IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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DIVISION OF LICENSING & CERTIFICATION
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April 11, 2014

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 for Affinity, Inc. dated March 28, 2014, in response to the recertification survey concluded on March 20, 2014. The Department has reviewed and approved the Plan of Correction.

As a result, we have issued Affinity, Inc. one-year certificates effective from April 11, 2014, through April 30, 2015, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates are 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

Enclosures
1. Approved Plan of Correction
2. Renewed Developmental Disability Agency Certificates

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: 3/18/2014
Exit Date: 3/20/2014

Initial Comments: Survey Team: Eric Brown, Program Manager, DDA/ResHab Certification Program; and Kerrie Ann Hull, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.009.01 009. 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)	Review of agency documentation revealed that 1 of 8 staff records reviewed did not comply with requirements outlined in IDAPA 16.05.06 " Criminal History and Background Checks." For example, Employee #4 completed a criminal history application on 10/21/2013 and was added to the employer on 10/21/2013, which was also the employee's date of hire. The employee did not complete fingerprinting until 12/31/2013, outside of the 21-day timeframe.	The issue had been corrected as soon as the staff got fingerprinted, he has clearance. The issue has since been turned over to Medicaid Integrity. 1. The CEO has made contact with Patty Lete with Medicaid Program Integrity (3/24/2014) and Fernando Castro with Criminal History Unit. 2. All employee records are being reviewed by the Acting HR Manager and another Clinical Manager. A full report of dates of hire and date of clearance will be reported to the CEO no later than April 5, 2014 and reported the CHU. 3. CEO and Acting HR Manager. 4. The procedure for Criminal History Background checks will be posted and in-service training will be provided to all managers. 5. All Managers will be apprised of the revised procedures in the policy pertaining to criminal history background check no later than April 11, 2014.	4/11/2014

		Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.120.04 120. INITIAL ISSUANCE OF CERTIFICATE. 04. Availability of Certificate. The certificate must be posted in a conspicuous location in the DDA where it may be seen readily by the participants and members of the public. (7-1-11)	During review of both facilities it was noted that 2 of 2 facilities did not have the current DDA certificate posted where it may be readily seen by participants and members of the public.	The CEO will personally place the new DDA licensure on the walls of each office and remove old ones. 1. The office manager in each office have been instructed to photocopy received copies of new licenses and forward copies to CEO, and place originals of all licenses in appropriate frames on the wall in each lobby. 2. This citation did not have an effect on client service, however the office manager in each office is aware that current licenses need only be on the walls in the waiting ares of their respective office. 3. CEO and Office Manager for each Affinity office. 4. The environment checklist includes a review of licenses, to ensure that the most current license is on the wall and displayed appropriately. 5. The correct license will be put on the wall as soon as Affinity receives the current license.	4/30/2014

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.125 125. RENEWAL AND EXPIRATION OF THE CERTIFICATE. An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules.(7-1-11)	The agency did not request renewal of its certificate ninety (90) days before the expiration date of their certificate.	The CEO has marked in the outlook calendar as has the Office Manager in each location 90 days prior to 4/30/2015 1/30/2015 will trigger a task in outlook that the form requesting a survey for licensure certification will need to be sent to the Department for the DDA. 1. There was nothing to correct this citation as it had passed. 2. It did not effect participants. 3. The CEO is responsible for requesting the certification licensure survey 90 days in advance through the form provided online. 4. This will not reoccur because there is a task set to remind the CEO on January 30, 2015 and the Office Manager in each office will also have the task to request a copy of the form from the CEO. 5. The task has already been set in the CEO's outlook calendar and has also been set in each office managers outlook calendar.	3/24/2014

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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 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)	Review of agency evacuation plans revealed that 2 of 2 facilities had posted evacuation plans that did not identify the location of all of the fire extinguishers. For example: Facility #1 had two evacuation plans that did not include all fire extinguisher locations. Facility #2 had two evacuation plans posted that did not identify any fire extinguishers. REPEAT DEFICIENCY from survey of October 18, 2013. The deficiency was corrected during the course of the survey by the CEO. The agency is required to answer questions 2-4 on the Plan of Correction.	You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 2. The CEO created a revised Physical Environment checklist form that included reviewing each facilities evacuation signs by count (34 in Nampa) and (38 in Boise) which will be looked at quarterly as per policy. 3. The Administrator and Clinical Supervisor will be required to complete one Physical Environment review each annually with the Clinic facility reviewer 4. The physical environment checklists will be reviewed by the CEO who will also conduct random facility review spot checks at least 2 times annually separate from all other reviews. The policies pertaining to these issues will be modified no later than 4/15/14.	2014-04-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.01.b 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) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)	Review of agency documentation revealed that 2 of 4 participant records identified service environments that were inconsistent with the participant's plan of service. For example, records for Participant #1 and #2 revealed that all program implementation plans identified the service location as center and community; however, both participants were authorized for community-based services only as indicated on the plan of service.	PIP modifications were made prior to actually getting authorization for center based service authorized. 1. PIPs will not be modified until authorizations are obtained in the future, however in these cases the programs could easily be generalized in a community or center based setting. The staff were notified that until they are told that the addendum was received allowing center based services, they were to continue with community based services only. 2. All seven of the adult participants were reviewed and of those seven there are five (5) that had hours of center based services requested back in November and January. The request was made again on 3/21/14. The CM's involved stated they would get them done immediately. Three of the five participants have health reasons for needing the center option when the weather is poor, and one is also a parents request due to health issues. 3. The Clinical Supervisor has spoken to the CM's directly and is assured that the addendum for each participant should be coming. 4. The Clinical Supervisor/DS will not make any changes to the PIP prior to receiving the addendum to the participant plan of service. 5. Each of the participants PIPs have had the 'center' option removed, no other aspects of the PIP required adjustment as they could be generalized in the community or center based setting.	2014-04-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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 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)	Review of agency documentation revealed that 4 of 4 participant profile sheets lacked identifying information reflecting the current status of the participant. For example: The profile sheet for Participant A lacked information on the participant's allergies; however, multiple documents within the participant records indicated that the participant has seasonal allergies. The profile sheet for Participant B lacked information on current medications for the participant. The profile sheet did not list the same medications as the DPFS sheet within the participant's record that was completed 02/12/2014. The DPFS document did not match the "client medication chart" dated 01/02/2014. The profile sheets for Participants #1 and #2 did not reflect current medications for the participants.	1. A system of new documents being added to the participant file is being implemented. As the CS reviews a document the changes to the profile sheet will be made in pen, and follow up by administrative staff to make the typed corrections will be made no later than the next month by the 15th. 2. All recent documents received or requested by the CS in the past 3 - 5 months will be reviewed and modifications to the profile sheet will be made accordingly. Administrative staff will make typed changes no later than 4/30/2014. DPFS documents will be removed from the client files. The Profile sheets will be used for staff packets and PHI will be redacted as necessary for use in the community. 3. CS and Administrative Support Staff. 4. The profile sheet specific items will be added to the QA checklist, to check for the new document system client file/chart entry. 5. All profile sheets will be updated no later than 4/30/14	2014-04-30

Administrator/Provider Signature: [signature] PhD, LCSW CS — **Date:** 3/28/2014

Department POC Approval Signature: Kerrie Ann Hunt LMSW — **Date:** 4/7/2014

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