



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Positive Connections Plus LLC	Region(s):	5
Agency Type:	DDA	Survey Dates:	09/27/16-09/28/16
Certificate(s):	5POSCON073 Twin Falls DDA-5324	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)	Two of five employee record review lacked documentation the agency verified all employees delivering DDA services have complied with IDAPA 16.05.06 rules. For example: Employee 1's DOH: 09/23/15; Local ISP clearance 10/9/15; No documentation in record of the DHW CHC printed within 14 days of adding the agency's name to the employee's background. The agency did not add the agency to the DHW. Corrected 09/28/16. Employee 4's DOH:11/09/15; 11/17/15 local ISP clearance. Agency did not add to the agency until 06/22/16 and no documentation of DHW clearance letter in	<ol style="list-style-type: none"> 1. <i>Employee # 2 Agency has implemented Policy & Procedure in detail of Mandatory Criminal History Background Check IDAPA 16.03.21.009.</i> 2. <i>Second part of the Policy & Procedure is detailed list of how to process a New Hire Transfer or New Hire background finger print. The procedure has mandatory check back for verification of Clearance Letter to be printed and placed in Employee File within 21 days for fingerprints and 30 days for transfers.</i> 3. <i>Administrator and/or Human Resources designee</i> 4. <i>Reminder on Human Resources designee calendar to make sure the Criminal Background was passed, completed or went</i> 	10/3/2016



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	the record. Corrected 09/28/16.	<i>through. Print Clearance Letter Form and place in Employee File. Ongoing Quality Assurance check of Employee Files for the Clearance Letter to be printed with in the mandatory time line placed in Employee File.....</i>	
<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>One of two employee record review lacked documentation the employee received monthly observations conducted by the Clinical Supervisor. For example: Employee 2's record lacks documentation of monthly observations for 03/16, 04/16, 05/16</p>	<p>1. Every DDA employee will have face to face on site observation every month. The Observation will be documented in the DDA Observation Employee File 2. Every DDA Employee will have an Individual Master File listing the monthly observations 3. The agency Administrator and or Clinical Supervisor. Should the Administrator be unable to provide the monthly observation, the task will be assigned to another qualified staff member to complete the Monthly Observation and provide the documentation to demonstrate the completed task On Employee Observation Form 4. Monthly Observation Master List will be reviewed prior the end of the month to ensure compliance with the Standard.</p>	9/30/2016
16.03.21.410.02.b.	One of two staff record review lacked	1. The DT Master Training Record provides	10/3/2016



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<p>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: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: b. Correct and appropriate use of assistive technology used by participants; (7-1-11)</p>	<p>documentation the employee received training on correct and appropriate use of assistive technology used by participants.</p> <p>For example: Employee 1's record lacked documentation of assistive technology training for Participant 1 who wears hearing aids.</p>	<p><i>documentation for Assistive Technology. Each staff member will be provided training regarding the participant on training on correct and appropriate use of assistive technology.</i></p> <p><i>2. Training will be initiated prior to staff working with participant. Documentation will be indicated at least annually on the DT Master Training Record.</i></p> <p><i>3. Agency Administrator and/or DS</i></p> <p><i>4. Review of the DT Master Training Record of current training regarding Assistive Technology</i></p>	
<p>16.03.21.600.02.a.i. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead</p>	<p>One of two participant record review lacked documentation the record contains an Individual Educational Plan (IEP).</p> <p>For example: Participant 1's record lacked documentation of an IEP.</p> <p>The agency corrected the deficiency during survey. The agency must answer questions 2-4 on the plan of correction.</p>	<p><i>1. n/a</i></p> <p><i>2. The DDA Agency will ensure all adolescents receiving HI, FT, HS services will automatically roll over to Adult DDA services at the age of 18, but will maintain a current IEP until either the participant discontinues attending public school/or extended school year, or the participant ages out of the public school system at the age of 21 or the completion of the last semester of school when the participant turned age 21.</i></p> <p><i>3. The DDA Agency Administrator or DS</i></p>	<p><i>Corrected during Audit</i></p>



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<p>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. i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>		<p>4. <i>Review of participant records at least annually to ensure a current IEP is in the participant file.</i></p>	
<p>16.03.21.601.01.d. 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 date signed. Each agency must have an</p>	<p>Two of two participant record lacked documentation of an accurate and current profile sheet.</p> <p>For example: Participant 1's profile sheet lists two medications and the 07/29/16 History & Physical lists 6 medications.</p> <p>Participant 2's diagnosis on Profile sheet does not include PDD-NOS listed on the H&P dated 07/05/16 and OT, SLP services. Medications do not correlate with the H&P as the Profile addresses Melatonin; nebulizer, gabapentin, tenex and zyrtec. The H&P does not address these, it addresses</p>	<p>1. <i>DDA agency will document all current medications from the History and Physical completed by the Medical Doctor and or a current prescription List from the pharmacy bubble pack.</i></p> <p>2. <i>DDA Agency will compare the list of medications at least annually from the History and Medical from the physician to ensure the list of medications is current and accurate</i></p> <p>3. <i>DDA Administrator or DS</i></p> <p>4. <i>At least quarterly on the QA form the Administrator will compare the list of medications of the current History and Physical to the Last. Document on the QA Form</i></p>	<p>10/15/2016</p>



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<p>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>d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)</p>	<p>ProAif HFA MCG/ACT (Albuterol Sulfate); and Flonase.</p> <p>Repeat Deficiency from 09/10/13 survey</p>		
<p>16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program.</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include</p> <p>e. An annual review of the agency's code of ethics, identification of violations, and</p>	<p>The agency lacked evidence an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.</p> <p>For example: The agency lacked documentation of an annual review of the agency's code of ethics</p>	<p>1. <i>DDA Agency of Code of Ethics/Conduct Violations narrative form to be completed with staff at each incident of Code of Ethics. The staff and Administrator will sign the document.</i></p> <p>2. <i>The Administrator/DS will then document on the Code of Ethics Data Sheet that tracks violations monthly. The Data Sheet will then tally the violations annually.</i></p>	<p>12/31/2016</p>



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implementation of an internal plan of correction; (7-1-11)	for 2014 and 2015.	3. DDA Administrator/DS 4. QA at least quarterly to maintain current documentation of Code of Ethics Violations. The Data Sheet will be closed out annually on December 31, to record agency Code of Ethics Violations and how the violation handled, H&W contacted, Police Department, Employee Termination, No Action,	

Agency Representative & Title: Nadean Smith, LSW, CS,DS, HI, QIDP <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/15/2016
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: 10/31/2016