



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – GOVERNOR  
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DIVISION OF LICENSING & CERTIFICATION  
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PHONE (208) 364-1959  
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August 14, 2013

TeRonda Robinson, Administrator  
Community Partnerships of Idaho, Inc. -- Twin Falls  
3076 N Five Mile Road  
Boise, ID 83713

Dear Ms. Robinson:

Thank you for submitting the Plan of Correction for Community Partnerships of Idaho, Inc. -- Twin Falls dated August 12, 2013, in response to the recertification survey concluded on June 11, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result of the compliance review, we issued Community Partnerships of Idaho, Inc. -- Twin Falls a 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 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 (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

Community Partnerships of Idaho, Inc. -- Twin Falls  
5COMMTY045-1

1201 Falls Ave E Ste 34  
Twin Falls, ID 83301-  
(208) 376-4999

**Survey Type:** Recertification

**Entrance Date:** 6/10/2013

**Exit Date:** 6/11/2013

**Initial Comments:** Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Supervisor, DDA/ResHab Certification Program.

16.03.10.655.03.a

**655. DDA SERVICES: PROCEDURAL REQUIREMENTS.**

03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11)  
a. To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis. (3-29-12)

One of two participant records reviewed (Participant 2) lacked documentation that assessments accurately reflected the current status of the participant. To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis.

For example, Participant 2's record lacked documentation of a current psychological assessment. The record included a psychological assessment (Psych. Data) dated May 10, 2013, and another psychological assessment (Psych. Data) dated May 12, 2010. The participant had a mental health diagnoses on the AXIX I of dysthymic disorder, PTSD, and social phobia. There was no current assessment within two years.

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 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.

2013-08-01

		<ol style="list-style-type: none"> <li>1. Whenever a participant has a dual diagnosis the DS will request an updated psychological to be put on the ISP. CPI will ensure it gets completed.</li> <li>2. A review of all files will be done to make sure psychological evals are obtained for any participant with a dual diagnosis and documentation placed in the file.</li> <li>3. Director of Adult Services, Program Director, &amp; DS.</li> <li>4. This has been added to our QA form for file review. The QA's are required annually for each file to ensure compliance with IDAPA rules.</li> <li>5. August 1, 2013</li> </ol>	
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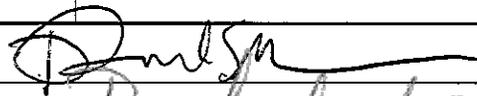


<p>16.03.21.410.01.b</p> <p><b>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</b></p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>01. Yearly Training. The DDA must ensure that staff or volunteers who provide 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>One of four employee records reviewed (Employee 4) lacked documentation that the agency assured each agency staff providing services to participants were certified in CPR and First Aid within ninety (90) days of hire and maintained current certification thereafter.</p> <p>For example, Employee 4's record lacked documentation that her CPR/First Aid certification was maintained and kept current. The employee's CPR/First Aid certification was for March 5, 2011, through March 5, 2013. She did not get recertified until May 4, 2013, which left a gap in CPR/First Aid certification between March 6, 2013, and May 3, 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"> <li>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.</li> <li>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?</li> <li>3. Who will be responsible for implementing each corrective action?</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</li> <li>5. By what date will the corrective actions be</li> </ol>	<p>2013-07-01</p>
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completed? Enter this date in the column to the far right.

1. Additional tracking will be implemented to ensure that there are no gaps in CPR/First Aid for all employees. Additional classes will be taught as needed.
2. All staff records have been checked and classes scheduled to ensure no gap occurs. If the staff is unable to get in a class, they will not be allowed to provide services until they are certified.
3. Program Director, DS, & CPR/First Aid Trainer
4. Training will be checked at least monthly to ensure that staff get certified in CPR/First Aid before it expires.
5. July 1, 2013

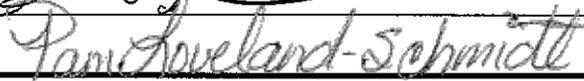
Administrator/Provider Signature:



Date:

8/12/13

Department POC Approval Signature:



Date:

8/14/2013

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