



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	A New Hope	Region(s):	6
Agency Type:	DDA	Survey Dates:	05/23/2016-05/24/16
Certificate(s):	DDA-4911 (Office only) DDA-5052 (Office only)	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)	Three of ten employee record review lacked documentation the agency verified the employee complied with the Criminal History and Background Checks rule. For example: Employee 5's date of hire was 04/11/16, self dec. not completed until 05/13/16. The employee worked with participants the week of 04/22/16 prior to availability. Employee 9's date of hire was 02/16/16, added to the CHC database 02/22/16 and started working with participants 02/22/16. The agency completed a local	<ol style="list-style-type: none"> 1. A New Hope will implement a checklist specific to the CHU process that will be followed for every new applicant. All timelines and rules set forth in IDAPA 16.05.06 will be followed. 2. The agency will use and follow the new checklist to avoid lack of documentation showing compliance with IDAOA 16.05.06. Any employee NOT in compliance will not be allowed access to participants. 3. C. Jared White, CEO, will corrections are made and carried out. 4. Each applicant's file will be reviewed prior to any contact or work with participants. 	6/10/2016



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	<p>Idaho State Police (ISP) check form, but did not send to ISP. In addition, did not print DHW clearance for 30 days on 03/22/16.</p> <p>Employee 10's date of hire was 03/28/16, he started working with participants 04/20/16. The agency completed an Idaho State Police form, but did not send the ISP. In addition, did not print the DHW clearance until 05/24/16.</p> <p>Repeat deficiency from 12/02/14 survey.</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 e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of</p>	<p>The agency lacked documentation of an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction for 2015.</p>	<p>1. <i>The company Electronic File System will be updated to include documented proof of an annual review of the agency's code of ethics, Identification of violations, and implementation of an internal plan of correction.</i></p> <p>2. <i>The agency will ensure that the adjustments are made to the system so the deficiency will not recur.</i></p>	<p>7/30/2016</p>



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correction; (7-1-11)		<i>3. C. Jared White, CEO, will corrections are made and carried out. 4. The improvement to the system will be in place by the date specified. Once in place, annual reviews will be documented.</i>	

Agency Representative & Title: C. Jared White, CEO & Dana G. White, QA <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/10/2016
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: 6/27/2016