



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Upper Valley Options Inc	Region(s):	7
Agency Type:	DDA	Survey Dates:	08/30/16-08/31/16
Certificate(s):	DDA-4391 Idaho Falls 7UPPER066 Rexburg	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>Four of nine employee record review lacked documentation the agency verified the employee completed a criminal history check per rule requirements.</p> <p>Employee 2's record lacks documentation completed Criminal History per rule requirements. The employee's date of hire was 11/04/14 and the DHW clearance was completed on 11/10/14, but the agency did not print the clearance letter within 14 days of accessibility per IDAPA 16.05.06.190.01. The clearance letter was not printed until 02/20/15.</p> <p>Employee 6's record lacks documentation completed Criminal History per rule requirements. The employee's date of hire</p>	<ol style="list-style-type: none"> 1. Upper Valley Options Administrator and Office Manager have gone through the employee files and have reviewed them to make sure all individuals are current on the criminal History Background check. From this point forward the office manager will require all staff to have or be in the process of having all documentation supporting rule 16.05.06.190.10 as well as keep copies of dated ISP and Clearance letters. 2. Office manager has in place a QA checkoff list that will aid in confirmation of compliance of the rule. 3. Office Manager 4. The Office manager will have in place a quality assurance sheet within the file and check off list to ensure compliance within 	9/1/2016



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	<p>was 03/11/16, the DHW clearance was completed for another agency on 05/27/15. The agency completed a local Idaho State Police check on 03/29/16, but did not gain access to the previous DHW clearance and print the DHW clearance until 08/26/16 per rule 16.05.06.300.02.b-c.i-ii.</p> <p>Employee 7's record lacks documentation completed Criminal History per rule requirements. The employee's date of hire was 05/14/15. The DHW clearance was completed 05/26/15, but the agency lacked documentation of the clearance letter until 08/30/16. The agency is required to print the clearance within 14 days of the clearance being accessible on the website and maintain a copy readily available for inspection per IDAPA 16.05.06.</p> <p>Employee 11's record lacks documentation completed Criminal History per rule requirements. The employee's date of hire was 06/15/16. The DHW clearance was completed 05/23/16, but the clearance letter was not printed until 08/26/16. The agency is required to print the clearance</p>	<p><i>this rule</i></p>	



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	<p>within 14 days of the clearance being accessible on the website and maintain a copy readily available for inspection per IDAPA 16.05.06.</p> <p>Repeat deficiency from 08/28/12 survey.</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</p>	<p>Two of two facilities lacked documentation annual fire inspections are completed annually per rule requirements.</p> <p>For example: The Rexburg facility lacked documentation of a fire inspection completed for 2014, 2015, 2016. The Idaho Falls facility lacked documentation of a fire inspection completed for 2015.</p>	<ol style="list-style-type: none"> 1. Upper Valley Options Administrator will create an inspection binder that will contain all inspections that have any fire related components to them, and put in place a quarterly review to ensure compliance with rule 16.03.21.500.03.a. The agency will have a profile sheet in the binder and will be checked quarterly along with the fire drill to make sure that Upper Valley Options is within compliance of this rule. 2. Upper Valley Options has contacted the fire station to get inspections and will place in binder as soon as the chief inspector sends the current inspection. 3. Administrator/office manager 4. The administrator will do a quarterly review of all inspections 	<p>10/31/2016</p>



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documentation of any necessary corrective action taken on violations cited; (7-1-11)			
<p>16.03.21.500.04.b. 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.</p> <p>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.</p> <p>b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)</p>	<p>16.03.21.500.04.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.</p> <p>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.</p> <p>a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-11)</p> <p>For example: The Rexburg facility lacked documentation of a quarterly fire drill between 03/28/16-</p>	<p>1. We corrected this on sight and in your statement of deficiencies you asked me to address only 2 thru 4. If I need to readdress this I would be more than happy to.</p> <p>2. Upper Valley Options Administrator and Office Manager will do Fire drills on quarterly basis that can be followed by in the Inspections binder.</p> <p>3. Administrator and Office Manager</p> <p>4. The Administrator and Office Manager will provide quarterly reviews and during this time a fire drill will be ran to ensure that we are in compliance with this rule.</p>	<p>10/31/2016</p>



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	<p>08/29/16.</p> <p>The agency contacted the individuals who provide their fire system and they had documentation of fire drill evacuations.</p> <p>The deficiency was corrected during the survey. The agency is required to complete questions 2-4 on the plan of correction.</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 accompanied both by credentials and the</p>	<p>One of two record review lacked documentation the agency completed the assessment prior to the delivery of the intervention service.</p> <p>For example: Participant 1's plan started 06/28/16 and the HI assessment was not completed until 08/26/16.</p>	<ol style="list-style-type: none"> 1. Upper Valley Options will provide a Quality Assurance system to make sure that all Participants assessments be completed in a timely manner to ensure the compliance of rule 06.03.21.601.f 2. The Clinical Supervisor has gone through and made updates or correction to the prior plans to comply currently with this rule. 3. Administrator, Developmental Therapist, Clinical Supervisor 4. Another Clinical supervisor or Administrator will do a Quality Assurance plan of action, that will show when assessments will be or already are completed 	<p>Immediately</p>



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<p>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>			

Agency Representative & Title: Scott Birkinbine, Administrator
[Scott Birkinbine, Administrator](#)

Date Submitted: 9/12/2016

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.](#)

Date Approved: 9/22/2016