IDAHO DEPARTMENT OF HEALTH & WELFARE

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November 20, 2012

Sabrina Swope, Ph.D., Administrator
Affinity, Inc.
8100 West Emerald Street, Suite 150
Boise, ID 83704

Dear Dr. Swope:

Thank you for submitting the Plan of Correction (POC) for Affinity, Inc. dated November 19, 2012. Licensing and Certification has reviewed and accepted the POC in response to the Department's compliance review findings. As a result, we have issued your agency a full one-year certificate effective from December 1, 2012, through November 30, 2013.

According to IDAPA 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. The supporting documentation that should result from implementing your POC will be reviewed during your next survey. Please ensure your agency's quality assurance process implements and monitors rule compliance.

Thank you for your assistance throughout the survey process.

Sincerely,

FREDÉ TRENKLE-MACALLISTER
Medical Program Specialist
DDA/ResHab Certification Program
trenklef@dhw.idaho.gov

FTM/slm

Enclosures
1. Renewed One-year Developmental Disabilities Agency Certificate
2. Approved Plan of Correction

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Developmental Disabilities Agency

Affinity, Inc.
4AFF060-1

8100 W Emerald St Ste 150
Boise, ID 83704-
(208) 375-0752

Survey Type: Recertification

Entrance Date: 10/16/2012

Exit Date: 10/19/2012

Initial Comments: Survey Team: Eric Brown, Superviser, DDA/ResHab Certification Program; Frede Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program; and Sarah Czaja, LPC, Clinician, Family and Community Services.

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 er velunteers 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) 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)	Based en review of agency personnel files, it was determined that 2 of 10 direct care providers (Employees 4 and 5) worked with a participant without being CPR/First Aid certified. There was no other person who accompanied them who was CPR/First Aid certified. REPEAT DEFICIENCY from survey of April 2012.	1) This will be corrected by eliminating all non-CPR/First Aid employees from active service delivery. 2) DDA employee files will be monitored for compliance on a monthly basis. If deficiency is noted, employee will be placed immediately on inactive work status. 3) The Developmental Director will he responsible for both corrective and ongoing compliance. 4) Developmental Director will manually review DDA personnel files for compliance.	12.15.2012

16.03.21.410.01.b.ii 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participam 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 participanta 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) ii. Each agency ataff person must have age appropriate CPR and first aid certification for the participants he serves. (7-1-11)	Based on a review of agency personnel files, it was determined that 1 of 10 direct care providers (Employee 7) had a gap in CPR certification and did not stay current after hire.	1) This will be corrected by instituting monthly DDA employee file reviews. 2) Any employee who is found not to be in compliance will be immediately placed on an inactive work status, and prohibited from providing service delivery. 3) The Developmental Director will be responsible for monitoring and corrective oversight 4) Developmental Director will manually review DDA personnel files for compliance.	12.15.2012

16.03.21.500.03.f 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) 03. Fire and Safety Standards. (7-1-11) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)	Based on review of the agency's DDA center, it was determined that hazardous material was found in 2 cabinets that were not locked.	1) This will be corrected by securing hazardous cleaning material in a designated locked storage cabinet. 2) CSS staff will identify participants who may be affected by visually ensuring compliance prior to allowing participants to enter the area. 3) Developmental Director will be responsible for corrective measures. 4) CSS Direct Care staff and Developmental Director will review and monitor correct storage of material on a daily basis.	12.15.2012
16.03.21.500.04 500. 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	Based on review of the agency's DDA center, it was determined that a fire extinguisher was not identified on the evacuation plan.	1) The fire extinguisher will be identified on the evacuation plan. 2) The Developmental Director will manually review participant activity schedules. No access by participants will be granted until correction is made. 3) Developmental Director will be responsible for implementation of the corrective action. 4) Developmental director will	12.15.2012

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)			
16.03.21.510.04 510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5)	Based on review of agency documenation, it was determined that 1 of 6 participants (Participant C) lacked an incident report regarding an event that endangered the participant. The agency communication log documented an incident, but there was no Incident Report generated from this information.	1) This will be corrected by DDA quarterly file reviews. 2) DDA staff will manually identify and earmark all affected participants by conducting a full census review. 3) Developmental Director will be responsible for corrective measures. 4) DDA Director will provide ongoing review and monitor all participant files to ensure compliance.	12.15.2012

years. (7-1-11)			
16.03.21.601.02 601. 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) 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) 02. Status Review. Written documentation that identifies the participant's progress toward	Based on review of agency documentation, it was determined that 6 of 6 participant Status Reviews (Participants A, B, C, 1, 2, and 3) lacked written documenation that identified progress and why the participant continues to need services.	1) This will be corrected by citing individualized responses to service, and specific need fur future implementation.. 2) DDA Status Reviews will be manually reviewed. Corrective action will be taken on all files not currently in compliance. 3) Developmental Director will be responsible for implementation of corrective action. 4) Corrective action will be monitored by Developmental Director on an ongoing monthly schedule.	12.15.2012

goals defined on his plan, end includes why the participant continues to need the service. (7-1-11)			
16.03.21.900.02.g 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) g. Dngoing review of participant progress to ensure revisions to daily activities or specific Implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)	Bssed on review of agency documenation, it was determined that 5 of 6 participants (Participants A, B, C 1, and 2) had missing data on certain objectives which made the agency unable to review progress to ensure revisions to daily activities or specific implemenation procedures.	1) This will be corrected by ensuring monthly data is properly safegvarded. 2) Non-compliant Status Reviews will be QA identified and corrected. 3) Developmental Director will be responsible for corrective oversight. 4) Corrective action will undergo monitoring during monthly data entry by DS' and Developmental Director	12.15.2012

Provider/Provider Signature: [illegible]		Date: 11/19/2012
Department PCC Approval Signature: Freda Fink-MacAllister		Date: 11/19/12

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

2012-Nov-19 12:01 FM Affinity Inc. 206-453-8937