



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	A Plus Solutions Center LLC	Region(s):	5
Agency Type:	DDA	Survey Dates:	10/27/16-10/28/16
Certificate(s):	DDA-4823 Burley DDA-4824 Twin Falls	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)
<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 integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. 01. General Records Requirements. Each</p>	<p>Three of four participant record review lacked documentation the profile sheets identifying information reflected the current status of the participant per rule requirements.</p> <p>For example: Participant 1's record lacks documentation the profile sheet is current and accurate. The meds listed on the profile sheet do not address the current meds listed on the H&P dated 06/29/16. The profile does not address Azithromycin, buspirone, Carafate, Flexeril, tramadol. Participant 2's record lacks documentation the profile sheet is current and accurate. The meds list on the profile sheet do not address the meds addressed on the H&P dated 12/23/15, such as Toprol, Flonase, Nizoral, etc. Participant 4's record lacks documentation the profile sheet is current and accurate. The meds</p>	<ol style="list-style-type: none"> 1. All profile sheets will contain the newest medical information. The information used will be directly from the current Health and Physical report and will be updated accordingly. 2. All participant profile sheets will be checked against current H & P's and updated if needed 3. The DS for adults and the Clinical Supervisor for the Children's program. 4. The DS/Clinical Supervisor will conduct an audit review of all profile sheets against current health and physicals twice annually and keep a spreadsheet of health and physical report dates which will be checked 	<p>12/15/2016</p>



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participant record must contain the following information: 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)	list on the profile sheet does not address the current meds listed on the H&P dated 05/18/16, such as polysporin and trazodone. Repeat deficiency from 11/19/13 survey.	<i>weekly.</i>	

Agency Representative & Title: Susan Thometz

** By entering my name and title, I agree to implement this plan of correction as stated above.*

Date Submitted: 11/14/2016

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: 11/14/2016