



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	SL Start and Associates dba Imagine	<b>Region(s):</b>	1 & 2
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	8/8-10/16
<b>Certificate(s):</b>	2SLStart005 DDA-2535 1SLStar002-2	<b>Certificate(s) Granted:</b>	<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)
<p>16.03.21.400.03.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>In review of employee files, 1 of 8 employees were missing a monthly observation. For example: Employee #17 did not have an observation of services in January</p>	<p>1. In the beginning of each month the management team will identify all staff that need to be observed and assign them to relevant supervisor. Administrator will review 5 days prior to month end to ensure observations have been completed. At the end of the month the administrator will sign off on the observation tracking sheet. 2. We will complete a review of all 2016 staff observations to ensure compliance. 3. Administrator, Clinical Supervisor, Developmental Specialists 4. Review by administrator at the end of each month. Biannual QA surveys done by internal QA team.</p>	11/1/2016



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<p>16.03.21.400.07.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements: b. Have received instructions in the needs of the participant who will be provided the service; and (7-1-11)</p>	<p>In review of employee files, 2 of 5 employee records lacked documentation of receiving instructions in the needs of the participant who will be provided the service. For example, Employee #9 and employee #15 did not have documentation of training to the needs of the participant they served.</p>	<p>1. <i>Revision of current training form to include section to track the needs of specific participants.</i> 2. <i>All current staff will sign form indicating they have been trained with the current participants they work with and any subsequent future participants.</i> 3. <i>Administrator</i> 4. <i>Clinical Supervisor and Developmental Specialists will review training checklist on their staff monthly. Biannual QA survey from internal QA team.</i></p>	<p>11/1/2016</p>
<p>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</p>	<p>In review of employee files, 2 of 14 employee records lacked documentation of current CPR and first aid certification for a period of time. For example: Employee #3.'s record lacks documentation of CPR/1st Aid between 07/17/15-08/03/15. Employee #17's record lacks documentation of CPR/1st Aid certification between 12/05/15-12/22/15.</p>	<p>1. <i>1st Aid/CPR will be tracked in database and monitored by Office Manager. Office manager will alert management team 60 days out of 1st Aid lapsing and staff will be assigned to a class which we currently offer twice a month.</i> 2. <i>We will review all current staff to ensure they have 1st Aid/CPR. If not they will be pulled from the schedule until certified.</i></p>	<p>11/1/2016</p>



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ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)		<ol style="list-style-type: none"> <li>3. Management team</li> <li>4. Tracking of 1st Aid in database and biannual QA survey from internal QA team.</li> </ol>	
<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:</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and</p> <p>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>In review of employee records, for 1 employee of 14 reviewed, employee provided services while CPR and 1<sup>st</sup> aid was not current and there was no documentation that certified staff were present during service delivery.</p> <p>For example: Employee #3 had a lapsed CPR and 1<sup>st</sup> Aid from 7/7/15 to 8/3/15 and documented and billed for services during this time frame. There was no documentation of CPR/first aid staff being present during service delivery. REPEAT DEFICIENCY FROM 2013 SURVEY.</p>	<ol style="list-style-type: none"> <li>1. 1st Aid/CPR will be tracked in database and monitored by Office Manager. Office manager will alert management team 60 days out of 1st Aid lapsing and staff will be assigned to a class which we currently offer twice a month.</li> <li>2. We will review all current staff to ensure they have 1st Aid/CPR. If not they will be pulled from the schedule until certified.</li> <li>3. Management team</li> <li>4. Tracking of 1st Aid in database and biannual QA survey from internal QA team.</li> </ol>	11/1/2016
16.03.21.410.01.c. 410. GENERAL TRAINING REQUIREMENTS	In review of employee records, in 3 of 8 employee records, there was no	<ol style="list-style-type: none"> <li>1. Revision of current training form to include section to track the special health</li> </ol>	11/1/2016



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<p>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>documentation that the employees received training to meet any special health or medical requirements of the participants they serve. For example: The employee training record has an orientation training document, but does not address participant's the employee works with directly. Employee #9's record lacked documentation of training specific to Participant's needs-he is diagnosed with Autism, hearing deficit and speech impediment. Also has epi-pen for bee sting allergies. Employee #10's record lacked documentation of training specific to Participant's needs-he is diagnosed with autism, ADHD, Adjustment disorder and anxiety disorder. Employee #15's's record lacked documentation of training specific to Participant's needs-he is deaf and communicates with PECS and was observed with staff communicating with sign language.</p>	<p><i>or medical requirements of specific participants.</i> <i>2. All current staff will sign form indicating they have been trained with the current participants they work with and any subsequent future participants</i> <i>3. Administrator</i> <i>4. Clinical Supervisor and Developmental Specialists will review training checklist on their staff monthly. Biannual QA survey from internal QA team.</i></p>	



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<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>In review of facility standards for 3 facility locations, facility 1 did not have documentation of a fire inspection annually in 2014. THIS IS A REPEAT DEFICIENCY FROM THE 2013 SURVEY.</p>	<p>1. Annual Fire inspections will be calendared at all locations for the next three years 2. Will ensure 2016 fire inspection gets done if not yet completed at each DDA. 3. Administrator 4. Monthly center assessments and biannual QA survey by internal QA team</p>	<p>10/1/2016</p>
<p>16.03.21.600.02.a.ii. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include</p>	<p>In Review of participant files, for 2 of 3 qualifying files reviewed, there was no documentation of the agency providing a current copy of the child's plan of service</p>	<p>1. On child's plan we will add section for CS initial indicating the date current plan was sent to the school of that child. 2. We will go through all current kid's</p>	<p>10/1/2016</p>



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<p>documentation of the participant's involvement in and response to the services provided.</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies:</p> <p>a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session.</p> <p>li. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)</p>	<p>to the school.</p> <p>For example: Participant #1 attends the public developmental preschool and there was no documentation of providing the current plan of service to the school. Participant #3 attends public school and there was no documentation of the plan of service being provided to the school.</p>	<p><i>files and send off plans to their school if we have not already done so.</i></p> <p><i>3. Clinical Supervisor</i></p> <p><i>4. Monthly case file audits by CS and biannual QA survey from internal QA team.</i></p>	
<p>16.03.21.601.01.b.</p> <p>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</p>	<p>In review of participant files, 4 of 8 participant files did not contain completed baseline statements.</p> <p>For example, Participant #1's baselines were not measurable, Participant #2's baseline figures were not included in the statement, Participant #4's baselines</p>	<p><i>1. Baselines will be run for 14 days to gather accurate data and then plans will be written from that data. DS's will be retrained on process.</i></p> <p><i>2. Case files will be reviewed quarterly by our internal quality assurance professional to ensure accurate baseline information was gathered.</i></p>	<p>11/15/2016</p>





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<p>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>b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)</p>	<p>were not measurable, Participant #5's and Participant #6's baselines were in gathering status which would actually be current status as baselines would have/should have been established prior to services.</p>	<p>3. <i>Developmental Specialists</i> 4. <i>Monthly case file audits and biannual QA survey from internal QA team.</i></p>	
<p>16.03.21.601.01.c. 601. Each DDA certified under these rules must maintain accurate, current, and</p>	<p>In review of participant files, for 4 of 8 participants, a psychological assessment had been completed as identified in</p>	<p>1. <i>During annual PCP meeting DS will ask for any relevant assessments that may have been completed during the</i></p>	<p>11/15/2016</p>



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<p>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.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>	<p>other reports but was not included in the participant record.</p> <p>For example: Participant #2 had a psychological assessment by in 2011 indicated in the Medical Social Developmental Assessment Summary. This assessment was not located in the participant file at the time of review.</p> <p>Participant #3 was assessed in June at Kootenai Behavioral Health according to record and the clinical supervisor. There was not a copy of his psychological assessment in the participant record at the time of review.</p> <p>Participant #5 was assessed in 2013 according to the Medical Social Developmental Assessment Summary. There was no copy of this assessment in the participant record at the time of review.</p> <p>Participant #6 had a neuropsychological assessment by Dr. Gayle Bell providing</p>	<p><i>past year.</i></p> <p><i>2. Case files will be reviewed quarterly by our internal quality assurance professional. If assessments are missing from files they will be requested by the DS and communicated back to the QA person when they have been received.</i></p> <p><i>3. DS's</i></p> <p><i>4. Monthly case file audits</i></p>	





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	multiple diagnosis. There was not a copy of this assessment in the participant record at the time of the review. There were no other psych assessments in these same files.		
<p>16.03.21.915.09. 915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address:</p> <p>09. Written Informed Consent. Ensure programs developed by an agency to assist participants with managing maladaptive behavior are conducted only with the written informed consent of a participant, parent, or legal guardian, where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed</p>	<p>In review of participant records for 1 of 8 records reviewed, there was not written informed consent of a parent for programs developed by the agency to assist participants with managing maladaptive behavior.</p> <p>For example: Participant #3 had restrictive programs including restraint of physical escort of 1 and 2 staff. The program was not specific to type of restraint and there was no written informed consent by participant's mother.</p>	<p>1. <i>Written informed consent was received by the mother.</i></p> <p>2. <i>Case files will be reviewed quarterly by our internal quality assurance professional to ensure if there are any maladaptive behaviors being managed we have written informed consent from the parents.</i></p> <p>3. <i>Clinical Supervisor</i></p> <p>4. <i>Monthly case file audits and biannual QA survey from internal QA team.</i></p>	<p>9/1/102016</p>



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consent. (7-1-11)			
<p>16.03.21.915.10. 915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address:</p> <p>10. Review and Approval. Ensure programs developed by an agency to manage maladaptive behavior are only implemented after the review and written approval of the professional. If the program contains restrictive or aversive components, a licensed individual working within the scope of their license, must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider, the agency</p>	<p>In review of participant files, in 1 of 8 files reviewed, for the programs developed by the agency to manage maladaptive behavior is implemented without written approval of the professional working within the scope fo their license.</p> <p>For example: Participant #3 had restrictive programs including restraint of physical escort of 1 and 2 staff. The program was not specific to type of restraint and there was no written approval by the psychologist.</p>	<ol style="list-style-type: none"> <li>1. Plan has been sent to Psychologist for approval</li> <li>2. Case files will be reviewed quarterly by our internal quality assurance professional to see if any restrictive programs are in place and in need of Psychologist approval. If so they will be sent to the child's Psychologist.</li> <li>3. Clinical Supervisor</li> <li>4. Monthly case file audits and biannual QA survey from internal QA team</li> </ol>	<p>10/1/2016</p>




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must obtain a copy of these reviews and approvals. (7-1-11)			

<b>Agency Representative &amp; Title:</b> Sean Jonz, Administrator  <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 8/30/2016
<b>Department Representative &amp; Title:</b>  <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	<b>Date Approved:</b> 8/30/2016