



IDAHO DEPARTMENT OF  

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HEALTH & WELFARE

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DIVISION OF LICENSING & CERTIFICATION  
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April 11, 2014

TeRonda Robinson, Executive Director  
Community Partnerships of Idaho, Inc.  
3076 North Five Mile Road  
Boise, ID 83713

Dear Ms. Robinson:

Thank you for submitting the Plans of Correction for Community Partnerships of Idaho, Inc. -- Boise dated April 2, 2014, in response to the DDA recertification survey concluded on March 6, 2014. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey, we previously issued Community Partnerships of Idaho, Inc. three-year certificates for the Boise, Fruitland, Mountain Home, Nampa, and both Emmett locations effective from April 1, 2014, through March 31, 2017, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates were issued on the basis of substantial compliance and are contingent upon the correction of deficiencies.

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

Sincerely,

*Kerrie Ann Hull*

KERRIE ANN HULL, LMSW  
Medical Program Specialist  
DDA/ResHab Certification Program

KAH/slm

Enclosure

1. Approved Plan of Correction – Developmental Disabilities Agency



# Statement of Deficiencies

Developmental Disabilities Agency

Community Partnerships of Idaho, Inc. — Boise  
4COMPRT012-2

3076 N Five Mile Rd  
Boise, ID 83713  
(208) 376-4999

Survey Type: Recertification

Entrance Date: 3/3/2014

Exit Date: 3/6/2014

Initial Comments: Surveyors: Eric Brown, DDA/ResHab Certification Program Manager; Kerrie Ann Hull, Medical Program Specialist; Pam Loveland-Schmidt, Medical Program Specialist

<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>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)</p> <p>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>Review of staff records indicated that 3 out of 13 staff lapsed in CPR and First Aid Certification.</p> <p>Example: Records for Employee #9 shows CPR/First Aid certification had a gap in certification between 09/06/2010-04/08/2012. Records for Employee #10 shows CPR/First Aid certification had a gap in certification between 08/22/2011-09/10/2011, and 09/10/2013-11/07/2013. Records for Employee #14 shows CPR/First Aid certification had a gap in certification between 04/12/2012-05/26/2012.</p>	<p>1. Additional tracking will be implemented to ensure that there are no gaps in CPR/First Aid for all employees. Additional classes will be taught as needed. If the employee's CPR/First Aid lapses, they will not be allowed to provide therapy and documentation will be put in the file.</p> <p>2. All staff records have been checked and classes scheduled to ensure no additional gaps occur. If the staff is unable to get in a class, they will not be allowed to provide services until they are certified.</p> <p>3. Program Director, DS, &amp; CPR/First Aid Trainer</p> <p>4. CPR/First Aid will be checked at least monthly to ensure that staff get re-certified before it expires. A training will be held to ensure that all supervisors understand the expectations.</p>	<p>2014-03-06</p>
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<p>16.03.21.500.04.b</p> <p><b>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</b></p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>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)</p> <p>b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and</p>	<p>Based on review of center locations, it was determined that the fire drill completed on 8/20/2013 at Facility #5 lacked documentation of the time the drill occurred.</p>	<p>1. All Fire drills will be double checked to make sure all blanks on the form have been completed.</p> <p>2. All fire drills have been doubled checked to ensure that the time is filled out on each form. Training will be done with the safety committee members and all supervisors to ensure all blanks are completed on the form.</p> <p>3. Safety committee members &amp; Program Directors</p> <p>4. The person conducting the fire drill will double check the form. The program director will also look at the form to ensure it is completed.</p>	<p>2014-03-10</p>
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corrective action(s) taken. (7-1-11)

16.03.21.510.06

510. HEALTH REQUIREMENTS.

06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)

Review of agency policies and procedures showed that reporting requirements to the Department or law enforcement had not been addressed. Although the agency changed their policy and procedures to meet rule during survey, the incident reporting requirements continued to need updating.

1. The incident reporting policy has been updated to reflect that CPI will notify the Department within twenty-four (24) hours whenever a health- and safety-related incident is reported to protective or legal authorities. This has also been added to the actual incident report to remind supervisors of this policy. A training will be held to ensure supervisors are trained on new policy.
2. All supervisors will be trained to ensure compliance with reporting health & safety incident within twenty-four (24) hours to the Department when protective or legal authorities are called.
3. Safety Committee members, Program Directors, Director of Adult Services.
4. Before incident report is filed, it will be checked to ensure the policy was followed.

2014-03-10

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<p>16.03.21.511.01</p> <p><b>511. MEDICATION STANDARDS AND REQUIREMENTS.</b></p> <p>01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will ensure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to ensure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-11)</p>	<p>During the center inspection, agency staff stated that the medications no longer used will be taken to the local police station to be disposed of. Review of agency policies and procedures indicated that medications will be returned to the participant's parent/guardian and will not be disposed or destroyed by agency staff. The agency failed to follow its policies and procedures on appropriate handling and safeguarding of medications.</p>	<ol style="list-style-type: none"> <li>1. The medication policy will be updated and staff trained to follow it.</li> <li>2. All staff will be trained in the proper disposal of medications according to CPI policy and procedure.</li> <li>3. Program Directors, Director of Children's services &amp; Director of Adult Services.</li> <li>4. There will be quarterly checks of all areas where medications are stored to make sure that all medications have been disposed of according to policy and procedure. A training will be held to ensure that all supervisors understand the expectations.</li> </ol>	<p>2014-05-01</p>
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<p>16.03.21.511.02.a</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>02. Handling of Participant's Medication. (7-1-11)</p> <p>a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-11)</p>	<p>During center inspection, it was found that medications for Participants #3 and #7 were not in the original pharmacy dispensed container and were not appropriately labeled.</p>	<ol style="list-style-type: none"> <li>1. The medication will be in the original pharmacy-dispensed container, or in an original over-the counter container, or placed in a unit container by a licensed nurse and be appropriately labeled. Medications will not be accepted on CPI premises or taken if this is not followed.</li> <li>2. All staff will be trained as to how to accept medications according to CPI policy and procedure.</li> <li>3. Program Directors, Director of Children's services &amp; Director of Adult Services.</li> <li>4. There will be quarterly checks of all areas where medications are stored to make sure that all medications are appropriately labeled according to CPI policy and procedure. A training will be held to ensure that all supervisors understand the expectations.</li> </ol>	<p>2014-05-01</p>

<p>16.03.21.511.02.b</p> <p><b>511. MEDICATION STANDARDS AND REQUIREMENTS.</b></p> <p>02. Handling of Participant's Medication. (7-1-11)</p> <p>b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the participant's record. Medisets filled and labeled by a pharmacist or licensed nurse can serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use can also serve as written evidence of an order from the physician or other practitioner of the healing arts. (7-1-11)</p>	<p>During center inspection, it was found that medication for Participant #3 lacked evidence of the written order for the medication from the physician or other practitioner of the healing arts.</p>	<ol style="list-style-type: none"> <li>1. The medication will be in the original pharmacy-dispensed container, or in an original over-the counter container, or placed in a unit container by a physician or other practitioner of the healing arts and be appropriately labeled. Medications will not be accepted on CPI premises or taken if this is not followed.</li> <li>2. All staff will be trained as to how to accept medications according to CPI policy and procedure.</li> <li>3. Program Directors, Director of Children's services &amp; Director of Adult Services.</li> <li>4. There will be quarterly checks of all areas where medications are stored to make sure that all medications are appropriately labeled according to CPI policy and procedure. A training will be held to ensure that all supervisors understand the expectations.</li> </ol>	
<p>16.03.21.511.02.d</p> <p><b>511. MEDICATION STANDARDS AND REQUIREMENTS.</b></p> <p>02. Handling of Participant's Medication. (7-1-11)</p>	<p>During center inspection, it was found that medication for Participant #4 expired and had been retained by the agency for more than 30 calendar days. Medication for Participant #5 had expired and had been retained by the</p>		<p>2014-05-01</p>

d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-11)

agency for more than 30 days; however, the participant no longer attended the agency. It was found that over-the-counter medications used by participants who were not in the participant sample were also expired.

1. Medications that are no longer used by the participant will not be retained by CPI or agency staff for longer than thirty (30) calendar days. CPI will dispose of all expired medication according to our policy & procedure. All staff will be trained according to this policy and proper disposal of the medication.
2. All staff will be trained in the proper disposal of medications when expired or no longer giving medication according to CPI policy and procedure.
3. Program Directors, Director of Children's services & Director of Adult Services.
4. There will be quarterly checks of all areas where medications are stored to make sure that all medications have been disposed of according to policy and procedure. A training will be held to ensure that all supervisors understand the expectations.



16.03.21.601  
**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

Review of participant records indicated that 4 out of 8 participant files lacked staff credentials following the signature of the staff providing the service.  
 Example:  
 Records, including baseline data collection sheets and PIP data collection sheets for

1. All documents with a signature will be accompanied both by credentials and the date signed.
2. All files will be checked to ensure that the credentials are with every signature on each form.

2014-05-19

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)

Participant A, lacked credentials of the staff providing the service.  
 Records for Participant B contained documents that included staff name and/or initials but no credentials.  
 Records, including baseline data collection sheets and PIP data collection sheets for Participant D, lacked credentials of the staff providing the service. Baseline data collection sheets for Participant D did not identify who provided the service.

3. Clinical Supervisors, Developmental Specialists, & Program Directors  
 4. To ensure that all signatures are followed with credentials, it will be added to our annual QA form. A training will be held to ensure that all supervisors understand the expectations.



16.03.21.601.01.d  
**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

Review of participant records indicated that 2 out of 8 participant files lacked identifying information on participant profile sheets that reflected the current status of the participant.  
 Example:  
 The profile sheet for Participant #1 lacked information relating to current allergies. Physician notes from 5/31/2013 indicated an allergy to penicillin; however, the profile sheet indicated seasonal allergies only.

1. All Profile sheets & physicals will be checked to make sure that allergies & other important medical information is transferred to the profile sheet in order to reflect the current status of the participant.  
 2. All documents will be double checked to ensure that the profile sheet is accurate and reflects the current status of the participant.  
 3. Clinical Supervisors, Developmental Specialists, & Program Directors  
 4. To ensure we have current information, it will be added to our annual QA form. A training will be he

2014-05-19

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)

The profile sheet for Participant C lacked identifying information of the physician.

held to make sure that all supervisors are trained to look at all documents.



16.03.21.601.01.f

**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

Review of participant records indicated that 2 out of 8 participant evaluations lacked the credentials of the respective evaluator.

For example:

The developmental evaluation for Participant #2 lacked the credentials of the Developmental Specialist who completed the evaluation.

The developmental results assessment for Participant #1 did not identify who completed the assessment and lacked the credentials of respective evaluator.

1. All documents with a signature will be accompanied both by credentials and the date signed.
2. All files will be checked to ensure that the credentials are with every signature on each form.
3. Clinical Supervisors, Developmental Specialists, & Program Directors
4. To ensure that all signatures are followed with credentials, it will be added to our annual QA form. A training will be held to ensure that all supervisors understand the expectations.

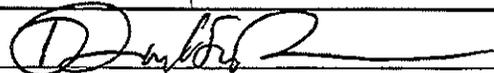
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accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)

01. General Records Requirements. Each participant record must contain the following information: (7-1-11)

f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)

Administrator/Provider Signature:



Date:

4/2/2014

Department POC Approval Signature:

Keecia Ann Hull, LMSW

Date:

4/7/2014

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