



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 14, 2013

James Moss, M.P.A., Administrator
Living Independently Forever, Inc. dba LIFE
545 North Benjamin Lane, Suite 155
Boise, ID 83704

Dear Mr. Moss:

Thank you for submitting the Plan of Correction for Living Independently Forever, Inc. (LIFE) dated November 14, 2013, in response to the recertification survey concluded on October 10, 2013. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey, we issued LIFE a three-year certificate effective from November 15, 2013, through November 30, 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) 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

Living Independently Forever, Inc. dba LIFE
4LIFE052

545 N Benjamin Ln Ste 155
Boise, ID 83704-9625
(208) 888-0076

Survey Type: Recertification

Entrance Date: 10/8/2013

Exit Date: 10/11/2013

Initial Comments: Survey Team: Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; Pam Loveland-Schmidt, 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
16.03.10.654.05 654. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS. 05. DDA Program Implementation Plan Requirements. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements: (7-1-11)	Based on review of agency records, it was determined that 1 of 2 participant records (Participant 1) lacked evidence the Program Implementation Plans (PIP's) were related to a goal or objective on the participant's plan of service. For example, Participant 1's Developmental Assessment dated September 1, 2012, objective "follows a written 4 part direction for a recipe" and the Individual Service Plan (ISP) stated the same, but the PIP's state a 3 part direction for a recipe. There was an addendum for 2012 stating, "Unable to accomplish the 3 step direction for a recipe," but then the new plan was not changed to address the 3-step direction. The PIP did not relate to the goal/objective authorized on the ISP.	1. Developmental Specialists have been retrained on modifying objectives, baselines, establishing criteria, etc. Developmental Specialists will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Participant records have been reviewed for accuracy. 3. Developmental Specialists will be primarily responsible for ensuring PIPs accurately reflect goals/objectives identified on ISP. 4. Program Director or designee will complete ongoing review of all PIPs to ensure compliancy. 5. Retraining has been conducted and reviews will be ongoing.	2013-11-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.c</p> <p>656.GENERAL STAFFING REQUIREMENTS. 01. Standards for Paraprofessionals Providing Developmental Therapy. When a paraprofessional provides developmental therapy, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 655 of these rules. A paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. For paraprofessionals to provide developmental therapy in a DDA, the agency must adhere to the following standards: (7-1-13)</p> <p>c. Professional Observation. The agency must ensure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the</p>	<p>Based on review of agency records, it was determined that 1 of 8 employees (Employee 3) did not have documentation of monthly observations for May 2013 or October 2012.</p>	<ol style="list-style-type: none"> 1. Developmental Specialists have been retrained on monthly observation requirements. Developmental Specialists will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Employee files have been reviewed for accuracy. 3. Developmental Specialists will be primarily responsible for completing monthly observations and maintaining accurate records. 4. Program Director or designee will complete ongoing review of Monthly Observation Forms to ensure compliance. 5. Retraining has been conducted and reviews will be ongoing. 	<p>2013-11-01</p>

work performed by the paraprofessional under his supervision, to ensure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.02.f</p> <p>665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.</p> <p>All providers of HCBS state plan option services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)</p> <p>02. Habilitative Support Staff. Habilitative supports must be provided by an agency certified as a DDA with staff who are capable of supervising the direct services provided, or by the Infant Toddler Program. Providers of habilitative supports must meet the following minimum qualifications: (7-1-13)</p> <p>f. Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide habilitative supports. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 2 employees (Employee 8) the agency did not have documentation that the employee had completed the Department-approved Habilitative Supports competency coursework.</p>	<ol style="list-style-type: none"> 1. Clinical Supervisors have been retrained on competency coursework requirements. Clinical Supervisors will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Employee files have been reviewed for accuracy. 3. Clinical Supervisors will be primarily responsible for scheduling competency coursework and maintaining accurate records. 4. Program Director or designee will complete ongoing review of competency coursework to ensure compliance. 5. Retraining has been conducted and reviews will be ongoing. 	<p>2013-11-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03.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>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>a. The supervision of service elements of the agency, including face to face supervision of agency staff providing direct care services; and (7-1-11)</p>	<p>Employees 8 and 9 received documented supervision from Employee 7, who was not identified as a Clinical Supervisor.</p>	<ol style="list-style-type: none"> 1. Clinical Supervisors have been retrained on duties/supervision requirements. Clinical Supervisors will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Employee files have been reviewed for accuracy. 3. Clinical Supervisors will be primarily responsible for employee supervision and maintaining accurate records. 4. Program Director or designee will complete ongoing review of documentation to ensure compliancy. 5. Retraining has been conducted and reviews will be ongoing. 	<p>2013-11-01</p>
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</p>	<p>Based on review of agency documents, it was determined that for 2 of 5 employees (Employees 5 and 6) the agency did not have documentation that observations were completed on a monthly basis or more often as necessary.</p>	<ol style="list-style-type: none"> 1. Clinical Supervisors have been retrained on monthly observation requirements. Clinical Supervisors will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 	<p>2013-11-01</p>

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)
 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)

For example, both Employee 5 and 6 provided direct services, but the agency did not document that observations were completed for either employee.

- 2. Employee files have been reviewed for accuracy.
- 3. Clinical Supervisors will be primarily responsible for completing monthly observations and maintaining accurate records.
- 4. Program Director or designee will complete ongoing review of Monthly Observation Forms to ensure compliancy.
- 5. Retraining has been conducted and reviews will be ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 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</p>	<p>Based on review of agency records, it was determined that 3 of 9 employees (Employees 6, 8, and 9) did not maintain First Aid and/or CPR certification.</p> <p>For example: Employee 6 did not maintain First Aid certification from January 2012 until February 6, 2012. Employee 8 did not maintain CPR certification</p>	<ul style="list-style-type: none"> 1. Agency utilizes electronic database to track training dates, including CPR/First Aid certification. Agency staff have been retrained on use of database and will be required to demonstrate awareness and proficiency of standards. 2. Employee files have been reviewed for accuracy. 3. Program Director will be primarily responsible for monitoring database, as well as scheduling trainings. 	<p>2013-11-01</p>

must: (7-1-11)
 b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)

from September 2011 until October 12, 2011.
 Employee 9 did not maintain First Aid certification from May 2011 until July 1, 2011.

4. Program Director or designee will complete ongoing review of employee files to ensure compliancy.
 5. Retraining has been conducted and reviews will be ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b.i</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 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) b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11) i. The agency must ensure that CPR and first-aid trained staff are present or accompany</p>	<p>Based on review of agency records, it was determined that for 2 of 9 employees (Employees 8 and 9) the agency did not ensure that CPR and First Aid trained staff were present when DDA services were being provided.</p> <p>For example:</p> <p>During the time period from September 2011 through October 12, 2011, Employee 8 did not maintain CPR certification. During this period, the employee provided DDA services and it was identified that there were no other certified staff present during that time.</p> <p>For Employee 9, during the time period from May 2011 through July 1, 2011, the employee</p>	<p>1. Agency utilizes electronic database to track training dates, including CPR/First Aid certification. Agency staff have been retrained on use of database and will be required to demonstrate awareness and proficiency of standards.</p> <p>2. Employee files have been reviewed for accuracy.</p> <p>3. Program Director will be primarily responsible for monitoring database, as well as scheduling trainings.</p> <p>4. Program Director or designee will complete ongoing review of employee files to ensure compliancy.</p>	<p>2013-11-01</p>

participants when services or DDA-sponsored activities are being provided. (7-1-11)

did not maintain First Aid certification. During this period, the employee provided DDA services and it was identified that there were no other certified staff present during that time.

5. Retraining has been conducted and reviews will be ongoing.

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>03. Fire and Safety Standards. (7-1-11)</p> <p>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</p>	<p>Based on review of agency records, it was determined that for 1 out of 2 locations (Benjamin Lane) the agency did not have annual fire inspections for 2010 and 2011.</p>	<ol style="list-style-type: none"> 1. Office Manager has been retrained on annual fire inspection requirement. Office Manager will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Officer Manager will be primarily responsible for scheduling annual fire inspections. 4. Program Administrator or designee will complete ongoing review of fire inspections to ensure compliancy. 5. Retraining has been conducted and reviews will be ongoing. 	<p>2013-11-01</p>

corrective action taken on violations cited; (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.e</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>03. Fire and Safety Standards. (7-1-11)</p> <p>e. Portable heating devices are prohibited except those units that have heating elements that are limited to not more than two hundred twelve degrees Fahrenheit (212°F). The use of unvented, fuel-fired heating devices of any kind is prohibited. All portable space heaters must be approved by Underwriters Laboratories as well as approved by the local fire or building authority and covered in the local fire or building inspections; and (7-1-11)</p>	<p>Based on a facility review, it was determined that the agency was utilizing a portable heater that did not meet rule requirements.</p>	<ol style="list-style-type: none"> 1. Office Manager has been retrained on portable heater requirements. Office Manager will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Officer Manager will be primarily responsible for ensuring portable heaters meet facility standards. 4. Program Administrator or designee will complete ongoing review of portable heaters to ensure compliancy. 5. Retraining has been conducted and reviews will be ongoing. 	<p>2013-11-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.501.01</p> <p>501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: (7-1-11)</p> <p>01. Preventative Maintenance Program. Establish a preventive maintenance program for each agency-owned or leased vehicle, including vehicle inspections and other regular maintenance to ensure participant safety. (7-1-11)</p>	<p>Based on review of agency policy and procedure, it was determined that the agency did not follow its policy and procedure for agency-owned vehicles.</p> <p>For example, the agency did not complete vehicle inspections for three quarters, as policy indicated for agency vehicle "LIFE 1" in 2011.</p>	<ol style="list-style-type: none"> 1. Office Manager has been retrained on vehicle inspection requirements. Office Manager will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Officer Manager will be primarily responsible for ensuring vehicle inspections occur quarterly. 4. Program Administrator or designee will complete ongoing review of Vehicle Safety Checklists to ensure compliancy. 5. Retraining has been conducted and reviews will be ongoing. 	2013-11-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.511.02.d</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>02. Handling of Participant's Medication. (7-1-11)</p> <p>d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-11)</p>	<p>Based on review of agency policies and procedures, it was identified that the agency's medication policy did not include a policy that medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days.</p>	<ol style="list-style-type: none"> 1. Agency policies have been revised to require medications no longer used by participants be destroyed within thirty (30) days. Agency staff will receive training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation. 4. Program Director or designee will complete ongoing review of medication destruction records to ensure compliancy. 5. Policy manual has been revised and reviews will be ongoing. 	<p>2013-11-01</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.511.04.f</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or</p>	<p>Based on review of agency policies and procedures, it was identified that the agency's medication policy did not include written instructions that outlined required documentation of assistance and who to call if any doses are not taken, overdoses occur, or</p>	<ol style="list-style-type: none"> 1. Agency policies have been revised to require supervisor contact in the event medications are missed, overdoses occur, or side effects are observed. Agency staff will receive training and be required to demonstrate awareness and proficiency of standards. 	<p>2013-11-01</p>

<p>other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-11) f. Written instructions are in place that outline required documentation of assistance and who to call if any doses are not taken, overdoses occur, or actual or potential side effects are observed; (7-1-11)</p>	<p>actual or potential side effects are observed.</p>	<p>2. Changes will be program-wide. 3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation. 4. Program Director or designee will complete ongoing review of medication logs to ensure compliancy. 5. Policy manual has been revised and reviews will be ongoing.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.511.04.g 511. MEDICATION STANDARDS AND REQUIREMENTS. 04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-11)</p>	<p>Based on review of agency policies and procedures, it was identified that the agency's medication policy did not include procedures for disposal or destruction of medications that were consistent with procedures outlined in the " Assistance with Medications" course.</p>	<p>1. Agency policies have been revised to require medications no longer in use be delivered to hazardous waste disposal site. Agency staff will receive training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide.</p>	<p>2013-11-01</p>

g. Procedures for disposal or destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (7-1-11)

3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation.

4. Program Director or designee will complete ongoing review of medication destruction records to ensure compliancy.

5. Policy manual has been revised and reviews will be ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.01.d</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)</p>	<p>Based on observations and review of agency records for 1 of 2 participants, it was determined that the agency lacked evidence it ensured skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill whenever appropriate.</p> <p>For example: Participant 1's PIP for "follow a written 3 part direction following a recipe or following cooking instruction" listed for specific environment: "DDA adult center e.g. Adult center kitchen," but did not address the natural settings, such as home, where the skill would naturally occur. The participant also worked on money skills. The objective was to determine how many items the participant could purchase with \$50. The staff wrote different dollar amounts on a small white board. The staff</p>	<p>1. Developmental Specialists have been retrained on skill training in natural settings. Developmental Specialists will be provided ongoing training and be required to demonstrate awareness and proficiency of standards.</p> <p>2. Participant records have been reviewed for accuracy.</p> <p>3. Developmental Specialists will be primarily responsible for ensuring PIPs accurately reflect natural settings.</p> <p>4. Program Director or designee will complete ongoing review of all PIPs to ensure compliancy.</p> <p>5. Retraining has been conducted and reviews will be ongoing.</p>	<p>2013-11-01</p>

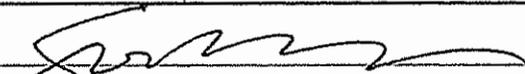
handed the participant the staff's cell phone in order to use the calculator to add up the items. Both of these skills as implemented do not appear to be conducive to learning and are not generalized in the natural setting.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.e</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>Based on review of agency policies and procedures, it was determined that the agency did not conduct an annual review of the code of ethics, identify violations, and implement an internal plan of correction for 2010, 2011, or 2012.</p>	<ol style="list-style-type: none"> 1. Program Administrator will conduct annual review of code of ethics to comply with IDAPA standards. 2. Changes will be program-wide. 3. Program Administrator will be primarily responsible for completing annual reviews. 4. Documentation of annual review, violations, and internal plan of correction will be maintained on file and available upon request. 5. Code of ethics review was completed in 2013 and will occur annually hereafter. 	<p>2013-11-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.f</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)</p>	<p>Based on review of agency policies and procedures, it was determined that the agency did not conduct an annual review of the agency's policies and procedures manual to identify the specific date and content of revisions made for 2010, 2011, or 2012.</p>	<ol style="list-style-type: none"> 1. Program Administrator will conduct annual review of Policy Manual to comply with IDAPA standards. 2. Changes will be program-wide. 3. Program Administrator will be primarily responsible for completing annual reviews. 4. Documentation of annual review, including date and revisions made will be maintained on file and available upon request. 5. Policy Manual review was completed in 2013 and will occur annually hereafter. 	<p>2013-11-01</p>

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Administrator/Provider Signature:



Date:

11/14/13

Department POC Approval Signature:

Bobbi Hamilton, BCBA

Date:

11/14/13

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