IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT—DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

April 23, 2012

Colleen Sisk, Director
Syringa Family Partnership, LLC
P.O. Box 844
Hayden, ID 83835

Dear Ms. Sisk:

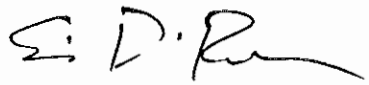
Thank you for submitting the Plan of Correction for Syringa Family Partnership, LLC dated April 20, 2012. Developmental Disabilities Certification staff have reviewed and accepted the Plan of Correction in response to the Department's compliance review findings. As a result, we have issued Syringa Family Partnership, LLC a full three-year certificate effective from May 1, 2012, through April 30, 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 you 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 May 25, 2012. You may submit supporting documentation as follows:

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

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

Sincerely,



ERIC D. BROWN
Supervisor
Developmental Disabilities Certification Program

EDB/slm

Enclosures
1. DDA Certificate
2. Accepted Plan of Correction

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Syringa Family Partnership, LLC
DDA-325

8680 Wayne Blvd
Hayden, ID 83835
(208) 635-5907

Survey Type: Recertification

Entrance Date: 3/28/2012

Exit Date: 3/30/2012

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.651	Record Requirements	1. Per our policies and procedures, the Agency Director and Human Resource Director now understand that we need physician's referrals annually for all adults participants (were told by TSC involved that it was her responsibility) and our policy and procedures will model after our children's participants files to include physician's referral for adults. 2. Agency Director and Human Resources Director have already checked 100% of adult files and all contain Physician's Referrals. 3. Agency Director and Human Resources Director corrected action during the survey week. 4. Agency Director will continue to monitor qualify assurance quarterly reviews of all participant files per our policy and procedure manual. 5. Corrective action was taken before exit interview.
651. DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11)	Review of agency documentation revealed that the file for Participant 1 did not contain a current physician's referral for the agency's services.	

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)
16.03.10.655.02	Assessments	1. Per our policies and procedures, the Agency Director and Human Resource Director will ensure that all staff who complete a Comprehensive Developmental Assessment has a Developmental Specialist certificate in their personnel file prior to completing the assessment. 2. Agency Director and Human Resources Director have already contacted all Agency Professionals to ensure that all are aware that only those professionals who possess a DS certificate on file can write a Comprehensive Developmental Assessment. 3. Agency Director 4. Agency Director will continue to monitor qualify assurance quarterly reviews of all participant files per our policy and procedure manual. 5. Corrective action has already been taken.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11)	Based on review of agency documentation, it was determined that the personnel file for the staff completing the comprehensive developmental assessment for Participant C did not contain evidence that the staff was qualified as a children's developmental specialist. Note: The staff was a qualified IBI professional, but the file did not contain certification as a children's developmental specialist.	

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)
16.03.21.009.01	Criminal History	1. Agency's contractual psychologist moved away, and new psychologist was selected for contract. Psychologist had not yet received her clearance of her fingerprints. Fingerprints are in "pending status" and will be provided to us as soon as she has received them. Agency has not, and will not have contractual psychologist perform any duties for children or adults until fingerprints are cleared and received. 2. Agency Director and Human Resources Manager have audited 100% of all personnel and contractual employee files and all except this one contain fingerprint clearances. 3. Agency Director 4. Per our policies and procedures, Quality quarterly administrative checks will continue to be done by Human Resources Director and Agency Director to assure all staff meet requirements. In the future, if someone does not have 100% of documentation in their file, Agency Director will not have the contract signed. 5. As soon as Agency Director receives fingerprint clearance letter from Psychologist it will be corrected in her file immediately.
009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 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)	Based on review of agency documentation, it was determined that the file of the contracted psychologist did not contain documentation of criminal history clearance.	

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)
16.03.21.410.01.a	Training	1. Agency Director will ensure that all initial and annual fire safety training is logged into the employee's personnel file training log. At this time and in the past only hours towards methodology or therapy related therapies were logged. This will be changed immediately to include all fire safety and other safety related trainings.
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	Based on review of agency documentation, it was determined that each agency staff file reviewed did not contain documentation of annual fire safety training.	

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) a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)		2. Agency Director and Human Resources Manager have already schedule another fire training with the local fire department and will have all staff retrained and all documentation will be placed in their files. 3. Agency Director 4. Per our policies and procedures, Quality quarterly administrative checks will continue to be done by Human Resources Director and Agency Director to assure all staff meet requirements. If staff do not maintain their training hours each year, they will not be allowed to work once that training expires. 5. Fire Training Scheduled for all staff May 16th from 4-6pm

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.500.04	Facility Standards	2. Agency has corrected all evacuation routes as stated by survey staff. Agency just moved into a new facility and DHW did an initial walk through and fire extinguisher deficiency was not identified then or would have been corrected sooner. 3. Agency Director and Human Resource Director already corrected and will ensure they remain in each room of the building. Agency does not occupy any other facilities. 4. Agency Director will ensure that all evacuation routes remain in the rooms and will not need recreated. In the event evacuation routes are updated, Agency Director will be responsible for ensuring fire extinguishers remain on the routes.
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. (7-1-11) 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. (7-1-11)	Based on the walk-through of the agency's facility, it was determined that the evacuation plans posted throughout the facility did not identify the locations of fire extinguishers. Note: This issue was corrected during the survey. The agency is required to answer questions 2-4 on the Plan of Correction.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:**	**Administrator Initials:**
Administrator Signature (confirms submission of POC): Director			**Date:** 4/20/12
Team Leader Signature (signifies acceptance of POC):			**Date:** 4/23/12