



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Learning Garden Developmental Preschool	Region(s):	1
Agency Type:	DDA-Children only Center	Survey Dates:	09/30 and 10/4/16
Certificate(s):	DDA-4638	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) For 6 of 9 Staff files reviewed, the files did not contain verification that the employees have complied with IDAPA 16.05.06 "Criminal History Background checks.	In a review of agency employee files, 5 of 9 employees did not contain verification that the employees have complied with IDAPA 16.05.06 "Criminal History Background checks." For example Employee #s 2,3,7,8,9,10 were transferred from another agency with a clearance within three years but the agency did not complete an ISP name check on any of these employees.	<ol style="list-style-type: none"> 1. Application has been made for the ISP name search for employees indicated. Additionally, the agency hiring policy has been changed to include the updated criminal history requirements for new employees. 2. A review of the agency hiring procedures and QA system has been completed to include the updated background check requirements. 3. Cathy Kowalski, Administrator 4. The agency's QA program has been updated to include this updated background check information in its employee hiring and file review. 	10/1/2016
16.03.21.400.03.b.	For agency files reviewed for 1 of 9 staff	1. The administrator will review therapy	10/1/2016



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<p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.</p> <p>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:</p> <p>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>there was not an observation of HI service for 1 month of service delivery.</p> <p>For example: Employee #1 was not observed by the clinical Supervisor in January of 2016.</p>	<p><i>staff files to ensure that the observations are conducted in accordance with the rule.</i></p> <p><i>2. A review of all therapy staff files has occurred to ensure there were no other staff members affected.</i></p> <p><i>3. Cathy Kowalski, Administrator</i></p> <p><i>4. A regular review of the employee files will occur through the agency's QA program to ensure that observations are conducted and appropriately filed.</i></p>	
<p>16.03.21.410.01.b</p> <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:</p> <p>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</p>	<p>In review of agency records, for 1 of 9 employee files reviewed there was no documentation of CPR and 1st Aid certification on file.</p> <p>For example: Employee #3 did not have a copy of her CPR and 1st Aid training on file.</p>	<p><i>1. A copy of the staff member's documentation for 1st Aid/CPR training was placed in the employee file.</i></p> <p><i>2. The administrator will review all employee files to ensure proper documentation of 1st Aid/CPR training is in the employee file.</i></p> <p><i>3. Cathy Kowalski, Administrator</i></p> <p><i>4. A regular review of the employee files</i></p>	<p>10/5/2016</p>



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<p>to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>		<p><i>will occur through the agency's QA program to ensure that documentation of 1st Aid/CPR training is current and appropriately filed.</i></p>	
<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: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and 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 agency records, for 1 of 9 employee files reviewed there was no documentation that the employee had CPR and 1st aid certification. Documentation existed that employee has worked and there is no documentation that during those hours working with participants that there was a CPR and 1st aid trained staff present during service delivery.</p> <p>For example: Employee #3 was hired 6/13/16. There is no CPR and 1st Aid certification in Employee #3's file. Employee #3 and corresponding participant record document that employee has worked with participants without verification of CPR & 1st Aid. Documentation does not indicate that a</p>	<p>1. <i>A copy of the staff member's documentation for 1st Aid/CPR training was placed in the employee file.</i> 2. <i>The administrator will review all employee files to ensure proper documentation of 1st Aid/CPR training is in the employee file prior to the staff member being scheduled to work with clients.</i> 3. <i>Cathy Kowalski, Administrator</i> 4. <i>A regular review of the employee files will occur through the agency's QA program to ensure that documentation of 1st Aid/CPR training is current and appropriately filed.</i></p>	<p>10/5/2016</p>



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	CPR and 1 st Aid trained staff accompanied Employee #3 for service delivery.		
<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) For example: The fire drill documentation does not include a summary containing the time of day the drill occurred or names/initials of participants and staff</p>	<p>In review of agency documentation, there was no summary of the fire drill which included the time of day the drill occurred, participants and staff participating, problems encountered and any corrective action taken.</p>	<p>1. <i>The fire drill documentation form was updated to include the time of day, participants and staff involved, problems and corrective action taken.</i></p> <p>2. <i>The agency documentation procedures have been updated to include time of day, participants and staff involved, problems and corrective action taken.</i></p> <p>3. <i>Cathy Kowalski, Administrator</i></p> <p>4. <i>The agency's QA program has been updated to include a monthly review of the fire drill documentation.</i></p>	<p>10/1/2016</p>



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participating or if problems were encountered and any corrective action.			
<p>16.03.21.510.04. 510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-11)</p>	<p>In review of agency records, there are incident reports in participant files. There is no documented review by the agency of all incident reports at least annually with written recommendations.</p>	<p><i>1. The incident reports occurred during the time the child was in child care not receiving therapy services and were improperly filed in the client's DD folder instead of his child care folder. The reports meet the reporting criteria and the parents were notified the day of the incident.</i></p> <p><i>2. A review of the client files was done to identify any other participants with incident reports.</i></p> <p><i>3. Cathy Kowalski</i></p> <p><i>4. The agency's QA program has been updated to include a review of incident reports, a written recommendation and a review of potential areas to reduce future incidents.</i></p>	<p>10/1/2016</p>
<p>16.03.21.601. 601. Each DDA certified under these rules must maintain accurate, current, and</p>	<p>In review of agency records, the participant record did not include the signature of the individual providing the</p>	<p><i>1. The agency updated the session records form to include a signature line for each session.</i></p>	<p>10/1/2016</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. (7-1-11)</p>	<p>service, for each service provided.</p> <p>For example: in participant files reviewed, in review of all documentation of services, there was not a signature with credentials and dated and signed for each service provided.</p>	<p>2. All record keeping forms related to participant responses for services delivered have been updated to include a signature line for each session.</p> <p>3. Cathy Kowalski, Administrator</p> <p>4. The agency's QA program has been updated to include a review of participant records to ensure compliance with staff signatures.</p>	
<p>16.03.21.601.01.c. 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,</p>	<p>In review of agency records for 1 of 2 participant files reviewed, there was a psychological assessment indicated in the record. The referred to assessment was not in the participant record.</p> <p>For example: For participant #2, an</p>	<p>1. Click here to enter text.</p> <p>2. A review of all participant files has been conducted to ensure compliance with this rule.</p> <p>3. Cathy Kowalski, Administrator</p> <p>4. The agency's QA program has been updated to include a review of</p>	<p>10/1/2016</p>



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<p>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>Autism assessment by University of Idaho was identified as having been completed.</p> <p>The assessment was requested and received from the assessor and placed in the file.</p> <p>THIS CITATION WAS CORRECTED DURING SURVEY. QUESTIONS 2 THROUGH 4 MUST BE ADDRESSED IN THE PLAN OF CORRECTION.</p>	<p><i>participant files to ensure compliance with this rule.</i></p>	
<p>16.03.21.601.01.e. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative</p>	<p>In review of agency records. For 1 of 2 participant files reviewed there was not a medical, social and developmental information and assessments that reflect</p>	<p>1. <i>Click here to enter text.</i> 2. <i>A review of all participant files has been conducted to ensure compliance with this rule.</i></p>	<p>10/1/2016</p>



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<p>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>e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-11)</p>	<p>the current status of the participant.</p> <p>For example: for Participant #2 there was no Medical Social Developmental Assessment Summary in the participant's record.</p> <p>The agency requested and received a copy of the current Medical Social Developmental Assessment Summary.</p> <p>THIS CITATION WAS CORRECTED DURING SURVEY. QUESTIONS 2 THROUGH 4 MUST BE ADDRESSED IN THE PLAN OF CORRECTION.</p>	<p>3. <i>Cathy Kowalski, Administrator</i></p> <p>4. <i>The agency's QA program has been updated to include a review of participant files to ensure compliance with this rule.</i></p>	
<p>16.03.21.900.02. 900. Each DDA defined under these rules</p>	<p>In review of agency records, there is no formalized quality assurance program to</p>	<p>1. <i>The agency updated its QA processes to create an integrated QA system to</i></p>	<p>10/1/2016</p>



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<p>must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of this rule; (7-1-11)</p>	<p>include goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in subsection 900.01 of this rule.</p>	<p><i>address the requirements of this rule that will be reviewed at regular intervals in compliance with the rule.</i> 2. <i>A review of staff and participant files as well as agency systems has occurred to identify weaknesses in the QA processes in order to build a cohesive QA system.</i> 3. <i>Cathy Kowalski, Administrator</i> 4. <i>The agency's QA system has been updated with regular review intervals to ensure compliance with this rule.</i></p>	
<p>16.03.21.900.02.b. 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 b. Person, discipline, or department responsible for each goal; (7-1-11)</p>	<p>In review of agency records, there is no quality assurance program to include person, discipline, or department responsible for each goal.</p>	<p>1. <i>The agency updated its QA processes to create an integrated QA system to address the requirements of this rule that will be reviewed at regular intervals in compliance with the rule.</i> 2. <i>A review of staff and participant files as well as agency systems has occurred to identify weaknesses in the QA processes in order to build a cohesive QA system.</i> 3. <i>Cathy Kowalski, Administrator</i></p>	<p>10/1/2016</p>



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		4. <i>The agency's QA system has been updated with regular review intervals to ensure compliance with this rule.</i>	
<p>16.03.21.900.02.c. 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 c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)</p>	<p>In review of agency records, there is no quality assurance program to include a system to ensure the correction of problems identified within a specified period of time.</p>	<p>1. <i>The agency updated its QA processes to create an integrated QA system to address the requirements of this rule that will be reviewed at regular intervals in compliance with the rule.</i> 2. <i>A review of staff and participant files as well as agency systems has occurred to identify weaknesses in the QA processes in order to build a cohesive QA system with procedures for corrective action.</i> 3. <i>Cathy Kowalski, Administrator</i> 4. <i>The agency's QA system has been updated with regular review intervals to ensure compliance with this rule.</i></p>	<p>10/1/2016</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</p>	<p>In a review of agency records, the agency does not have a quality assurance program that includes an annual review of the agency's code of ethics, identification of violations, and</p>	<p>1. <i>The agency updated its QA processes to create an integrated QA system to address the requirements of this rule that will be reviewed at regular intervals in compliance with the rule.</i></p>	<p>10/1/2016</p>



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<p>program must include e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>implementation of an internal plan of correction.</p>	<p>2. A review of staff and participant files as well as agency systems has occurred to identify weaknesses in the QA processes in order to build a cohesive QA system with procedures for corrective action. 3. Cathy Kowalski, Administrator 4. The agency's QA system has been updated with regular review intervals to ensure compliance with this rule.</p>	
<p>16.03.21.900.02.f. 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 f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)</p>	<p>In review of agency records, the agency does not have a quality assurance program that includes an annual review of agency's policy and procedure manual to specify date and content of revisions made.</p>	<p>1. The agency updated its QA processes to create an integrated QA system to address the requirements of this rule that will be reviewed at regular intervals in compliance with the rule. 2. A review of staff and participant files as well as agency systems has occurred to identify weaknesses in the QA processes in order to build a cohesive QA system with procedures for corrective action. 3. Cathy Kowalski, Administrator 4. The agency's QA system has been</p>	<p>10/1/2016</p>



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		<i>updated with regular review intervals to ensure compliance with this rule.</i>	

Agency Representative & Title: Cathy Kowalski, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/11/2016
Department Representative & Title: Click here to enter text. <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: Click here to enter a date.