



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/Rehab Certification - Statement of Deficiencies

Agency:	Franklin County Developmental Services	Region(s):	6
Agency Type:	DDA	Survey Dates:	05/03/16-05/05/16
Certificate(s):	6FRANK033-1	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)
16.03.21.410.01.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: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)	One of six employee record lacked documentation the employee was certified in CPR and First Aid within 90 days of hire. For example: Employee 3's date of hire was 05/28/13 and the record lacked documentation she was CPR and First Aid certified between 05/28/13-04/24/14. Employee 6's date of hire was 05/15/14 and the record lacked documentation she was First Aid certified between 05/15/14-09/06/14.	<ol style="list-style-type: none"> 1. . A checklist will be put on SQSS (Strategic Quality Support System) so when a new hire starts the orientation process the supervisor will be alerted if CPR/First aid has not been completed within the correct time frame. Responsible for putting data into the SQSS program .Clinical Supervisors will be responsible for monthly monitoring of the program. 2. All therapists' required trainings will be put on SQSS and supervisor will check monthly that all training is done within the required time period. All general staffing requirements were checked for every employee, and other deficiencies were found. Employee record information was consolidated into one binder for easier access of information. 3. Developmental Specialists will be 	6/23/2016



Division of Licensing & Certification

DDA/Rehab 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>responsible for putting data into the SQSS program. Clinical Supervisor or DDA director will be responsible for monthly monitoring of the program.</i></p> <p><i>4. Corrective action will be monitored monthly by Clinical Supervisor to ensure that Rule 16.03.21.410.01.b will be consistent.</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 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>Two of six employee record lacked documentation the agency ensured that CPR and first-aid trained staff were present or accompany participants when services or DDA-sponsored activities are being provided. For example: Employee 3's date of hire was 05/28/13 and the record lacks documentation she was certified until 04/24/14 and no documentation the agency ensured a certified employee accompanied the participants when services were provided. Employee 6's date of hire was 05/15/14 and the record lacks documentation she was First Aid certificated until 09/06/14 and no documentation the agency ensured a certified employee accompanied the participants when services were provided.</p>	<p><i>1. . A checklist will be put on SQSS (Strategic Quality Support System) so when a new hire starts the orientation process the supervisor will be alerted if CPR/First aid has not been completed within the correct time frame. Responsible for putting data into the SQSS program .Clinical Supervisors will be responsible for monthly monitoring of the program.</i></p> <p><i>2. All therapists' required trainings will be put on SQSS and supervisor will check monthly that all training is done within the required time period. All general staffing requirements were checked for every employee, and other deficiencies were not found. Employee record information was consolidated into one binder for easier access of information.</i></p> <p><i>3. Developmental Specialists will be responsible for putting data into the SQSS</i></p>	<p>6/23/2016</p> <p>6/23/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/Rehab 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>program. Clinical Supervisor or DDA director will be responsible for monthly monitoring of the program.</i></p> <p><i>4. Corrective action will be monitored monthly by Clinical Supervisor to ensure that Rule 16.03.21.410.01.b.i will be consistent.</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 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>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.</p> <p>For example: The agency lacked documentation of an annual fire inspection completed for 2014 and 2015.</p> <p>Repeat Deficiency from 06/05/13 survey.</p>	<p><i>1. Maintenance staff was notified that it needed to be annually instead of every three year .The fire inspection is now on the maintenance calendar for every year.</i></p> <p><i>2. Other systems that could be affected were identified on the maintenance calendar and no other deficiencies were found.</i></p> <p><i>3. Head of maintenance for the FCMC buildings.</i></p> <p><i>4. Corrective action will be that yearly fire safety inspections will be put on SQSS and will be monitored by the DDA director.</i></p>	<p>6/23/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/Rehab 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>16.03.21.500.04. 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. 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)</p>	<p>The center evacuation plan lacked a point of orientation.</p>	<p>1. All center evacuation plans will have a point of orientation on them. 2. All center evacuation plans were deficient of points of orientation and all of them will be corrected. 3. DDA will make new evacuation plans with points of orientation on them for each exit in the building. 4. Evacuation plans will be put on SQSS for building maintenance and will be checked by DDA Director.</p>	<p>6-23-16</p>
<p>16.03.21.601.01.f. 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</p>	<p>Two of four participant record review lacked documentation each signature is accompanied both by credentials and the date signed.</p> <p>For example: Participant 2's Developmental Assessment lacked the evaluator's signature, credentials and date signed. Participant 4's Habilitative Intervention Evaluation lacked the evaluator's credentials.</p>	<p>1. Task has been put into SQSS to check that each signature has the appropriate credential and full date. Developmental specialists will check monthly that this is done. 2. All documents will be checked at the end of the month by developmental specialists. Training has been done by Clinical Supervisor to staff about doing full dates and appropriate credentials. 3. Developmental Specialists will be responsible for implementing corrections. 4. Corrective actions will be monitored at the end of each month by the developmental</p>	<p>6/23/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/Rehab 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>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>f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)</p>		<p><i>specialist</i></p>	
<p>16.03.21.601.02. 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</p>	<p>One of four participant record review lacked written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service.</p> <p>For example: Participant 2's Provider Status Review (PSR) documented that the participant met the criteria for several objectives through 02/16 and the goal was continued in 03/16 with no</p>	<ol style="list-style-type: none"> 1. <i>Every three months on the status review progress report, Developmental Specialists will record evidence of individual's progress.</i> 2. <i>Every three months when the data is put on the status review progress report, Developmental Specialist will use SQSS to record task completed. Developmental Specialist went through each client implementation plan and created data-based progress notes on May 31, 2016.</i> 3. <i>Developmental Specialists and Clinical</i> 	<p>6/23/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/Rehab 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>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. 02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)</p>	<p>changes to the program. The PSR does not address why the participant continues to need the service as he had achieved the criteria for many goals such as objective "finding his way around town" and "blank check".</p>	<p><i>Supervisor will be responsible.</i> 4. <i>By using the SQSS program, Developmental Specialist and clinical Supervisors will be monitored to ensure consistency.</i></p>	
<p>16.03.21.900.02.g. 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 g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)</p>	<p>The agency lacked evidence of ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified.</p> <p>For example: Participant 1 met criteria for using napkin and shopping. The Provider Status Review indicated the goal criteria increased, but the program implementation plans were not changed from the previous criteria. Participant 2 met criteria for goals, but no</p>	<p>1. <i>Every three months on the status review progress report, Developmental Specialists will record evidence of individual's progress.</i> 2. <i>Every three months when the data is put on the status review progress report, Developmental Specialist will use SQSS to record task completed. Developmental Specialist went through each client implementation plan and created data-based progress notes on May 31, 2016.</i> 3. <i>Developmental Specialists and Clinical Supervisor will be responsible.</i> 4. <i>By using the SQSS program, Developmental Specialist and clinical</i></p>	<p>6/23/2016</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/Rehab 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)
	documentation of changes made.	<i>Supervisors will be monitored to ensure consistency.</i>	
<p>16.03.21.905.03.b 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: b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-11)</p>	<p>The center lacked evidence the participant rights were prominently posted.</p> <p>The deficiency was corrected during survey.</p> <p>The agency is required to complete questions 2-4 on the Plan of Correction.</p>	<p>2. <i>Agency has gone over building requirements and no other deficiencies were found</i></p> <p>4. <i>Corrective action has been put on SQSS and will be monitored by DDA director to ensure that patients' rights are posted on the wall.</i></p>	6/17/2016

<p>Agency Representative & Title: Rhonda Phillips ,Clinical supervisor, DDA Program Manager * By entering my name and title, I agree to implement this plan of correction as stated above.</p>	<p>Date Submitted: 6/13/2016</p>
<p>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.</p>	<p>Date Approved: 6/28/2016</p>