IDAHO DEPARTMENT OF HEALTH & WELFARE

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LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-364-1959
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June 1, 2012

Kellie Humpherys, Administrator
All Seasons Mental Health
8050 West Rifleman Street, Suite 100
Boise, ID 83704

Dear Ms. Humpherys:

Thank you for submitting the Plan of Correction for All Seasons Mental Health dated May 17, 2012, in response to the developmental disabilities agency recertification survey conducted on May 11, 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 All Seasons Mental Health a full three-year certificate effective from July 1, 2012, through June 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 no later than August 11, 2012. You may submit supporting documentation as follows:

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

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me if at (208) 364-1828.

Sincerely,

FREDÉ TRENKLE-MACALLISTER
Medical Program Specialist
Developmental Disabilities Certification Program

FTM/slm

Enclosures
1. Renewed Certificates
2. Accepted Plan of Correction

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

All Seasons Mental Health
4ALLHORIZ088

8050 W Rifleman St Ste 100
Boise, ID 83704-9000
(208) 321-0634

Survey Type: Recertification

Entrance Date: 5/8/2012
Exit Date: 5/11/2012

Initial Comments: Survey Team: Heather Olsen, Developmental Specialist, Family and Community Services; Fredé Trenkle-MacAllister, Medical Program Specialist, Licensing and Certification; and Eric Brown, DDA/ResHab Program Supervisor, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.iv	Assessments	1. Identified participants' developmental assessments will be revised to include interests applicable to the respective discipline. 2. All remaining participants will be reviewed during the Quality Assurance process and immediately revised as necessary to include interests applicable to the respective discipline. 3. Developmental Specialists. 4. Comprehensive developmental assessments will continue to be reviewed during Quality Assurance checks (at least twice annually) and revised as needed.
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) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)	Review of agency documentation revealed that the comprehensive developmental assessments for Participants A, B, 1, 2, and 3 did not identify interests applicable to the respective discipline.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-12-11 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.i	Program Documentation (data/progress)	1. All staff have been retrained on proper documentation procedures. Individual staff identified through survey were reviewed and have received additional one-on-one training. 2. Staff will receive regular training (at least twice annually) on proper documentation procedures, will be asked to provide daily documentation during monthly observations and will be randomly selected during the week to provide supervisor with their participant record. Those not in compliance will receive disciplinary action according to company procedures. 3. Developmental Specialists and Program Manager. 4. Documentation is reviewed weekly and observations will be reviewed during Quality Assurance checks and staff performance reviews.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11) a. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-11) i. Daily entry of all activities conducted toward meeting participant objectives. (7-1-11)	Review of agency documentation revealed that the participant record for Participant 2 did not contain daily documentation of all activities. Staff stated documentation would be completed at the end of the week.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-31 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.009.01	Criminal History	1. For contractors, the agency contract will be revised with the provision that the contracting agency will assure that professional staff comply with Criminal History and Background Check requirements. For staff, all background checks are performed on the date of hire and fingerprinting is monitored by the hiring manager and Human Resources. 2. All current staff files have been reviewed and have Criminal History Clearance Letters in their personnel files. 3. Hiring Manager and Human Resources. 4. Software is currently being created to monitor when background checks are initiated and completed. If any staff member does not complete the process in the expected time frame (no more than 21 days) they will immediately be unable to provide any service to clients.
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)	1. Review of agency documentation revealed criminal history clearance documentation was not present for Contractors 3 and 4. 2. Review of agency documentation revealed criminal history background checks for Staff 2 and 4 were completed outside of the required timeframes.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-06-15 | **Administrator Initials:** KEH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.601.01.d	Provider Records	Please see next page.
601. RECORD REQUIREMENTS. 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)	Review of agency documentation revealed that the participant profile sheet did not contain physician information for Participant 1.	

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 and to safeguard participant confidentiality under these rules. (7-1-11) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) 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)		1. The Profile sheet for Participant 1 has been updated to include physician information. 2. A database has been created which contains clients' physician information. Profile sheets are now automatically populated by this database. 3. Program Manager. 4. The database will be updated immediately after being informed of the change. Profile sheets will be reviewed during regular quality assurance reviews--at least twice per year.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 2012-05-31	**Administrator Initials:** KH
Administrator Signature (confirms submission of POC): Kellie Humphreys, Administrator		**Date:** 2012-05-17
Team Leader Signature (signifies acceptance of POC): Frude Franklin-MacAllister		**Date:** 5/30/12