upon employment and annually thereafter; (7-1-11)</p>	<p>Review of agency documentation revealed that 2 out of 6 employees lacked verification of having completed annual fire training.</p> <p>For example:</p> <p>Records for employee #3 & #5 lacked documentation of having completed annual fire training for 2015.</p>	<p><i>1. The deficiency was corrected before survey and all DDA employees have their fire safety training for 2016. There is no way to correct the trainings for 2015.</i></p> <p><i>2. All employee charts have been audited for compliance and have fire safety training for 2016. The employee training QA database has been adjusted to give notice within 30 days of the annual fire safety training expiring so that no more than 365 days lapse between trainings.</i></p> <p><i>3. The Human Resource officer and the DDA Clinical Supervisors will work together to ensure all annual fire trainings occur within the correct time frame.</i></p> <p><i>4. The corrective action will be monitored in the employee training QA data base to be audited at least quarterly.</i></p>	<p><i>3/17/2016</i></p>



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<p>16.03.21.410.01.c. 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: c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)</p>	<p>Review of agency documentation revealed that 1 out of 6 employee's lacked verification that the employee was trained to meet the special health or medical requirements of the participants they serve.</p> <p>For example:</p> <p>Records for employee #6 lacked documentation that the employee received training to meet the special health or medical needs specific to participant D.</p>	<p>1. To correct this deficiency, we have created and implemented a program wide participant training log that records the date training occurred, the staff, specific training topics and materials, and who conducted the training.</p> <p>2. All employee trainings have been audited to ensure compliance and the new system has been implemented.</p> <p>3. The DDA Clinical Supervisors will be responsible for keeping the participant training log up to date.</p> <p>4. The DDA Clinical Supervisors meet weekly to discuss any training needs of the staff.</p>	<p>3/17/2016</p>
<p>16.03.21.601. 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</p>	<p>Review of agency documentation revealed that 1 out of 5 participant records (participant #1) reviewed lacked information clearly documenting the type of service being provided.</p> <p>In addition, 1 out of 5 participant records</p>	<p>1. Corrected at survey. VALANT (electronic health system) had the correct service added to the participant data form and credentials added to staff's electronic signature.</p> <p>2. All participant data forms and employee credentials have been audited</p>	<p>3/17/2016</p>



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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)	(participant #1) did not indicate the correct credential of the individual providing the service. Both items were corrected during survey.	<i>in VALANT and no other deficiencies were found.</i> <i>3. If any deficiencies are found moving forward, the DDA Clinical Supervisors will be responsible for correcting them.</i> <i>4. The DDA Clinical Supervisors have administrative authority over electronic health record data forms and credentials and cannot be altered by anyone else.</i>	
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	Review of agency documentation revealed that 1 out of 5 participant profile sheets (participant #1) lacked information reflecting current medications.	<i>1. To correct this deficiency, a current list of medications will be added to the Quality Assurance Data base with the date the medication list was updated. The medication list will then be a part of the system wide QA Data base and will be audited at least quarterly. Any</i>	4/18/2016



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<p>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.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information,</p>		<p><i>changes in the medication list will then be updated on the participant's profile sheet and in VALANT (electronic health records).</i></p> <p><i>2. All participant's files will be audited for correct medications when adding to the QA Data base and verified by either the participant, guardian, or medication manager.</i></p> <p><i>3. The DDA Clinical Supervisors and DDA administrative assistant will be responsible for this corrective action.</i></p> <p><i>4. The corrective action will be monitored in the QA data base.</i></p>	



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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)			
<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>A review of agency documentation determined that the agency lacked verification that the agency's policy and procedure manual was reviewed annually in 2014.</p> <p>In addition, the agency lacked documentation reflecting the content of revisions made during the annual review of the policy and procedure manual in 2015.</p>	<p>1. A policy and procedure manual revision log has been added to the policy and procedure manual to record all updates when they happen. An annual review of revisions will be conducted at the end of every calendar year and signed off on by the Board of Directors. 2. The agency has identified the need for a revision log and added it to the electronic policy and procedure manual; no other corrective actions have been identified. 3. The administrator of the agency will be responsible for implementing the corrective action. 4. Policy and procedure changes cannot be made without administrative approval through a locked system. All</p>	<p>3/17/2016</p>



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		<i>changes to policy and procedure manual for each department are filtered through the agency administrator. The administrator then can approve, update and record any changes in the policy and procedure revisions log.</i>	

Agency Representative & Title: Evangeline M Beechler BFA DS HI CS <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/31/2016
Department Representative & Title: <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: Click here to enter a date.