



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- GOVERNOR  
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DIVISION OF LICENSING & CERTIFICATION  
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June 21, 2013

Nicole Lang, Administrator  
The Arc, Inc.  
4402 Albion Street  
Boise, ID 83705

Dear Ms. Lang:

Thank you for submitting the Plan of Correction for The Arc, Inc. dated June 18, 2013, in response to the recertification survey concluded on May 10, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued The Arc, Inc. a full three-year certificate effective from August 1, 2013, through July 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is 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 364-1906.

Sincerely,

ERIC D. BROWN  
Supervisor  
DDA/ResHab Certification Program

EDB/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disabilities Agency Certificate



# Statement of Deficiencies

Developmental Disabilities Agency

The Arc, Inc.  
4ARC011

4402 Albion St  
Boise, ID 83705  
(208) 343-5583

Survey Type: Recertification

Entrance Date: 5/7/2013

Exit Date: 5/10/2013

Initial Comments: Surveyor: Eric Brown, Supervisor, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.512.03.a</p> <p>512. ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PROCEDURAL REQUIREMENTS.</p> <p>03. Medical, Social, and Developmental History. The medical, social and developmental history is used to document the participant's medical social and developmental history information. A current medical social and developmental history must be evaluated prior to the initiation of DDA services and must be reviewed annually to assure it continues to reflect accurate information about the participant's status. (3-29-12)</p> <p>a. A medical, social and developmental history for each adult participant is completed by the Department or its contractor. Providers should obtain and utilize the medical, social developmental history documents generated by the Department or its contractor when one is necessary for adult program or plan development. (3-29-12)</p>	<p>Review of agency records revealed that Participant 3's file contained a medical social developmental history dated April 29, 2011, and did not contain the updated documents completed on April 12, 2012, or April 8, 2013.</p>	<p>A training occurred on 6/7/13 with the administrator, developmental specialists, and QA specialist to address this issue. During the training a new procedure to address the issue was implemented. The procedure states that at the time of the annual staffing the developmental specialist will send a letter to ICDE asking for the current year's medical, social and developmental history documents. When the documents are received it will be logged in by the QA specialist and filed. As part of the on going quality assurance process the QA specialist will review each file on a quarterly basis to ensure the the updated documentation as been received.</p>	<p>2013-06-07</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.655.07.b</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11)</p> <p>b. Additional Requirements for Participants Eighteen Years or Older. For participant's eighteen (18) years of age or older, DDAs must also submit provider status reviews to the plan monitor in accordance with Sections 507 through 515 of these rules. (7-1-11)</p>	<p>Review of agency records revealed that no documentation was found verifying that provider status reviews for 3 of 3 participants had been sent to the participant's plan monitor.</p>	<p>On 6/7/13 a training occurred with the administrator, developmental specialists, and QA specialist to address this issue. At that time a new procedure was implemented to address this issues. When a status review is done the developmental specialist will send the review to the plan monitor via fax. They will then keep the cover sheet and fax confirmation and file ti with the status review. We may also send reviews via email but will additionally send a fax so that we have documentation that it has been sent and received.</p> <p>By August 25th all files will be reviewed to ensure that there is documentation of the status reviews being sent to the plan monitor. If there is not documentation of the reviews being sent the current reviews will be sent to the plan monitor again and documentation will be noted as per the new process.</p>	<p>2013-06-07</p>

As part of the on going quality assurance process the QA specialist will review each file on a quarterly basis to ensure that there is documentation that the review has been sent.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.658.02.b.iv                      658. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.                      02. General Staffing Requirements for Agencies.                      b. Other required staffing. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 657 of these rules, as employees of the agency or through formal written agreement: (7-1-11)                      iv. Physical therapist; (7-1-11)</p>	<p>Review of agency documenation revealed the agency did not have a physical therapist available as an employee or through a formal written agreement.</p>	<p>On 5/10/13 a contract request was sent to Idaho Elks Rehabilitation Hospital by the administrator to cover physical therapy services only. The Arc has not yet received the signed contract back. If the contract is not received by 7/1/13 the administrator will seek out another contractor.</p>	<p>2013-07-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.009.01</p> <p>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)</p>	<p>Review of agency documentation revealed that the criminal history background check for Employee 6 was not completed in compliance with IDAPA 16.05.06 until ten (10) months after the employee's start date.</p>	<p>On 5/25/13 the administrator met with the HR coordinator to discuss this issue and review procedure and all staff files. A review of staff files indicated that there were not other employee background checks that are out of compliance with IDAPA 16.05.06.</p> <p>Our current policy and procedure is that the HR coordinator is to submit the ISP background on the first day of orientation for any new hire that has a state criminal history check that is transferred from another agency. The new employee will not work unsupervised until the cleared ISP background check has been received.</p> <p>As part of the on going quality assurance process the administrator will review employee files on a quarterly basis to ensure that we are in compliance with rule.</p>	<p>2013-05-25</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.125</p> <p>125. RENEWAL AND EXPIRATION OF THE CERTIFICATE.</p> <p>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 developmental disabilities agency certification as required.</p>	<p>As per IDAPA rule the administrator will contact the department no later than 4/30/16 to request renewal of certification.</p>	<p>2016-04-30</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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 agency records revealed gaps in CPR certification for six of the eight (6 of 8) staff files reviewed:</p> <ul style="list-style-type: none"> <li>• Employee 3 - Jul 2010 to Jul 2011</li> <li>• Employee 6 - Apr 22, 2011 to Jul 2011</li> <li>• Employee 2 - May 27, 2011 to Jul 2011</li> <li>• Employee 1 - Feb 3, 2012 to Feb 16, 2012</li> <li>• Employee 5 - Feb 3, 2012 to Feb 16, 2012</li> <li>• Employee 8 - Feb 15, 2013 to May 6, 2013</li> </ul>	<p>On 5/25/13 a new procedure was implemented to ensure no further gaps in certification. Per the procedure the administrator will be responsible for monitoring CPR and First Aid certifications and scheduling classes for certification.</p> <p>As part of the on going quality assurance process the administrator will schedule classes no later than four weeks prior to expiration of certification to ensure no lapses occur. Classes will be held at The Arc. If an employee is due for recertification and cannot attend the scheduled class they will be responsible for scheduling and attending their own class off site. If they fail to do this and their certification expires they will be taken off of the schedule until they are certified.</p> <p>During the Licensing and Certification review all DDA staff files were reviewed for this requirement. On 06/18/13 the administrator reviewed all other program staff files to ensure that there were no other lapses in certification. No other issues were found.</p> <p>Certifications will be monitored quarterly by the administrator.</p>	2013-06-18

Administrator/Provider Signature: *Nicole Dany* The Arc Idaho Date: 6-18-13

Department POC Approval Signature: *C. D. R.* Date: 6/20/13

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