



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	HISWay, LLC	Region(s):	4
Agency Type:	DDA	Survey Dates:	4 – 5 April 2017
Certificate(s):	DDA-5334C	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>16.03.21.500.04.a. 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. 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. a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA</p>	<p>Based on the review of agency records, it was determined that the agency did not conduct quarterly fire drills.</p> <p>For example: The agency was unable to produce documentation that fire drills had been completed for the 2nd and 4th quarter of 2016.</p>	<p>1. Director and Developmental Specialist have scheduled all fire inspections for the upcoming year. In addition Fire inspections will be reviewed as part of the quarterly inspection report to ensure continued compliance.</p> <p>2. All participants are affected, and the quarterly fire inspections have been scheduled, and will be reviewed to ensure compliance for all participants.</p> <p>3. Director and Developmental Specialist will ensure corrective action is implemented and ensure continued compliance.</p>	4/5/2017



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must document the amount of time it took to evacuate the building; and (7-1-11)		4. <i>The quarterly inspection report will address fire drills to ensure continued compliance.</i>	
<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</p>	<p>Based on the review of participant records, the participant profile sheets did not identify current allergies and medical needs.</p> <p>For example: Participant 1's profile sheet was missing documentation of an allergy to aspirin.</p> <p>Participant 2's profile sheet was missing documentation of the participant's seizure disorder.</p>	<ol style="list-style-type: none"> 1. <i>Participant profile sheets have been reviewed, and reconciled with both the Med/Soc and initial services application to ensure all diagnosis, medical conditions, and medications are up to date.</i> 2. <i>The agency is reviewing all profile sheets and reconciling with med/soc and initial application to ensure all needed information is present on the profile sheets. Any deficiencies found will be corrected by updating the profile sheet. This process is now a part of the Quarterly Review Report.</i> 3. <i>Director and Developmental Specialist will ensure corrective action is initiated and completed.</i> 4. <i>During Quarterly review reports all profile sheets will be</i> 	5/1/2017



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<p>and to safeguard participant confidentiality under these rules. 01. General Records Requirements. Each 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)</p>		<p><i>reconciled with Med/Soc and initial application to ensure continued compliance.</i></p>	

<p>Agency Representative & Title: Michael Robinson: Director DDA * By entering my name and title, I agree to implement this plan of correction as stated above.</p>	<p>Date Submitted: 4/18/2017</p>
<p>Department Representative & Title: Sandi Frelly, Medical Program Specialist * By entering my name and title, I approve of this plan of correction as it is written on the date identified.</p>	<p>Date Approved: 4/19/2017</p>