



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Franklin County Developmental Services	Region(s):	6
Agency Type:	Res Hab	Survey Dates:	05/03/16-05/05/16
Certificate(s):	RHA-722	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)
16.04.17.301.03.i 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: i. Evidence of current CPR and First Aid certifications; and (7-1-95)	Two of four employee record review lacked evidence of current CPR and First Aid certifications. For example: Employee 1's record lacked evidence of CPR/1 st Aid certification from date of hire 05/28/13 until 04/21/14. Employee 2's record lacked evidence of CPR/1 st Aid certification from date of hire 02/03/14 through 04/23/14.	<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. 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 	6/17/2016



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)
		<p><i>responsible for putting data into the SQSS program .Clinical Supervisors will be responsible for monthly monitoring of the program.</i></p> <p><i>4. Corrective actions will be monitored monthly by Clinical Supervisors to ensure that Rule 16.04.17.301.03.i will be consistent.</i></p>	
<p>16.04.17.302.02. 302.SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes <u>goals and objectives specific to his plan of service residential habilitation program.</u> (3-20-04)</p>	<p>Two of two participant record lacked documentation the implementation plan includes goals and objectives specific to his plan of service residential habilitation program.</p> <p>For example: Participant 1's implementation plans did not include "use cleaning checklist" and "use the phone". Also, the direct care staff was working on sign language during the observation but it was not an identified goal. Participant 2's implementation plans for functional reading; complete housekeeping tasks and hygiene were not listed on the authorized plan.</p> <p>Repeat deficiency from survey 06/07/13.</p>	<p><i>1. An Annual Client Plan Review Checklist for each client will be put on SQSS (the QA program) which will include a task to ensure that each program is created from the goals listed on the ISP/PCP plan. Training will also be given to all the DS's who write programs so they are educated on the proper way to create programs from goals listed on plans.</i></p> <p><i>2. All client's files will be checked (by June 24th, 2016) to ensure that their programs come from their ISP/PCP plans. A checklist will also be added to the status review to double-check that</i></p>	<p>6/17/2016</p>



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)
		<p><i>programs are originating from plans. Once files are initially checked (on 6/6/16), SQSS will remind DS's annually to ensure new programs follow the ISP/PCP plans.</i></p> <p><i>3. The Developmental Specialists will be responsible for implementing these changes with each of their clients, and the DDA Director/QIDP will be in charge of supervising the DS's to ensure the task is completed.</i></p> <p><i>4. SQSS will send notifications via email to the Developmental Specialists to remind them to complete the Annual Client Plan Review Checklist. This will be monitored by both the QIDP as well as the QA Director of the Hospital if it is not completed in a timely manner.</i></p>	
<p>16.04.17.302.03. 302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program.</p>	<p>Two of two participant record review lack documentation of periodic review.</p> <p>For example: Review of agency documentation revealed the agency did not conduct quarterly</p>	<p><i>1. . A checklist will be put on SQSS(Strategic Quality Support System)so when a quarterly report is due the QMRP will be alerted to complete the task .</i></p>	<p><i>June 17 2016</i></p>



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)
(3-20-04)	<p>satisfaction consistently for both participants. Participant 1's record only had three reviews for 1/26/16, 2/23/16, and another that did not have a date on it and appeared to be from 2014. Participant 2's record included reviews for 3/8/16 and 5/3/16. There was also a satisfaction dated 12/1/16 which has not happened at this time. In addition, the agency has forms but is not using them appropriately or filling them out completely.</p>	<p>2. All quarterly satisfaction reviews will be recorded in the SQSS program. All reshab client binders were checked by the QMRP on June 3, 2016 and 2 corrections were noted and fixed accordingly. 3. Quarterly Satisfaction Reviews will be monitored by the SQSS program. The QMRP will check monthly to complete to ensure that reports were done on time. 4. QMRP and QIDP will check SQSS monthly to make sure we are in compliance with 16.04.17.302.03</p>	
<p>16.04.17.302.05. 302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)</p>	<p>One of two participant record review lacked documentation the Residential Habilitation agencies submitted semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. For example:</p>	<p>1. The documentation for DDA and Reshab programs will be completely separated in order to avoid confusion with submitting semiannual and annual status reviews. QMRP will be trained and educated on sending separate reshab status reviews. A task will be added to the current SQSS tasks which remind DS's to send off Reshab annual/semiannual status reviews (as well as DDA status</p>	7/8/2016



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)
	Participant 1's record includes a provider status review combined for DDA and Res Hab. Two of the Res Ha goals are not listed on the report.	<p><i>reviews) at the appropriate time.</i></p> <p><i>2. The QMRP will go through each Reshab client and separate their DDA files/programs from their Reshab programs and files by July 8th.</i></p> <p><i>3. The QMRP will be responsible for implementing these changes and will be monitored by the Reshab Administrator.</i></p> <p><i>4. The program on SQSS will send reminders annually and semiannually to send the status reviews for both DDA and Reshab programs.</i></p>	
<p>16.04.17.400.02.n. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: n. Daily record of the date, time, duration, and type of service provided. (7-1-95)</p>	<p>Two of two participant record review lacked documentation the record includes daily record of the date, time, duration and type of service provided.</p> <p>For example: Participant 1's data sheets lacked documentation of the month or year. Participant 2's communication goal date section was blank or only lists month and not year.</p>	<p><i>1. Billing sheets will be changed to include A.M.s and P.M.S, duration and type of service provided. On the Data sheets documentation we will include month, date, and year.</i></p> <p><i>2. Developmental specialists will check billing sheets weekly and data sheet monthly to make sure complete dates, months, years, duration and type of service provided is documented.</i></p> <p><i>Developmental Specialists checked each</i></p>	<p>6/24/2016</p>



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)
		<p><i>client binder to ensure that the correct dates and times, including AM and PM, were on the appropriate documents and corrections were made. This was performed on June 2, 2016.</i></p> <p><i>3. Developmental Specialists will be responsible for implementing corrective action.</i></p> <p><i>4. SQSS program will be checked weekly and monthly by Developmental Specialist and Clinical Supervisor to ensure compliance.</i></p>	
<p>16.04.17.400.02.o. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: o. The plan of service including implementation plans maintained by the agency and data-based progress notes. (3-20-04)</p>	<p>Two of two participant record lacks documentation of the plan of service including implementation plans maintained by the agency and data-based progress notes.</p> <p>Participant 1 and 2's record lacks documentation of data-based progress notes. The agency includes data, but no evidence the individual is making progress.</p>	<p><i>1. Every three months on status review progress report, Developmental Specialist will record evidence of individual's progress.</i></p> <p><i>2. Every three month when the data is put on the status review progress report, Developmental Specialist will use SQSS to record the task is completed. Developmental Specialists went through each client implementation plan and created data-based progress notes on</i></p>	<p>6/24/2016</p>



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)
		<i>May 31, 2016. 3. Developmental Specialist and Clinical Supervisor will be responsible. 4. By using the SQSS program, Developmental Specialist and Clinical Supervisors will be monitored to ensure consistency.</i>	

Agency Representative & Title: Rhonda Phillips DDA /Res Hab Program Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/2/2016
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <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: 6/28/2016