



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Alternative Nursing Services	Region(s):	2
Agency Type:	DDA	Survey Dates:	04/10-12/2017
Certificate(s):	2ALTNURSE051-1- Lewiston Center and office 2ALTNURSE051-2-Kamiah Center DDA-5321-Kamiah Office	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)
16.03.21.101.02.w.iii. 101.APPLICATION FOR INITIAL CERTIFICATION. 02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: w. When center-based services are to be provided, the following are also required for each service	In review of the facility in Kamiah, the disabled parking sign was lying face down on the ground. There was no painting or any other designation of a disabled parking spot. The agency must review and comply with ADA compliance for accessible parking at this service location. This must be clearly identified in the plan of correction.	1. Owner of the building was contacted regarding the Handicap parking for "tenants only" with notice that the current handicap parking was not compliant with ADA Regulations. 2. The building owner (Landlord) has ordered new handicap sign that meets ADA regulation under the "Safe Harbor" regulations of 2010 and will be placed 5 feet above the ground with a new pole. The sign had to be ordered will be delivered around May 5, 2017, this will be completed and photo of the correction will be sent to the Division with-in 30 days of the accepted plan of correction..	7/1/2017



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<p>iii. A checklist that verifies compliance with the ADA requirements under Section 500 of these rules; (7-1-11)</p>		<p>3. The back parking is approx. 40ft long which means it could have 5 parking spots for the building.</p> <p>4. The parking is on gravel therefore, not able to be painted, which currently meets the ADA requirements under the "Safe Harbor" section of the 2010 ADA Regs.</p> <p>. <i>Click here to enter text.</i></p>	
<p>16.03.21.601.01.b. 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</p>	<p>In review of records, the services received for 1 of 2 participant records reviewed does not meet the participant's needs identified on the program implementation plan.</p> <p>For example: Participant 1's PIP for street crossing states the participant will complete the program 6 times a week and was only completed 1 time for March and 2 times weekly for the other months. Per agency, they only provide group hours and if they don't have other individuals receiving services then they don't run the programs. Furthermore, there is instructions that do not correlate to the stated program. In</p>	<p>1. . Addendum was submitted to reduce hours for services per client to meet the participants need and correlate the amount of hours used.</p> <p>2.All files will be reviewed by the Developmental Specialist to make sure that participant's needs are being met. Addendums if needed will be submitted to reduce or increase hours for services per client to meet the participants need and correlate the amount of hours used. This will be checked quarterly and semi-annually by the Developmental Specialist.</p>	<p>4/25/17</p>



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<p>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>b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)</p>	<p>addition, the agency documentation identifies that the individual has lost skill with programming.</p>	<p>3. DS will review participant plans and status reviews to show the need for continuation of services specific to each goal and update measurable goals as needed to show progress. DS will reorient therapy techs to changes in the plan if changes are made to the plan prior to working the next shift with the participant.</p> <p>4. This will be monitored on quarterly basis and semiannual. This will be completed with-in 30 days of the accepted plan of correction.</p>	
<p>16.03.21.601.02.</p> <p>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</p>	<p>In review of records, the services received for 2 of 2 participant records reviewed, the status review is lacking documentation of progress or why the participant continues to need service.</p> <p>For example: Participant 1's PIP was only completed 1 time for March) and 2 times</p>	<p>1. All Participants PSR's will be reviewed written documentation identifies the participant progress towards the goals. With, why the participant continues to needs services provided w/ supporting documentation as to explanation of continued services. For</p>	<p>6/30/2017</p>



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<p>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>02. Status Review. <u>Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service.</u> (7-1-11)</p>	<p>weekly for the other months. And was written to be ran 6 times per week. Per agency, they only provide group hours and if they don't have other individuals receiving services then they don't run the programs. Instructions to staff did not correlate with the program being ran and there was regression in skill level without statement of why the service was still needed.</p> <p>Participant 2's PSR does not include written documentation that identifies the participant's progress toward the goals or why the participant continues to need services.</p>	<p><i>example: participant cancel services for the week will be documented in the PSR. The implementation has begun as of the date the agency response and will be on file for future review.</i></p> <ol style="list-style-type: none"> 2. <i>Developmental Specialist will review all status reviews and complete documentation that identifies the participant progress towards goals defined in the plan within 30 days of this plan correction accepted.</i> 3. <i>A section will be added to the qtrly Q.A. tool to show review of status reviews with supporting explanation why participant continues to need services and will continue to be placed on the PSR as needed, which will assist in this area of concern does not</i> 	



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		<i>re-occur. Please see attached Quarterly Review. Marked C.</i>	
<p>16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>In review of agency records, there was no information provided that includes a review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. THIS WAS CORRECTED DURING SURVEY: ADDED TRAINING AND QA THROUGH AGENCY. The agency will need to include in their plan of correction how these additions will be implemented in accordance with section 900 of rules.</p>	<ol style="list-style-type: none"> 1. <i>The update & correction was shown and approved during review by Kim Cole.</i> 2. <i>Code Ethics will be reviewed by adding an area to the weekly review tool to confirm any agency violation in the agency "Code of Ethics" documented occurrences and will be placed in the agency Incident book for quarterly & annual review and tracing. This will ensure that there is oversight and proper training to any policy violation of the agency "Code of Ethics"</i> 3. <i>"Code of Ethics" This has been completed as of the date of the state review. Please see enclosed Marked B Code Ethics been added to the weekly, monthly and quarterly QA. The "Code of</i> 	<p>6/30/2017</p>



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		<i>Ethics will be monitored by the Developmental Specialist and Administrator utilizing their QA tool. Will implement at the next quarterly review.</i>	

Agency Representative & Title: <i>Click here to enter text.</i> Kellie Frasier V.P. Operations/Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 5/9/2017
Department Representative & Title: Kimberly D. Cole, LSW <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: 5/10/2017