



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE (208) 364-1959
FAX (208) 287-1164

August 2, 2013

Kaylene Owen, Administrator
Franklin County Developmental Services
44 North 100 East
Preston, ID 83263-1326

Dear Ms. Owen:

Thank you for submitting the Plan of Correction for Franklin County Developmental Services dated July 18, 2013, in response to the recertification survey concluded on June 7, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result of the survey, we previously issued Franklin County Developmental Services a three-year certificate effective from August 1, 2013, through July 31, 2013, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, that certificate was issued on the basis of substantial compliance and is contingent upon the correction of deficiencies in accordance with the approved Plan of Correction (enclosed).

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at (208) 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Certification Program

PLS/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

Franklin County Developmental Services
6FRANK033-1

126 E 100 N
Preston, ID 83263-1330
(208) 852-0324

Survey Type: Recertification

Entrance Date: 6/5/2013

Exit Date: 6/7/2013

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.101.02.w.v</p> <p>101. APPLICATION FOR INITIAL CERTIFICATION.</p> <p>02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-11)</p> <p>w. When center-based services are to be provided, the following are also required for each service location: (7-1-11)</p> <p>v. Evidence of compliance with local building and zoning codes, including occupancy permit; (7-1-11)</p>	<p>The facility lacked evidence of compliance with local building and zoning codes, including an occupancy permit.</p> <p>For example, the facility documentation lacked evidence that the agency received a building occupancy permit prior to using the building.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must complete questions 2-4 on the Plan of Correction.)</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Matters of rule relating to facility issues will be reviewed yearly by clinical supervisor and hospital QA supervisor. If identified, what corrective actions will be taken? The issue will be added or amended on the yearly QA review form and responsibility for action assigned. 3. Who will be responsible for implementing each corrective action? assigned person, maintenance. 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? One time issue, will have occupancy form for any new facility. <p>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. You may overwrite the instructions in this field.</p>	2013-09-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03.b</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>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>Two of five employee records reviewed (Employees 7 and 8) lacked documentation of a clinical supervisor employed by the DDA on a continuous and regularly scheduled basis, who was readily available on-site, conducted observations and reviewed the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrated the necessary skills to correctly provide the DDA services.</p> <p>For example, Employees 7 and 8's records lacked documentation that a clinical supervisor conducted supervision and monthly observations of the Habilitative Intervention services provided for January 2013 through May 2013.</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. <ol style="list-style-type: none"> 1. Employee 7 & 8 qualified HI cert. Will conduct monthly observation & supervision for HI services. 2. Monthly QA will address clinical supervisor documentation of HI services. 3. Clinical supervisors. 4. Monthly QA 5. 9-15-13 	<p>2013-9-15</p>

--	--	--	--

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
---------------------	----------	--------------------	----------------------

<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>Two of 3 paraprofessional records reviewed (Employees 9 and 11) lacked documentation that the paraprofessional was qualified to provide support services.</p> <p>For example, Employees 9 and 11's records lacked documentation that they had taken the Habilitative Support quiz. Both provided Habilitative Support.</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. <p>1. Employees 9 & 11 have completed & passed the HS quiz along with all other supports staff.</p>	
--	---	--	--

		<p>2. All staff will be required to complete and pass HS quiz before providing HS services.</p> <p>3. Clinical supervisor will be responsible for implementing this corrective action.</p> <p>4. This will be part of the orientation for new employees before providing HS services</p> <p>5. 9-15-13</p>	
--	--	--	--

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-</p>	<p>Three of 5 employee records reviewed (Employees 7, 8, and 10) lacked documentation that the agency ensured staff or volunteers who provided DDA services completed a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must participate in fire and safety training upon employment and annually thereafter.</p> <p>For example:</p> <p>Employee 7's record lacked fire and safety training for 2011 and 2012.</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to 	

<p>11)</p>	<p>Employee 8's record lacked fire and safety training for 2011.</p> <p>Employee 11's record lacked fire and safety training for 2011.</p>	<p>ensure the problem is corrected and does not recur?</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>1. Employees are required to take the annual hospital inservice which includes fire and safety training. Documentation of that training will immediately be added to the employee file.</p> <p>2. Personnel records will be reviewed yearly with their yearly evaluation and included in quarterly QA reviews.</p> <p>3. Clinical supervisor will be responsible for this.</p> <p>4. Status of each employee will be reviewed at time of yearly evaluations and quarterly QA will track any needed updates.</p> <p>5. 9-15-13</p>	
------------	--	--	--

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p>	<p>The agency lacked documentation the owner or operator of the DDA assured a center fire inspection was completed at least annually by the local fire authority and as required by local city or county ordinances.</p> <p>For example, the agency lacked documentation of fire inspections for 2011 and 2012.</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.</p>	

Developmental Disabilities Agency	Franklin County Developmental Services	6/7/2013	
<p>03. Fire and Safety Standards. (7-1-11) a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>		<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>1. FCMC Maintenance supervisor responsible for our facility has added directions to his yearly QA calendar to insure that yearly fire inspections are completed for our building. 2. All fire, safety requirements will be monitored during quarterly QA reviews to achieve compliance. 3. & 4. At time of yearly QA review, clinical supervisor will confer with maintenance supervisor to ensure that yearly fire and safety inspections are scheduled and completed. 5. 9-15-13</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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</p>	<p>Two of two participant records reviewed (Participants A and B) lacked Program Implementation Plans (PIPs) that included corresponding program documentation and monitoring records when intervention services were delivered to the participant.</p> <p>For example, Participants A and B's PIPs lacked evidence they were reviewed and</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other</p>	

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)

approved by the clinical supervisor, as indicated by signature, credential, and date on the plan.

Also, see IDAPA 16.03.10.684.03.c.x.

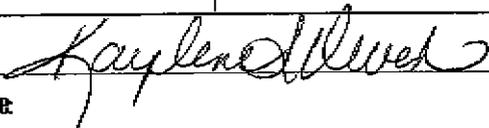
participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?

3. Who will be responsible for implementing each corrective action?

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

1. PIP's will be reviewed and approved by the clinical supervisor with signature, credential, and date on a quarterly basis in conjunction with 3 month status reviews.
2. All participant records will be reviewed quarterly and documented through the QA process.
3. Clinical supervisors will be responsible for documenting reviews on PIP's quarterly.
4. This responsibility has been added to the existing QA checklist.
5. 7-15-13

Administrator/Provider Signature: 	Date: 7-18-13
Department POC Approval Signature: 	Date: 07/31/2013

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