



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- GOVERNOR
RICHARD M. ARMSTRONG -- DIRECTOR

JUDY A. CORDENIZ -- ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-364-1959
FAX 208-364-1811

June 1, 2012

Michelle Fitting, Administrator
Snake River Rehabilitation Counseling Services, LLC
556 Thain Road
Lewiston, ID 83501

Dear Ms. Fitting:

Thank you for submitting the Plan of Correction for Snake River Rehabilitation Counseling Services, LLC dated May 31, 2012. Developmental Disabilities Certification staff have reviewed and accepted the Plan of Correction in response to the Department's compliance review findings. As a result, we have issued Snake River Rehabilitation Counseling Services, LLC a full three-year certificate effective from June 1, 2012, through May 31, 2015.

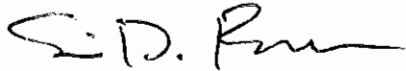
According to IDAPA 16.03.21.125.02, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that your Plan of Correction has been implemented. Please submit these documents with references to citations clearly marked, following the order listed on the Statement of Deficiencies. Documentation must be submitted within seven days of the date of completion listed on your agency's Plan of Correction. All supporting documentation must be submitted no later than July 6, 2012. You may submit supporting documentation as follows:

Fax: (208) 364-1811
Email: ALC@dhw.idaho.gov
Mail: Developmental Disabilities Certification
Division of Licensing & Certification
P.O. Box 83720
Boise, ID 83720-0009
Deliver: 3232 Elder Street, Boise, Idaho 83705

Michelle Fitting, Administrator
June 1, 2012
Page 2 of 2

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me if at (208) 364-1906.

Sincerely,

A handwritten signature in black ink that reads "Eric D. Brown". The signature is written in a cursive style with a large, stylized "E" and "B".

ERIC D. BROWN
Supervisor
Developmental Disabilities Certification Program

EDB/slm

Enclosures

1. Renewed Certificate
2. Accepted Plan of Correction

Statement of Deficiencies

Developmental Disabilities Agency

Snake River Rehabilitation Counseling Services, LLC
2SRRCS138

556 Thain Rd
Lewiston, ID 83501-5533
(208) 746-7661

Survey Type: Recertification

Entrance Date: 3/26/2012

Exit Date: 3/27/2012

Initial Comments: Survey Team: Pete Peterson, Family and Community Services Developmental Disabilities Hub Supervisor; and Eric Brown, Licensing and Certification DDA/ResHab Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.04.c</p> <p>653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-11)</p> <p>c. Frequency of service is the number of times service is offered during a week or month. (7-1-11)</p>	<p>Implementation Plan</p> <p>Based on review of agency documentation, it was determined that the Individual Program Plan for Participant A did not contain information related to the frequency of the service.</p>	<ol style="list-style-type: none"> 1. All templates will be adjusted to add a section to show total amount of hours utilized along with a break down of exact hours utilized and by which service; participant: 7.5 hrs per week- utilized 1.5 per day -identify home, community, and day per week. 2. All files will undergo an internal review and QA process to ensure all information will be adjusted to conform to this standard. If identified, CA's may be required to be reapproved or authorized. 3. The DS will be responsible for making all current changes as well as proper in service training of all workers to conform to this standard. 4. As the form templates will be changed, the director and DS will be responsible for final verification of correct information before the comprehension assessment is sent for final approval and authorization. 5. Is being currently revised with the all files to be completed by July1, 2012.

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.658.02.b.i-vi</p> <p>658. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>02. General Staffing Requirements for Agencies.</p> <p>B. Other required staffing. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 657 of these rules, as employees of the agency or through formal written agreement: (7-1-11)</p> <p>i. Speech-language pathologist or audiologist; (7-1-11)</p> <p>ii. Developmental Specialist; (7-1-11)</p> <p>iii. Occupational therapist; (7-1-11)</p> <p>iv. Physical therapist; (7-1-11)</p> <p>v. Psychologist; and (7-1-11)</p> <p>vi. Social worker, or other professional qualified to provide the required services under the scope of his license. (7-1-11)</p>	<p>Staffing</p> <p>Based on review of agency documentation, it was determined that the agency contracts for the following personnel were expired:</p> <ul style="list-style-type: none"> • Speech/Language Pathologist; • Occupational Therapist; • Physical Therapist; and • Psychologist. 	<p>1. We have changed to wording on the contracts to state that the backgrounds checks have been completed as well as changed the time frame of the contracts from a year status to ongoing. They have been updated and signed by the appropriate individuals.</p> <p>2. This has been corrected and in the policy and procedures manual.</p> <p>3. The administrator is responsible for ensuring the contracts are kept on file.</p> <p>4. The contracts are set for no set time, but will reviewed annually as needed.</p> <p>5. the contracts are already in place.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.009.01</p> <p>009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.</p> <p>01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)</p>	<p>Criminal History</p> <p>Based on review of agency documentation, it was determined that the agency files for the contracted Occupational Therapist, Physical Therapist, and Speech/Language Pathologist did not contain evidence of a completed criminal history background check.</p> <p>It should be noted that, as identified above, the current contracts for the listed professionals were expired; however, the agency's files did not contain documentation that criminal history clearances had been previously obtained.</p>	<p>We have changed to wording on the contracts to state that the backgrounds checks have been completed as well as changed the time frame of the contracts from a year status to ongoing. They have been updated and signed by the appropriate individuals.</p> <p>2. This has been corrected and in the policy and procedures manual.</p> <p>3. The administrator is responsible for ensuring the contracts are kept on file.</p> <p>4. The contracts are set for no set time, but will reviewed annually as needed.</p> <p>5. the contracts are already in place.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:**

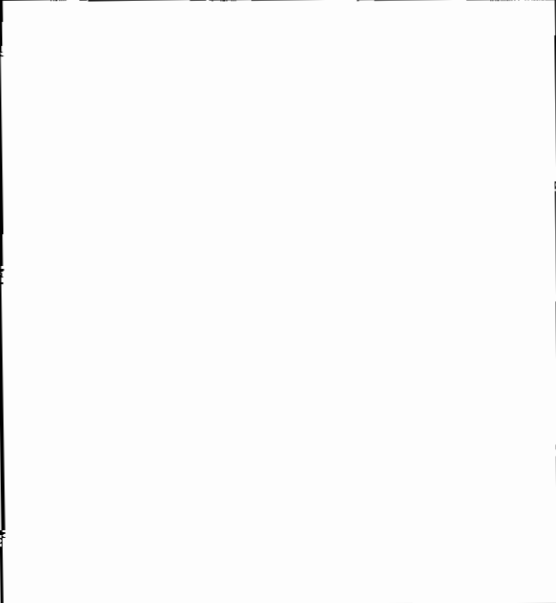
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.410.01.b</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p>	<p>Staff Qualifications</p> <p>Based on review of agency documentation, it was determined that Staff 1 and Staff 4 did not have current CPR certifications.</p>	<p>1. A CPR and first class was attended by the identified staff, to be certified and updated.</p> <p>2. We have gone through all the employee files to ensure that we have all the accurate dates and expirations of the certification which will be reviewed every 6 months to ensure certification.</p>

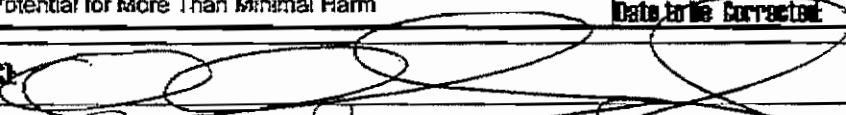

<p>01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter, and (7-1-11)</p>		<p>. A CPR and first class was attended by the identified staff, to be certified and updated. QA form to reflect 6 month reviews 2. We have gone through all the employee files to ensure that we have all the accurate dates and expirations of the certification which will be reviewed every 6 months to ensure certification. We will have a certified CPR staff accompany any staff that is not certified until that employee is certified. 3. The administrator is responsible for the review and implementation 4. This will be reviewed every 6 months 5. This has already been completed, and renewal of certifications are completed. 6. The agency will ensure that the policy is implemented</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<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: (7-1-11) 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: (7-1-11) b. Be certified in CPR and first aid within ninety</p>	<p>Staff Qualifications Based on review of agency documentation, it was determined that Staff 1 and Staff 4 did not have current CPR certifications and the agency did not ensure staff certified in CPR were present during service delivery for the participants that Staff 1 and Staff 4 provided services to.</p>	<p>. A CPR and first class was attended by the identified staff, to be certified and updated. QA form to reflect 6 month reviews 2. We have gone through all the employee files to ensure that we have all the accurate dates and expirations of the certification which will be reviewed every 6 months to ensure certification. We will have a certified CPR staff accompany any staff that is not certified until that employee is certified. 3. The administrator is responsible for the review and implementation 4. This will be reviewed every 6 months 5. This has already been completed, and renewal of certifications are completed. 6. The agency will ensure that the policy is implemented</p>

(90) days of hire and maintain current certification thereafter; and (7-1-11)
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)



Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm	Date to be Corrected:	Administrator Initials:
Administrator Signature (confirms submission of POC): 		Date: 5/31/12
Team Leader Signature (signifies acceptance of POC): 		Date: 5/31/12