



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 16, 2014

Kama Hiner, Administrator
Access Living
690 South Industry Way, Suite 45
Meridian, ID 83642

Dear Ms. Hiner:

Thank you for submitting the Plan of Correction for Access Living dated May 14, 2014, in response to the recertification survey concluded on April 11, 2014. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey, we previously issued Access Living a provisional certificate effective from April 24, 2014, through October 24, 2014, unless otherwise suspended or revoked. Per IDAPA 16.03.21.126.01, this certificate was issued on the basis of no deficiencies jeopardizing the health or safety of participants, and is contingent upon the correction of deficiencies. Before the end of the provisional certification period, the Department will determine whether areas of concern have been corrected and whether the agency is in substantial compliance with IDAPA 16.03.21.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 364-1906.

Sincerely,

ERIC D. BROWN
Manager
DDA/ResHab Certification Program

EDB/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

Access Living
3ACCLVG147

690 S Industry Way Ste 45
Meridian, ID 83642
(208) 922-2207

Survey Type: Recertification

Entrance Date: 4/8/2014

Exit Date: 4/11/2014

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(s)	Findings	Plan of Correction	Date when Corrected
<p>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)</p>	<p>The agency did not request renewal of its certificate less than ninety (90) days before the expiration date of their certificate.</p>	<ol style="list-style-type: none"> 1. The agency will put into policy as well as into its training documents that the 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 2. No other participants, staff or systems would have been affected by this deficiency. 3. The administrator will modify the policy and training documents to include these changes as well as initiate the next survey request in July. 4. Following the next 6 month survey the clinical supervisor will initiate upcoming surveys. The administrator will monitor the policies. 5. The administrator will request renewal on or before 7/15/14 for the 10/24/14 certificate. 	<p>2014-07-15</p>

Rule Reference Text	Findings	Plan of Correction	Date to be Completed
<p>16.03.21.300.04</p> <p>300. ENFORCEMENT PROCESS. The Department may impose a remedy or remedies, when it determines a DDA has not met the requirements in this chapter of rules. (7-1-11)</p> <p>04. Failure to Comply. If after three (3) months from the date of survey, the DDA has not implemented the Plan of Correction as approved by the Department and remains out of compliance with the identified rule, the Department may impose one (1) or more of the remedies specified in Subsection 300.01 of this rule. (7-1-11)</p>	<p>Review of agency documentation revealed that the agency failed to implement the approved Plan of Correction (POC) for three (3) certification rule citations within three (3) months following the previous survey completed on November 5, 2013.</p> <p>For example:</p> <p>The POC for the November 5, 2013, survey indicated that monthly observations would be reviewed monthly and quarterly to ensure compliance. Monthly observations were not completed for Employees 1 and 4 within the three (3) months following the date of the last survey. As a result, the agency failed to implement their approved POC for previous rule citation IDAPA 16.03.21.400.03.b.</p> <p>The agency failed to implement their approved POC for previous rule citation IDAPA 16.03.21.601. Records dated January 13, 2014, for Participant A were found to be lacking</p>	<ol style="list-style-type: none"> 1.The agency is in the process of making a change in Clinical Supervisors. Training of the new supervisor will be extensive and inclusive. 2. The agency is completing a full audit of all staff and client files which will be completed by 8/1/14 to identify any other participants, staff or systems that may be affected so they can be remedied. 3. The agency administrator and owner will be involved in the hiring and training of the new clinical supervisor. The administrator will complete the full internal survey. 4.The agency administrator will oversee weekly, monthly, and quarterly quality assurance for first 6 months and then monthly and quarterly, thereafter. 5.The agency administrator has taken over operations of the DDA as of 5/5/14 	<p>2014-08-01</p>

the signature, credentials, and date that the staff provided the service. The records for Participant B dated January 6, 2014, and February 17, 2014, were found to be lacking the date that accompanies the signature and credentials of the person providing the service. The corrective action identified on the previous plan of correction was to be implemented by December 23, 2013.

The agency failed to implement their approved POC for previous rule citation IDAPA 16.03.21.400.01 after three (3) months from the previous survey date.

Rule Reference Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.01 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)</p>	<p>Based on review of agency documentation, it was determined that the agency administrator had not ensured compliance with this chapter of rules. The agency remained out of compliance from the previous survey. The agency administrator failed to oversee and manage the staff, and oversee the agency's quality assurance program.</p> <p>REPEAT DEFICIENCY from survey of November 5, 2013.</p>	<p>1. Upon review of procedure, the agency has realized that too much trust was placed in the Clinical Supervisor to follow through on policies. The clinical supervisor is no longer with the agency and the agency administrator will now be taking a more active roll the department oversight. The administrator will be overseeing all operations until the POC is completed and a new clinical supervisor can be hired and trained. The administrator will continue to be involved on a weekly, monthly and quarterly basis in the internal auditing process.</p> <p>2. This rule is directly related to administrator and does not apply to other staff or participants.</p> <p>3. The administrator will be responsible for correcting the deficiencies.</p>	<p>2014-05-05</p>

		<p>4. The administrator and the CEO will meet weekly to discuss progress and problems as they arise.</p> <p>5. Implemented 5/5/14</p>
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Rule Reference Code	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03.b</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for. (7-1-11)</p> <p>b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>Review of agency documentation revealed that 2 of 8 employees reviewed did not have documentation that observation and review of the direct services performed was completed on at least a monthly basis or more often if necessary.</p> <p>For example:</p> <p>Employee 4 did not have documentation of completed monthly observations for the month of March 2014. Employee 1 did not have documentation of completed monthly observations for the months of December 2013, January 2014, and February 2014. Employee 1 worked as a professional providing direct service during these months and should have been observed and reviewed at least monthly.</p> <p>REPEAT DEFICIENCY from survey of November 5, 2013.</p>	<p>1. The administrator is updating the policy to include practices for all clinical supervisors providing direct care. To be completed by 6/9/14. The monthly checklist will be adapted to more specifically address which observations were done. Staff members participated in a training 5/13/14 which included a review of job responsibilities and IDAPA rule including the rule for observations.</p> <p>2. The administrator is in the process of looking at all staff files to find any further deficiencies.</p> <p>3. The administrator will oversee this process and is auditing staff files. 2 interim clinical supervisors have been appointed to complete observations.</p> <p>4. Observations will be completed by the clinical supervisor and reviewed by the administrator and signed off to verify completion. This will begin immediately and will be done for all staff.</p> <p>5. All components to this deficiency will be completed by 6/9/14</p>	<p>2014-06-09</p>

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Rule Reference Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.05</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>05. Limitations. If an agency administrator or a clinical supervisor also works as a professional delivering direct services, the agency must have policies and procedures demonstrating how the agency will continue to meet agency staffing requirements in Subsections 400.01 through 400.04 of this rule. (7-1-11)</p>	<p>Review of agency documentation revealed the agency lacked policies and procedures that demonstrated how it will continue to meet agency staffing requirements since the clinical supervisor (Employee 1) also works as a professional delivering direct services.</p>	<ol style="list-style-type: none"> 1. The administrator is updating the policy to include practices for all clinical supervisors providing direct care. This will include monthly observations that will be done and weekly supervision with the agency administrator to monitor compliance with policy and address any concerns as they arise. Currently 2 interim clinical supervisors have been appointed and have been given responsibilities to observe each other. They will participate in weekly meetings with the administrator. 2. This deficiency did not apply to other staff or participants. 3. The administrator will correct policy and sign off on observations to insure they are done. 4. The clinical supervisor will complete observations. The administrator will review them, sign them, and compare them to the monthly checklist. 5. To be completed by 6/9/14 	<p>2014-06-09</p>

Rule Reference(s) / Title	Findings	Plan of Correction	Date to be Recertified
<p>16.03.21.400.07.a</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements: (7-1-11)</p> <p>a. Meet the qualifications prescribed for the type of services to be rendered; (7-1-11)</p>	<p>Based on review of agency documentation, it was determined that 1 of 8 employees reviewed did not meet the qualifications prescribed for the type of services to be rendered.</p> <p>For example:</p> <p>Employee 5 did not meet the qualifications to provide Habilitative Support Services and as a result would have required at least six (6) hours of job shadowing prior to the delivery of direct support services and a minimum of weekly face-to-face supervision with the clinical supervisor for a period of six (6) months while delivering services as referenced in IDAPA 16.03.10.665.02.e.ii. The employee did not have weekly face-to-face supervision with the clinical supervisor for a period of six (6) months while delivering direct services.</p>	<p>1. The administrator is adapting the policy to include this rule. This policy will specifically identify training requirements and will also be included in the HS job description. This policy will include the 6 hours of shadowing and weekly supervision for 6 months. It will also be added to the monthly checklist to monitor whether supervision was completed weekly.</p> <p>2. Both HS staff files have been looked at and this deficiency only applies to this staff. However this staff is providing further documentation of experience. All 4 HI workers are certified. This deficiency does not apply to any other staff.</p> <p>3. Weekly supervision has been set up with a clinical supervisor for this staff member until she is able to furnish additional documentation of work experience for the minimum requirements.</p> <p>4. The clinical supervisor will meet weekly with this staff member. The administrator will meet with clinical supervisors weekly to insure this is being done as well as review supervision monthly when reviewing checklists.</p>	<p>2014-06-09</p>

5.This policy will be completed by 6/9/'14

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.a</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>a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)</p>	<p>Review of agency documentation revealed that 2 of 8 employees reviewed lacked documentation that they participated in annual fire safety training.</p> <p>For example:</p> <p>Employee 3 completed initial fire training on the date of hire (August 27, 2012). However, there was no documentation that the employee had participated in annual fire training thereafter.</p> <p>Employee 8 lacked documentation of having participated in annual fire training for 2011, 2012, and 2013.</p>	<p>1. The administrator is putting together a different tracking system for monitoring CEU's and fire and safety training. Staff education has already been provided regarding the importance of this. A sign in sheet will be completed by the trainer, signed by the administrator and reviewed quarterly.</p> <p>2. The administrator is in the process of looking at all staff files to find any further deficiencies. A training will be provided in June which will include a training regarding fire and safety.</p> <p>3. The administrator will be responsible for correcting and monitoring.</p> <p>4. This will be monitored by the administrator quarterly.</p> <p>5. All files will be reviewed, a new monitoring system will be in place and a training will be provided to staff by 6/9/14</p>	<p>2014-06-09</p>

Rule Reference (IRI)	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.501.05</p> <p>501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: (7-1-11)</p> <p>05. Liability Insurance. Continuously maintain liability insurance that covers all passengers and meets the minimum liability insurance requirements under Idaho law. If an agency employee transports participants in the employee's personal vehicle, the agency must ensure that adequate liability insurance coverage is carried to cover those circumstances. (7-1-11)</p>	<p>Review of agency documentation revealed that 2 of 8 employees reviewed lacked documentation of adequate liability insurance coverage while transporting participants.</p> <p>For example:</p> <p>Employee 4 lacked documentation of current liability insurance. The employee did have a copy of liability insurance dated April 30, 2014; however, the employee lacked current documentation at the time of survey.</p> <p>Employee 6 lacked documentation of current liability insurance on file.</p>	<ol style="list-style-type: none"> 1. The administrator has provided a training to staff on this policy. This will be added to the job description as well as the monthly checklist more specifically. 2. The administrator is in the process of looking at all staff files to find any further deficiencies. 3. Administrator and staff 4. The administrator will personally review all staff files on a monthly basis for the next 6 months to monitor this deficit starting with May's review process. Once a new permanent clinical supervisor is appointed and is adequately trained, the administrator will continue to monitor these quarterly. 5. Policy will be written and in effect by 5/16/14 as well as all staff files reviewed. 	<p>2014-05-16</p>

Rule Reference Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601</p> <p>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)</p>	<p>Review of agency documentation revealed that 2 of 2 participant records lacked documentation of the date of service. Documentation revealed that 1 of 2 participant records lacked the signature and credentials of the individual providing the service.</p> <p>For example:</p> <p>Participant A's data sheets for the weeks of February 17, 2014; January 6, 2014; December 23, 2013; November 25, 2013; and November 13, 2013, lacked the date that accompanies the signature of the person providing the service.</p> <p>Participant B's data sheets for the weeks of January 13, 2014, and December 6, 2013, lacked the signature and credentials of the individual providing the service.</p> <p>REPEAT DEFICIENCY from the survey of November 5, 2013. Per the agency's approved POC, this deficiency was to be corrected by</p>	<p>1. The agency has applied this rule by collecting a progress note for all participants that document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Additional data is collected for participants to help measure their progress in a more objective manner. While the agency has applied this rule to each progress note, less thorough standards have been applied to data sheets, as the were considered ancillary. Staff have been educated on this policy as of 5/12/14 and more attention will be paid to data sheets in addition to notes. The policy will be amended to hold data sheets to the same standard</p> <p>2. The administrator is in the process of looking at all client files to find any further deficiencies.</p> <p>3. The administrator will monitor notes and data sheets on a weekly basis to check for this. A new clinical supervisor will be hired and trained to look for signatures, credentials and dates for all daily notes and daily data sheets.</p>	<p>2014-06-09</p>

December 23, 2013.

4. Training will be provided to the new permanent clinical supervisor to check for these errors. The Administrator will oversee this in the meantime.
5. The administrator will complete this policy by 6/9/14.

Cite/Reference Text	Findings	Plan of Correction	Date of Correction
<p>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 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)</p>	<p>Review of agency documentation revealed that 2 of 2 participants reviewed lacked an intervention evaluation that incorporated all rule required components to be completed prior to the delivery of the intervention service. REPEAT DEFICIENCY from survey of November 5, 2013.</p>	<p>1. The agency has developed a intervention evaluation form for all participants moving forward. All clients before starting services or renewing annual services will have a completed form done beforehand. 2. All participants are affected by this. The priority is getting all clients who are beginning a new POS an evaluation done before beginning services, since the intervention evaluations from last year have already past. 3. The clinical supervisor will be responsible for completing these. 4. The administrator will meet with the clinical supervisors on a weekly basis to make sure these are getting done promptly, before participants begin HI services. 5. The agency will complete all past evaluations from 2013 as requested by 8/4/14.</p>	<p>2014-08-04</p>

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)

Rule/Reference Text	Findings	Plan of Correction	Date to be Corrected
<p>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</p>	<p>Review of agency documentation revealed that 1 of 2 participants reviewed lacked documentation of a status review reflecting the participant's progress toward goals defined on the plan and why the participant continued to need the service. For example, Participant A lacked a six-month status review on file.</p>	<p>1. The participants identified currently have completed reviews and this has been corrected. The former clinical supervisor was not monitoring this as it was prescribed. That supervisor is no longer with the agency. 2. The administrator is in the process of auditing all participant files to evaluate review dates, which are past due and which are upcoming. 3. The administrator is monitoring the due dates of the reviews and then delegating reviews to the interim clinical supervisors to complete. 4. The administrator will be responsible for monitoring these dates with the already established tracking tools that have been set up. The administrator will continue to do this on a weekly and monthly basis until the permanent clinical supervisor has been appointed and trained. The administrator will then follow up quarterly. 5. The administrator has taken charge of delegating and overseeing the due dates on plans as of 5/5/14. All audits of client files will be completed and all reviews will be current by 6/9/14</p>	<p>2014-06-09</p>

goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)

Code Reference Text	Finding	Plan of Correction	Date to be Corrected
<p>16.03.21.915.01</p> <p>915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR.</p> <p>Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11)</p> <p>01. Adaptive and Maladaptive Behaviors. For intervention services, ensure an evaluation of participants' adaptive and maladaptive behaviors is completed. (7-1-11)</p>	<p>Review of agency documentation revealed that 2 of 2 participant records reviewed lacked documentation that an evaluation of their adaptive and maladaptive behaviors had been completed.</p> <p>For example, Participants A and B both received habilitative intervention services and were required to have had an intervention evaluation that included reviews of adaptive and maladaptive behaviors.</p>	<ol style="list-style-type: none"> 1. These skills have been evaluated for all participants. However, the agency now has a CDA form which compiles all information into one form. All clients before starting services or renewing annual services will have a completed form done beforehand. 2. All participants are affected by this. The priority is getting all clients who are beginning a new POS an evaluation done before beginning services, since the intervention evaluations from last year have already past. 3. The clinical supervisor will be responsible for completing these. 4. The administrator will meet with the clinical supervisors on a weekly basis to make sure these are getting done promptly, before participants begin HI services. 5. The agency will complete all past evaluations from 2013 as requested by 8/4/14. 	<p>2014-08-04</p>

Administrator/Provider Signature:

Kama Hinerjope

Date:

~~2014-05-05~~ 5/14/14

Department POC Approval Signature:

S. D. [Signature]

Date:

5/14/14

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