



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification – Statement of Deficiencies

Agency:	Gem State Developmental Center, Inc.	Region(s):	3 & 4
Agency Type:	DDA	Survey Dates:	March 14–17, 2017
Certificate(s):	3GEM043–1 3GEM043–2 4GEM014–1 4GEM014–2	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>16.03.21.400.07.a. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.</p> <p>07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements:</p> <p>a. Meet the qualifications prescribed for the type of services to be rendered; (7–1–11)</p>	<p>Based on the review of agency records, it was determined that 2 out of the 8 staff records reviewed did not meet the requirements prescribed for the type of services to be rendered.</p> <p>For example: Unable to verify from agency documentation that six (6) hours of job shadowing with participants had occurred for Staff 5 and Staff 8.</p>	<p>1. Effective immediately, Gem State Developmental Center, Inc. (GSDC) will continue to ensure substantial compliance of IDAPA 16.03.21.400.07.a.</p> <p>Upon review of the Department's finding and agency's records, GSDC will create and institute a separate training record for new paraprofessionals that don't have six (6) months supervised experience working with children with developmental disabilities. Prior to the delivery of direct support services, paraprofessionals will receive on-the-job supervised experience by completing at least six (6) hours of job shadowing under seasoned professionals and/or paraprofessionals who have over six (6) months of supervised experience working with children with developmental disabilities. The record will document those six (6) hours, require the staff's initials, and date.</p>	4/7/2017



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		<p>Note: Prior to Staff #8 date of hire, Staff #8 had over five (5) years of supervised work experience with children with developmental disabilities. Therefore job shadowing for Staff #8 was not applicable.</p> <p>2. GSDC has reviewed and verified that forty-six (46) of forty-seven (47) employees with their habilitative supports certificate, had at least six (6) months of supervised work experience with children with developmental disabilities and/or have received at least six (6) hours of job shadowing with participants with developmental disabilities prior to the delivery of direct support services. No corrective action is needed.</p> <p>3. The Clinical Director will be responsible to ensure that shadowing is occurring as well as for reviewing the training records to ensure proper documentation in the respective paraprofessionals' training record.</p> <p>4. Over the course of reviewing this finding, the information has been reviewed and discussed by the Administrator and Clinical Director who are accountable for the overall</p>	



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		<p>operations of the agency and responsible for the supervision of developmental disabilities agency staff, respectively. The Administration will ensure paraprofessionals' records clearly record at least six (6) hours of job shadowing prior to those paraprofessionals delivering habilitative support. In addition, those paraprofessionals will receive a minimum of weekly face-to-face supervision from the Clinical Director, for a period of six (6) months while those paraprofessionals are delivering services.</p>	
<p>16.03.21.400.07.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.</p> <p>07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements:</p> <p>b. Have received instructions in the needs of</p>	<p>Based on the review of agency records, it was determined that 2 out of 8 staff records reviewed did not meet the requirements for instructions in the needs of the participant who will be provided the service.</p> <p>For example: Unable to verify from agency documentation</p>	<p>1. Effective immediately, GSDC will continue to ensure substantial compliance of IDAPA 16.03.21.400.07.b.</p> <p>Upon review of the Department's finding, observations, and comments, GSDC staff displayed their competence, training, and underlying positive characteristics as defined in the context of knowledge, traits, skills, and abilities. However, GSDC failed to clearly record that child-related specific training did occur.</p> <p>The Administration and Clinical Director will review all paraprofessionals' records to ensure that paraprofessionals</p>	<p>4/7/2017</p>



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the participant who will be provided the service; and (7-1-11)	that client specific training had occurred for Staff 6 and Staff 8.	<p>received instructions in the needs of the participant, accordingly. Effective immediately, such instructional duties will be given and shared by GSDC's Multidisciplinary Treatment Team which includes, but not limited to Clinical Director, seasoned professionals and paraprofessionals, Licensed Social Worker, child's family and/or residential provider.</p> <p>Note: Staff #8 met nearly all of the Department's guidelines as a professional. Staff #8 needed to complete just one of three courses approved by the Department. Therefore, Staff #8 began working as a paraprofessional while completing such coursework. Staff #8 successfully obtained the Habilitative Intervention Certification within forty-one (41) days of employment.</p> <p>2. GSDC has reviewed and verified that forty-one (41) of forty-three (43) employees with their habilitative supports certificate, received instructions regarding child-related specific needs. In addition, the Clinical Director will provide face-to-face supervision, observe, review, and provide further instructions, as needed, to paraprofessionals, when</p>	



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		<p>the Clinical Director conducts a monthly review, or more often as necessary, to ensure staff demonstrates the necessary skills to correctly provide habilitative supports.</p> <p>3. The Administration and Clinical Director will be responsible for the training and for reviewing the training records.</p> <p>4. Over the course of reviewing this finding, the information has been reviewed and discussed by the Administrator and Clinical Director who are accountable for the overall operations of the agency and responsible for the supervision of developmental disabilities agency staff, respectively. The Clinical Director will periodically review direct services performed by paraprofessional staff on a monthly basis or more often as necessary and meet the Administrator on a monthly basis or as needed to report on the staff ability to demonstrate the necessary skills to provide habilitative supports.</p>	
<p>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</p>	<p>Based on review of agency records, it was determined that 2 out of 8 staff had not been certified in CPR</p>	<p>1. Effective immediately, GSDC will ensure substantial compliance of IDAPA 16.03.21.410.01.b.</p> <p>Currently, Staff #3 and Staff #4 are fully CPR and First Aid</p>	<p>4/7/2017</p>



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<p>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:</p> <p>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>and first aid within ninety (90) days of hire and maintain current certification thereafter;</p> <p>For example: Staff 3's CPR and first aid certificate expired on 1-2017 and recertification did not occur until 2-28-2017, which lead to a 27 day gap in CPR and first aid.</p> <p>Staff 4 was hired on 4-8-2015 and the effective date for their CPR and first aid certificate was 7-20-2015, which is 103 days from date of hire.</p> <p>(Repeat deficiency and failure to comply with agency's Plan of Correction from 5-1-2014).</p>	<p>Certified. Upon review of the Department's finding and agency's records, Staff #3 and Staff #4 had a recertification and certification gap in CPR and First Aid of thirty (30) and thirteen (13) days, respectively, due challenges with scheduling hands-on CPR and First Aid training with a certified trainer and/or to a breakdown in GSDC electronic monitoring and notification system which tracks and alerts the Administration and Senior Developmental Specialist regarding subsequent certification and expiration dates, accordingly. GSDC will continue to utilize its electronic monitoring and notification system and scheduling hands-on or online CPR and First Aid training to insure CPR and First Aid training occur within ninety (90) days of hire and maintain current certification thereafter.</p> <p>2. GSDC has reviewed and verified that all forty-seven (47) employees that provide direct DDA services are fully CPR and First Aid Certified. No corrective actions are necessary.</p> <p>3. The Senior Secretary and Senior Developmental Specialist will be responsible to ensure that staff that provide direct DDA services are CPR and First Aid certified within ninety (90) days of hire and maintain current certification</p>	



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		<p>thereafter.</p> <p>4. Over the course of reviewing this finding, the information has been reviewed and discussed by the Administrator, Senior Developmental Specialist, and Senior Secretary. The Senior Developmental Specialist and Senior Secretary will periodically review CPR and First Aid records on a monthly basis or more often as necessary, to scheduled and ensure CPR and First Aid training occur within ninety (90) days of hire and maintain current certification thereafter.</p>	
<p>16.03.21.500.03.g. 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>03. Fire and Safety Standards.</p> <p>g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-11)</p>	<p>Based on facility standards for center-based services the water temperature for facility #2 was 127°F and exceeded the 120°F requirement.</p> <p>(Corrected during survey)</p>	<p>1. Effective immediately, GSDC will continue to ensure substantial compliance of IDAPA 16.03.21.500.03.g.</p> <p>Currently, the water temperature in all four facilities accessed by participants, do not exceed one hundred twenty degrees Fahrenheit (120°F).</p> <p>Upon review of the Department's finding and agency's records, prior to the State Licensing and Certification team's water temperature test, the water temperature was erroneous readjusted by two different employees on two separate occasions. This practice has been stopped.</p>	<p>3/17/2017</p>



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		<p>2. The Senior Developmental Specialist, Clinical Directors, professionals, and/or paraprofessionals will periodically check, monthly or more often as necessary, to ensure the water temperature do not exceed one hundred twenty degrees Fahrenheit (120°F). If the water temperature exceeds the proper limits, it will be adjusted, accordingly.</p> <p>3. The Senior Developmental Specialist and/or her designee will be responsible to ensure that rule continues to be met.</p> <p>4. Over the course of reviewing this finding, the information has been reviewed and discussed by the Administrator, Senior Developmental Specialist, and Clinical Directors. The Senior Developmental Specialist and/or her designee will periodically check, monthly or more often as necessary, to ensure the water temperature do not exceed one hundred twenty degrees Fahrenheit (120°F). If the water temperature exceeds the proper limits, it will be adjusted, accordingly</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</p>	<p>Based on review of agency records, the agency did not maintain current participant records for 2 out of 8 participant</p>	<p>1. Effective immediately, GSDC will continue to ensure substantial compliance of IDAPA 16.03.21.601.01.c.</p> <p>Participant #1 and Participant #3 most recent psychological assessment was provided at the time of the exit review.</p>	<p>4/21/2017</p>



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<p>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>c. When a participant has had a psycho-logical or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>	<p>records reviewed.</p> <p>For example: Participant 1 and 3's records did not contain their most recent psychological assessment that had been completed.</p>	<p>2. Upon review of the Department's finding and agency's records, GSDC will conduct a record review and identify whether or not participants' records contain their most recent psychological assessments. GSDC no longer generates psychological assessments. If participants' records do not contain their most recent psychological assessment, Clinical Director will request to obtain such records from the Independent Assessment Provider, participants' targeted service coordinator, and/or representatives from the Department of Health and Welfare. If the assessments are unavailable, Clinical Director will make such documentation in the psychological section in the participants' records.</p> <p>3. The Clinical Director and/or her designee will be responsible to ensure that rule continues to be met.</p> <p>4. Over the course of reviewing this finding, the information has been reviewed and discussed by the Administrator, Senior Developmental Specialist, and Clinical Directors. The Clinical Director and/or her designee will periodically conduct a record review, monthly or more often as necessary, to ensure records contain their most recent</p>	



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		psychological assessments.	
Agency Representative & Title: Corey T. Makizuru, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>		Date Submitted: 4/6/2017	
Department Representative & Title: Sandi Frelly, Medical Program Specialist <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: 4/10/2017	