



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Community Connections, Inc.	Region(s):	3 & 4
Agency Type:	DDA	Survey Dates:	28 March – 29 March, 2017
Certificate(s):	3COMMCN107 4COMMCN106	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)
16.03.21.601.01.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	Based on the review of participant records, 1 out of 3 participant profile sheets did not reflect the current status of the participant. For example: Participant 2's allergy to medication was missing from the participant's profile sheet. Corrected during survey.	<ol style="list-style-type: none"> 1. CCI will utilize our on-going Quality Assurance program to monitor Participant Profiles, per 16.03.21.601.01.d 2. CCI will review all Participant Profiles ensuring accuracy, per 16.03.21.601.01.d 3. CCI's Administrators 4. CCI will continue to monitor Participant Profiles / 16.03.21.601.01.d per the agency's on-going Quality Assurance program 	4/14/2017



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<p>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 medical needs, and any other information required to provide safe and effective care; (7-1-11)</p>			
<p>Agency Representative & Title: Tiffani Snelling, Administrator / Owner</p> <p><i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i></p>		<p>Date Submitted: 4/3/2017</p>	
<p>Department Representative & Title: Sandi Frelly, Medical Program Specialist</p> <p><i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i></p>		<p>Date Approved: 4/5/2017</p>	