



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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DIVISION OF LICENSING & CERTIFICATION
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May 21, 2014

Brian Fay, Administrator
Community Connections Inc.
1675 South Maple Grove Road
Boise, ID 83709-2531

Dear Mr. Fay:

Thank you for submitting the Plan of Correction for Community Connections Inc. dated May 20, 2014, in response to the recertification survey concluded on March 26, 2014. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey, we previously issued Community Connections Inc. three-year certificates for the Boise and Nampa locations effective from May 1, 2014, through April 30, 2017, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate was issued on the basis of substantial compliance and is 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 or hullk@dhw.idaho.gov.

Sincerely,

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

KAH/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

Community Connections Inc.
4COMMCN106

1675 S Maple Grove Rd
Boise, ID 83709-2531
(208) 377-9814

Survey Type: Recertification

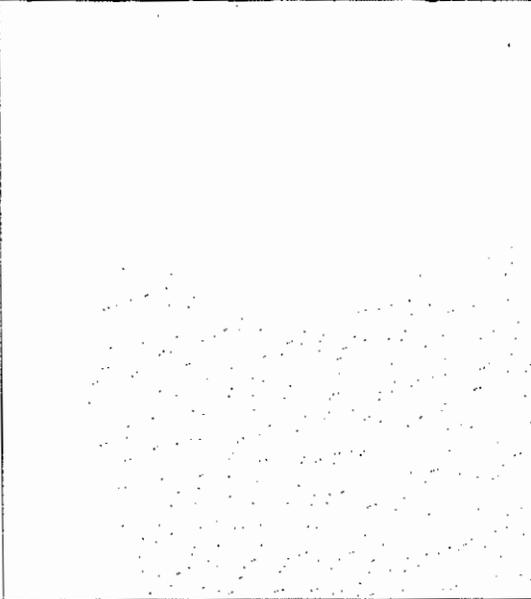
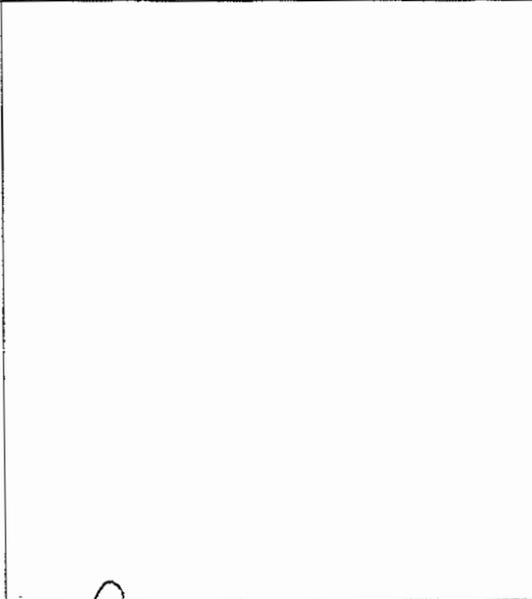
Entrance Date: 3/25/2014

Exit Date: 3/26/2014

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

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	Review of agency documentation revealed that the profile sheet for 1 of 3 participants (Participant 2) did not list the participant's current medications.	<ol style="list-style-type: none"> The deficiency was corrected prior to the completion of survey. All DDA profiles were reviewed to ensure medication information is current and accurate; no further issues were identified. CCI's Administrator of Services and Case Managers have ensured the reviews are complete. CCI will continue to monitor Profile accuracy per our Quality Assurance standards (i.e. Prior to starts, after med-changes, quarterly minimums, new plan years, etc.). March 26, 2014 	2014-03-26

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)



Administrator/Provider Signature:

Tiffa Juler

Date: 2014-05-20

Department POC Approval Signature:

Keecie Ann Hull MSW

Date: 5/20/2014

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