



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	ALLIES Family Solutions	Region(s):	6
Agency Type:	DDA	Survey Dates:	March 1, 2017-March 2, 2017
Certificate(s):	6ADVOC062	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)
16.03.21.410.01.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 ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)	One of four employee record review lacked documentation each agency staff providing services to participants must be certified in CPR and first aid within 90 day of hire and maintain current certification thereafter. For example: Employee 1's record lacked documentation of CPR/1 st Aid certification between 01/03/17 and 01/27/17. Repeat Deficiency from 02/03/16 survey.	<ol style="list-style-type: none"> <i>This issue was caught before Survey. The Program Coordinator reversed claims of the services provided by the staff member during the time frame of 1/03/17 and 1/27/17.</i> <i>The Program Coordinator maintains a matrix that includes important expiration dates, including CPR/1st Aid certifications. This matrix will be reviewed and updated monthly with the assistance calendar reminders.</i> <i>The Program Coordinator will be responsible to maintain the matrix and schedule all necessary trainings.</i> <i>The Program Coordinator will report progress/status of all trainings, including</i> 	6/1/2017



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		<p><i>CPR/1st Aid to the Administrator at the quarterly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</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>One of four employee record review lacked documentation each agency staff providing services to participants had a CPR/1st aid trained staff present or accompany participants when services or DDA-sponsored activities are provided.</p> <p>For example: Employee 1's record lacked documentation of CPR/1st Aid certification between 01/03/17-01/27/17 and no evidence another CPR/1st Aid certified staff was present during services.</p> <p>Repeat Deficiency from 02/03/16 survey.</p>	<p><i>1. The Program Coordinator will not schedule any staff members who are not CPR/1st Aid certified for direct care with any participants. 2. The Program Coordinator maintains a matrix that includes important expiration dates, including CPR/1st Aid certifications. This matrix will be reviewed and updated monthly with the assistance calendar reminders. 3. The Program Coordinator will be responsible to maintain the matrix and schedule all necessary trainings. 4. The Program Coordinator will report progress/status of all trainings, including CPR/1st Aid to the Administrator at the quarterly meetings with the clinical supervisors and Program Coordinator.</i></p>	<p>6/1/2017</p>



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<p>6.03.21.510.03. 510.HEALTH REQUIREMENTS. 03. Employees. Each employee who has direct contact with participants must be free of communicable disease and infected skin lesions while on duty.</p>	<p>One of four employee record review lacked documentation each employee who has direct contact with participants must be free of communicable disease and infected skin lesions while on duty.</p> <p>For example: Employee 1's record lacked documentation the employee was free of communicable diseases per agency policy and procedure.</p>	<p><i>The Administrator will document said meetings.</i></p> <ol style="list-style-type: none"> 1. <i>The program coordinator has a document that staff signs stating they are free of communicable disease and infected skin lesions while on duty. This document is to be signed upon hire.</i> 2. <i>The Program Coordinator will go through each employee file to ensure that they have this signed document.</i> 3. <i>The Program Coordinator will be responsible to for ensuring this gets signed upon hire.</i> 4. <i>The Program Coordinator will meet and report to the Administrator at the quarterly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</i> 	<p>6/1/2017</p>
<p>16.03.21.601.01.d. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative</p>	<p>Four of four participant record lack documentation the profile sheet includes rule requirements.</p>	<ol style="list-style-type: none"> 1. <i>The Program Coordinator will create and implement a Profile Sheet containing information from the H&P, their POS and their Psychological Evaluation to</i> 	<p>6/1/2017</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>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</p>	<p>For example:</p> <p>Participant 1's Profile sheet states for diagnosis Autism only and the Plan of Service (POS) addresses Autism & Disruptive Behavior Disorder. The Psych. Assessment addresses additional diagnosis Moderate MR and Mixed receptive and expressive language disorder.</p> <p>Participant 2's Profile has no diagnosis listed and his Psych. Assessment states Autistic Disorder, Mental Retardation.</p> <p>Participant 3's Profile sheet states for diagnosis is Autism and the POS states Autism & Mild Intellectual Disability. The Psych. Also states Mild Intellectual Disability.</p> <p>Participant 4's Profile has no diagnosis listed and the Psych. Addresses Intellectual Disability; ADHD; Reactive Attachment Disorder and Eneuresis (bedwetting) and the POS addresses these too. Also, allergies have a line through the section and she takes Flonase for allergies.</p> <p>Also, some sections on the Profile sheets were left blank.</p>	<p><i>incorporate diagnosis, allergies and special dietary needs.</i></p> <p><i>2. The Program Coordinator will update the Participants information on an annual basis (as their POS is renewed).</i></p> <p><i>3. The Program Coordinator will be responsible for ensuring the information is up to date.</i></p> <p><i>4. The Program Coordinator will meet and report to the Administrator at the quarterly meetings with the clinical supervisors and Program Coordinator. The Administrator will document said meetings.</i></p>	



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<p>medical needs, and any other information required to provide safe and effective care; (7-1-11)</p>	<p>Repeat Deficiency from 02/03/16 survey.</p>		
<p>16.03.21.905.03.c. 905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. 03.Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. (7-1-11)</p>	<p>Two of four participant record review lacked documentation the agency provided each participant and his parent or guardian with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights.</p> <p>For example: Participant 2 and 4's record lacked a copy of the agency document stating they received a copy of their rights and explained to them.</p>	<ol style="list-style-type: none"> 1. <i>The agency will implement a new client intake and orientation checklist ensuring they receive their required information upon initiation of services.</i> 2. <i>Implementing plan of correction program wide.</i> 3. <i>The Program Coordinator is responsible for creating an intake and orientation packet to give to all new agency clientele.</i> 4. <i>The Administrator will attend new intake meeting and ensure they have received their new client orientation packet</i> 	<p>6/1/2017</p>



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Agency Representative & Title: Cheri L. Atkins, PhD, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/22/2017
Department Representative & Title: <i>Pam Loveland-Schmidt</i> , 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: 03/23/17