



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

October 4, 2011

Mike Day, Ph.D., Administrator
Boise Services Group, Inc.
10332 Fairview, Suite 103
Boise, ID 83704

Dear Dr. Day:

Thank you for submitting the Plan of Correction for Boise Services Group, Inc. dated September 25, 2011. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Boise Services Group, Inc. a full three (3) year certificate effective from November 1, 2011 through October 31, 2014.

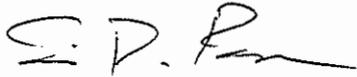
According to IDAPA 16.03.21.125.02, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that you your Plan of Correction has been met. Please submit these documents with references to citations clearly marked, following the order 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 December 22, 2011. You may submit supporting documentation as follows:

Fax: (208) 364-1811
Email: ALC@dhw.idaho.gov
Mail: DDA/ResHab Licensing and Certification
PO Box 83720
Boise, ID 83720-0009
Deliver: 3232 Elder Street, Boise, ID 83705

Dr. Mike Day, Administrator
October 4, 2011
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, appearing to read "E. D. Brown". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

ERIC D BROWN
Program Supervisor
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Bolse Services Group, Inc. 4BSG010	RECEIVED OCT 03 2011 DIV. OF MEDICAID	10332 Fairview Suite 103 Boise, ID 83704 (208) 375-5155
---------------------------------------	---	---

Survey Type: Recertification

Entrance Date: 9/8/2011

Exit Date: 9/8/2011

Initial Comments: Survey Team: Heather Olsen, Family and Community Services Developmental Specialist; Christina Patterson, Family and Community Services Social Worker; and Eric Brown, Licensing and Certification Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.a 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) a. To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis. (7-1-11)	Assessments Review of the agency's files revealed that the medical/social history for [Participant #1] was outdated per rule. The document was dated June 5, 2009, which put it outside the two (2) year allowance to be considered current.	1. Client 1 is no longer enrolled so no specific action will be taken. 2. Client MSH will be reviewed annually at time of staffing for needed updates. 3. Case manager will conduct such a review. 4. Director will monitor annually as part of treatment planning process. 5. Date of implementation immediately.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2011-10-31

Administrator Initials:

Rule Reference/Text

16.03.10.655.06.g.I-viii

655. DDA SERVICES: PROCEDURAL REQUIREMENTS.

05. Types of Comprehensive Assessments. (7-1-11)

g. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-11)

i. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-11)

ii. Developmental history including developmental milestones and developmental treatment interventions; (7-1-11)

iii. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-11)

Category/Findings

Assessments

Review of the agency's files revealed that the medical/social history for [Participant #1] was not in narrative format as mandated in rule.

Review of the agency's files revealed that the medical/social history for [Participant #2] did not contain relevant information for the following:

- iii. Personal history;
- iv. Family history;
- v. educational history;
- vi. Prevocational history; or
- vii. Financial resources.

These areas must be addressed in the history.

Plan of Correction (POC)

1. Client 1 is no longer enrolled so no specific action will be taken.
2. Client 2 MSH will be updated to include relevant information by social worker by Oct 30th 2011
3. In-service will be provided for the Social worker to insure all MSH contain all relevant information by Oct 30th 2011.
4. Director will review all MSH as they are completed starting immediately.

iv. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-11)

v. Educational history including any participation in special education; (7-1-11)

vi. Prevocational or vocational paid and unpaid work experiences; (7-1-11)

vii. Financial resources; and (7-1-11)

viii. Recommendation of services necessary to address the participant's needs. (7-1-11)

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2011-10-31

Administrator Initials:

Rule Reference/Text

16.03.21.410.01.b

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

Category/Findings

Training

Review of agency personnel files revealed that staff [Paraprofessional #4] did not obtain First Aid and CPR certification within 90 days of hire date.

Note: The staff in question did not at any time work alone with any of the agency's participants. Staff trained in First Aid and CPR were present at all times. The staff received the required training during the review.

(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)

Plan of Correction (POC)

1. Correction to employee orientation checklist which had incorrect date - date will be corrected.
2. Director will make changes to be completed by Oct 30th 2011.
4. Monitoring currently occurs as part of employee advancement reviews. No additional monitoring necessary.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

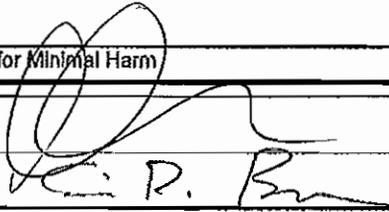
Date to be Corrected: 2011-10-07

Administrator Initials:

Administrator Signature (confirms submission of POC):

Date: 2011-09-25

Team Leader Signature (signifies acceptance of POC):



Date: 9/26/11