



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 17, 2013

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 December 16, 2013, in response to the recertification survey concluded on November 5, 2013. The Department has reviewed and approved the Plan of Correction.

The Department issued Access Living a provisional DDA certificate effective from November 15, 2013, through May 14, 2014. A provisional certificate is issued contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. In order to continue operation as a DDA, your agency must be found by the Department to be in substantial compliance with IDAPA 16.03.21 before the end of the provisional certification period.

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 -- Meridian
3ACCLVG147

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

Survey Type: Recertification

Entrance Date: 11/4/2013

Exit Date: 11/5/2013

Initial Comments: Survey Team: Bobbi Hamilton, 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
<p>16.03.10.663.02.b</p> <p>663. CHILDREN'S HCBS STATE PLAN OPTION: COVERAGE AND LIMITATIONS. All children's home and community based services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. The following services are reimbursable when provided in accordance with these rules: (7-1-11) 02. Habilitative Supports. Habilitative Supports provides assistance to a participant with a disability by facilitating the participant's independence and integration into the community. This service provides an opportunity for participants to explore their interests, practice skills learned in other therapeutic environments. And learn through interactions in typical community activities. Integration into the community enables</p>	<p>Based on review of agency records, it was determined that for 1 of 2 participants (Participant 2) the agency did not ensure that the participant was involved in age-appropriate activities and was engaging with typical peers according to the ability of the participant.</p> <p>For example, it was identified on Participant 2's Habilitative Supports notes that the participant is not often around peers and therefore does not have the opportunities to engage with them.</p>	<p>Each week, Clinical Supervisor 1 keeps track of interventionists and support workers data /notes and timesheets being turned in on time by way of a form that is filled out. She will add to that form a place to be marked and dated if the worker had his/her participant around other peers to engage with those peers for those workers who have participants who have that on their plan. There will be a place to check yes or no. If no is checked, it will be up the Clinical Supervisor 1 to find out why from the support worker or interventionist. Measures will be taken to ensure this is being done by having Clinical Supervisor 2 look over these forms quarterly.</p>	<p>2013-12-15</p>

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<p>participants to expand their skills related to activities of daily living and reinforces skills to achieve or maintain mobility, sensorymotor, communication, socialization, personal care, relationship building, and participation in leisure and community activities. Habilitative Supports must: (7-1-11)</p> <p>b. Ensure the participant is involved in age-appropriate activities and is engaging with typical peers according to the ability of the participant; and (7-1-11)</p>		

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 1 employee (Employee 2), the agency did not have documentation that the employee had completed the Department-approved Habilitative Supports competency coursework.</p>	<p>After an employee has been hired, he/she will be given the website to find the HS competency course. After taking the course, the employee will bring all quizzes and reflective questions to Clinical Supervisor 1. The employee intake paperwork will now include a place for Clinical Supervisor 1 who is doing hiring to mark off that all quizzes and essays for the HS competency coursework has been obtained before they begin working with clients. Clinical Supervisor 1 will be the responsible party. For employees who do not have these documents currently in their file will make a contact with the person in charge and get back into their class and print off their missing documents.</p>	<p>2013-12-15</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Rechecked
<p>16.03.10.683.03.a</p> <p>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 683 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)</p> <p>03. Habilitative Intervention Evaluation. The purpose of the habilitative intervention evaluation is to guide the formation of developmentally-appropriate objectives and intervention strategies related to goals identified through the family-centered planning process. The habilitative interventionist must complete an evaluation prior to the initial provision of habilitative intervention services. The evaluation must include: (7-1-11)</p> <p>a. Specific skills assessments for deficit areas identified through the eligibility assessment; (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency did not have documentation that included specific skills assessments for deficit areas identified through the eligibility assessment within the Habilitative Intervention Evaluation.</p>	<p>Clinical Supervisor 2 will update our FBA to include the information regarding the specific skills assessment mentioned here. She and Clinical Supervisor 1 will implement this form for all clients by looking through their binders for the specific skills assessments for deficit areas identified within the eligibility assessment. We will implement a checklist for new clients ensuring that we have all documents needed before that client begins. Q&A will be that both Clinical Supervisor 1 and Clinical Supervisor 2 checkoff with their initials and date that this particular document is in place.</p>	<p>3-15-2014</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected	
<p>16.03.10.663.03.b</p> <p>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11) 03. Habilitative Intervention Evaluation. The purpose of the habilitative intervention evaluation is to guide the formation of developmentally-appropriate objectives and intervention strategies related to goals identified through the family-centered planning process. The habilitative interventionist must complete an evaluation prior to the initial provision of habilitative intervention services. The evaluation must include: (7-1-11) b. Functional behavioral analysis; (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency did not have documentation that included a Functional Behavioral Analysis within the Habilitative Intervention Evaluation.</p>	<p>Clinical Supervisor 1 and Clinical Supervisor 2 will obtain an FBA form that fits the needs of our participants and the rules of Idapa. Following this, a functional behavior analysis will be performed on said clients, as well as all clients who have deficiencies in these areas. This analysis will be part of the HI Evaluation. Again, clinical supervisor 2 will mark the check off sheet and write her initials and date on the orientation sheet showing that FBA has been done for each evaluation. Clinical Supervisor,1 will check off assessments, quarterly.</p>	<p>2014-03-15</p>	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.683.03.c</p> <p>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)</p> <p>03. Habilitative Intervention Evaluation. The purpose of the habilitative intervention evaluation is to guide the formation of developmentally-appropriate objectives and intervention strategies related to goals identified through the family-centered planning process. The habilitative interventionist must complete an evaluation prior to the initial provision of habilitative intervention services. The evaluation must include: (7-1-11)</p> <p>c. Review of all assessments and relevant histories provided by the plan developer; and (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency did not have documentation that included a review of all assessments and relevant histories provided by the plan developer within the Habilitative Intervention Evaluation.</p>	<p>Clinical Supervisors 1 & 2 will make a template that includes a review of all assessments and relevant histories for all clients provided by the plan developer. Clinical Supervisor 2 will write up the documentation and Clinical Supervisor 1 will review it. They will both initial and date the participants orientation sheet needed before beginning services. These documents will be reviewed quarterly to ensure compliance at all times.</p>	<p>2014-03-15</p>
<p>16.03.10.683.03.d</p> <p>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency did not have documentation that included a Clinical Opinion within the Habilitative Intervention Evaluation.</p>	<p>Clinical Supervisor 2 will write up the Clinical Opinion for all clients who have deficiencies. Clinical Supervisor 1 will review them, initial and date each one.</p>	<p>2014-03-15</p>

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<p>the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)</p> <p>03. Habilitative Intervention Evaluation. The purpose of the habilitative intervention evaluation is to guide the formation of developmentally-appropriate objectives and intervention strategies related to goals identified through the family-centered planning process. The habilitative interventionist must complete an evaluation prior to the initial provision of habilitative intervention services. The evaluation must include: (7-1-11)</p> <p>d. Clinical Opinion. Professional summary that interprets and integrates the results of the testing. This summary includes functional, developmentally appropriate recommendations to guide treatment. (7-1-11)</p>		<p>Clinical Supervisor 1 & 2 will make final draft and check off on participants initial orientation sheet to ensure that sheet is completed before client begins services.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.b</p> <p>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13)</p> <p>b. The program implementation plan must be written, implemented, and submitted to the</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency did not have documentation that the Program Implementation Plans were sent to the plan developer within fourteen (14) days after the first day of ongoing programming.</p>	<p>Clinical Supervisors 1 & 2 will put in place electronic reminders when the plans get started and when they are due to the plan provider. Clinical Supervisor 1 & 2 will have their own checks and balances with check sheets ready to check off that we are in time with time sensitive materials. From the beginning day of baseline being taken (first day of the plan) we will begin working on the plan and have it ready to go 14 days later. Check list will include plan start date, baseline date, date it was sent, date of assessment and date it is due to the Case Man-</p>	<p>2-15-14</p>

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<p>plan developer 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 documented participant-based justification for the delay. (7-1-13)</p>		<p>ager.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<p>16.03.10.684.03.c 684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13) c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the Implementation Plans were not completed by the Habilitative Interventionist.</p>	<p>It was determined during our exit interview that, Clinical Supervisor 2 would write the HI Plans and Clinical Supervisor 1 would review them as our checks and balances and having them double checked. We will both sign off on them. We will also gather information about the client through a survey that the interventionist will fill out to give Clinical Supervisor 2 as a picture of what is going on with the client. We will set this in place for all clients.</p>	<p>2014-01-31</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c.ii</p> <p>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13)</p> <p>c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)</p> <p>ii. A baseline statement. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 2 participant files (Participant 2) the participants Program Implementation Plans did not include a baseline statement.</p> <p>For example, Participant 2's sharing and toileting objectives did not include a baseline statement.</p>	<p>As Clinical Supervisor 2 will be writing the plans Clinical Supervisor 1 will be checking them as a double check system, all IP's will have a baseline statement on the plans. This will take care of any discrepancies for this particular matter.</p> <p>As for the current finding on participant 2's IP, that will be corrected by Clinical Supervisor 1 by completing the baseline statement on the plan for both goals. All client files will have objectives for each goal to ensure compliance on this rule.</p>	2013-12-13

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c.iii</p> <p>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13)</p> <p>c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)</p> <p>iii. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 2 participant files (Participant 2) the Program Implementation Plans did not include measurable objectives.</p> <p>For example, within Implementation Plans for Participant 2, the objectives were incomplete and therefore a measurable objective could not be determined.</p>	<p>As Clinical Supervisor 2 will be writing the plans and Clinical Supervisor 1 will be checking them as a double check system, all IP's will have measurable objectives on the plans. This will take care of any discrepancies for this particular matter. As for the current finding on participant 2's IP, that will be corrected by Clinical Supervisor 1 by completing the measurable objective of the plan. This will be done for all participants to ensure compliance throughout. There will be a review of 25% of the files quarterly to ensure continuing compliance</p>	<p>2013-12-13</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c.vi</p> <p>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13)</p> <p>c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)</p> <p>vi. A description of the evidence-based treatment approach used for the service provided. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 2 participant files (Participant 2) the Program Implementation Plans did not include a description of the evidence-based treatment approach used for the service provided.</p>	<p>Currently there is a summary of the evidence-based treatment approach at the end of the full IP document. The IP template will be modified to include the evidence-based treatment approach for each objective. Again, we will have double checks for this practice, Clinical Supervisors 1 & 2 will both review this practice. All new files and files that are checked quarterly will follow this same rule.</p>	<p>2014-01-18</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected	
<p>16.03.21.400.01</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>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 records, it was determined that the agency administrator had not ensured agency compliance with the rules governing developmental disabilities agencies, ensured adequate oversight of staff, ensured the implementation of the agency's written policies and procedures, and provided oversight for the agency's quality assurance program.</p>	<p>The administrator will implement a separate quarterly audit to review whether or not QA is being done as outlined in policy. This will be added to the QA policy as well as a check sheet that the program administrator will sign off on quarterly to insure these things are being completed in the future.</p>	2013-12-20	
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.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 3 of 3 employees (Employees 2, 3, and 4) the agency did not have documentation that observation and review of the direct services performed were completed on at least a monthly basis, or more</p>		2013-12-01	

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<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>often if necessary.</p> <p>For example:</p> <p>Employee 2 did not have documentation of observations in 2012 for November and December, and in 2013 for February, March, July, August, September, and October.</p> <p>Employee 3 did not have documentation of observations in 2013 for October.</p> <p>Employee 4 did not have documentation of observations in 2012 for June, November, and December, and in 2013 for February, March, August, and September.</p>	<p>We are implementing a monthly check list to include all Monthly duties, one of which is a Monthly Review of all employees that which must be performed by Clinical Supervisors 1 & 2. There will also be an electronic monitoring system put in place at certain points throughout the months so to alert clinical supervisors to do the monthly reviews. Clinical Supervisors will have a checks and balances between themselves to ensure compliance. The binder with the monthly observations in it will be reviewed quarterly to ensure compliance.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01</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>Based on review of agency records, it was determined that for 1 of 3 employees (Employee 3) the employee did not have documentation within the record that she had completed 12 hours of required annual training for 2012 or 2011.</p> <p>REPEAT DEFICIENCY from the September 2010 survey (previously IDAPA 16.04.11.415.01).</p>	<p>Since the audit, Employee 3 has obtained transcripts from "Learning Theory" Class giving her 30 CEU's A copy of the transcripts are in her file. This is for 2011. For 2012 another part of the class was taken for which she got 15 CEU's This requirement is complete. On a quarterly basis, Clinical Supervisor,1 will review all employee files. to ensure all employees have their CEU's. If they do not, Clinical Supervisor 1 or 2 will set up a training to offer to each employed. Reviewing these on a quarterly basis will show how far along they are in getting their 12 CEU's</p>	<p>2013-12-02</p>

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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>Based on review of agency records, it was determined that for 1 of 3 employees (Employee 4) the agency did not have documentation of initial fire safety training.</p>	<p>Apparently we have more than one orientation sheet for new employees. When Clinical Supervisor 1 started this employee, employee was trained in Fire Safety, but Clinical Supervisor neglected to make any kind of documentation on it due to using the wrong form for a new employee. We have since consolidated our forms into one which includes a check box for initial fire training. This will be a necessary completed document to be filled out before an employee begins working. This document will be reviewed by both Clinical Supervisors 1 & 2 to ensure compliance. Again, all employee files will be reviewed quarterly to ensure compliance.</p>	<p>2013-12-05</p>

Rule Reference/Text	Finding	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b.i</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>i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 3 employees (Employee 4) the agency did not ensure that CPR and First Aid trained staff were present or accompanied participants when services or DDA sponsored activities were being provided.</p> <p>For example, Employee 4 did not have CPR or First Aid certification from her date of hire on March 15, 2012, until June 6, 2012. The agency did not have certified staff present during that timeframe.</p>	<p>A new policy will be set in place that a new employee cannot begin services with a participant until he/she has completed a certified CPR/1st Aid class to avoid this problem in the future. The employee must bring Clinical Supervisor 1 documentation of having taken the class. This will be documented on her/his orientation sheet with initials, credentials and date and the documentation papers will be filed in employees file.</p> <p>As far as the agency identifying any other participants that may be affected by the deficiency, employees all have their CPR currently.</p>	<p>2013-12-27</p>

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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 corrective action taken on violations cited; (7-1-11)</p>	<p>Based on a review of the agency records, it was determined that the agency did not have documentation to verify that the center had been inspected at least annually by the local fire authority.</p> <p>For example, the agency had fire inspections conducted for November 3, 2010, through November 3, 2011, and then again for October 29, 2012, through October 29, 2013. The agency did not have an annual fire inspection for November 4, 2011, through October 28, 2012.</p>	<p>A checklist will be included in the quarterly and annual management meetings. This will include quarterly fire drills and annual fire inspections. Administrator will be the responsible party. This will be updated in policy as well as the checklist procedure.</p>	<p>2013-12-13</p>

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<p>16.03.21.500.04.a-b</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>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)</p> <p>a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-11)</p> <p>b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)</p>	<p>Based on review of the agency records, it was determined that the agency did not conduct quarterly fire drills.</p> <p>For example:</p> <p>In 2011 there was no documentation of a drill completed for the 3rd quarter.</p> <p>In 2012 there was no documentation of a drill completed for the 1st quarter.</p> <p>In 2013 there was no documentation of a drill completed for the 3rd quarter.</p> <p>REPEAT DEFICIENCY from the September 2010 survey (previously IDAPA 16.04.11.500.04.a).</p>	<p>A checklist will be included in the quarterly and annual management meetings. This will include quarterly fire drills and annual fire inspections. Administrator will be the responsible party. This will be updated in policy as well as the checklist procedure.</p>	2013-12-13	

Developmental Disabilities Agency		Access Living -- Meridian		11/5/2013
Rule/Reference/Text	Findings	Plan of Correction	Date to be Corrected	
16.03.21.510.01.a 510. HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-11) a. Describe how the agency will ensure that each staff person is free from communicable disease; (7-1-11)	Based on review of agency policies and procedures, it was determined that the agency did not have a policy that described how the agency will ensure that each staff person is free from communicable disease.	A proper form will be found and adopted for our communicable disease documentation. This document will be explained and signed by each new employee upon hire. This will also be on the employee check list to be initialed and dated by Clinical Supervisor. Administrator will be the responsible party. Employee files will be reviewed quarterly to ensure compliance.	2013-12-15	
Rule/Reference/Text	Findings	Plan of Correction	Date to be Corrected	
16.03.21.510.01.c 510. HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-11) c. Address any special medical or health care needs of particular participants being served	Based on review of agency policies and procedures, it was determined that the agency did not have a policy to address any special medical or health care needs of particular participants being served by the agency.	This has actually been done verbally when training a new hire. Clinical Supervisor 1 has been training each client that employee will be working with. We have merely checked it off with "trained on client". Beginning now, Clinical Supervisor 1 will identify the specifics listed in the findings and add them to the current form. Clinical Supervisor 1 or 2	1-31-14	

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Developmental Disabilities Agency by the agency. (7-1-11)		go over all medical needs, and other health care needs they need to be aware of. This will be taken care of at the time of new employee filling out paperwork. This will be done for all employees Also, parents will be emailed each month to check on any med changes.	11/5/2013
16.03.21.510.03 510. HEALTH REQUIREMENTS. 03. Employees. Each employee who has direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (7-1-11)	Based on review of agency records, it was determined that for 3 of 4 employees (Employees 2, 3, and 4) the agency did not have documentation to ensure that the staff members were free from communicable diseases.	A form will be added to each employee's file stating that they do not have any communicable diseases. Each employee will sign and date this form and it will be added in their file. Clinical Supervisor 1 will oversee this.	2013-12-27

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.510.04</p> <p>510. HEALTH REQUIREMENTS.</p> <p>04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (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 all incident reports to include written recommendations for 2010, 2011, or 2012.</p>	<p>Currently incident reports are reviewed on a monthly basis at the management meeting as incidents arise. However, a second process will be added to review all incident reports from the year at the annual management meeting. This will insure we are addressing systemic issues. This will be written into policy as well as added to the annual management meeting agenda. We will begin with this years end of year management meeting in December. Administrator will be the responsible party.</p>	<p>2013-12-13</p>

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Rule Reference/Text	Findings	Plan of Correction	Date This Corrected
<p>16.03.21.600.02.a.i 600. 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) 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11) a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11) i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>	<p>Based on review of agency records it was determined that for 2 of 2 participant files (Participants 1 and 2) the participant's record did not contain an Individualized Education Plan (IEP).</p>	<p>We have contacted all schools of our participants to request an IEP. We have received almost half of them back. After the Thanksgiving break, Clinical Supervisor 1 will call all schools left on the list for a second request. At that time, if we do not receive all that we have requested, Clinical Supervisor 1 will call the remaining schools again, or fax again, and ask if there is something we can do to ensure getting them at least by the end of the year. To avoid this in the future, we will make it a practice to have an IEP for each client before we start services with them. IEP will be one of the documents on a check off list in each client's files to be checked off, initialed and dated by Clinical Supervisor 1</p>	<p>2013-12-30</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>Based on review of agency records, it was determined that for 1 of 2 participant files (Participant 2) the participant's record did not include the employee's credentials with their signature.</p> <p>For example: on Participant 2's Habitative Intervention notes from July 27, 2013, the employee did not include her credential with her signature.</p>	<p>All staff have been instructed to include their credentials along with their signatures whenever they sign any documents. As a checks and balances system, when Clinical Supervisor 1 reviews each employee's notes, she will specifically look for signature, credentials and date. For checks and balances, Clinical Supervisor 2 will review the notes monthly for compliance. If there is a signature or credential missing, this note will be put in the employee's box with a note to fix the note and return to Clinical Supervisor 1. After review, the note will be filled.</p>	2013-12-23

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<p>16.03.21.601.01.d</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>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency's profile sheet did not match the information contained in this rule.</p> <p>For example:</p> <p>Participant 1 did not have a profile sheet within the file.</p> <p>Participant 2's profile sheet did not include current medications.</p>	<p>We will look at each participant's profile sheet to see that all information is on the sheet including special dietary needs, current meds, and allergies that matches what info is on the POS. We will update these profile sheets with current information that is on their Plan of Service. This form will be put in the front of the participants file. We will also make sure that this profile sheet is on client check list and is in order before we start with a client. Clinical Supervisor 1 will be the responsibility party. Parents will be emailed monthly to see if there are any med changes.</p>	2014-02-14	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected	
<p>16.03.21.601.01.f</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the agency did not have documentation that an Intervention Evaluation had been completed.</p>	<p>Currently these evaluations are being completed by Clinical Supervisor, 2. From now on, we will add this to the participant orientation sheet to ensure it gets done before we start services with the participant. As a checks and</p>	2014-01-31	

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<p>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>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>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)</p>		<p>balances system, Clinical Supervisor 1 will also review these evaluations before turning them into the case manager.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.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>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>d. A method for assessing participant satisfaction annually including minimum criteria for participant response and alternate methods to gather information if minimum</p>	<p>Based on review of agency policies and procedures, it was determined that the agency was not implementing its policy for assessing participant satisfaction as identified within this rule.</p>	<p>Family surveys have been sent out to all families. A few of them have come back. We will keep these in a binder for easy access and send them out annually. Clinical Supervisor 1 will continue to remind HI and HS's to ask their family's to return the surveys. This binder will be reviewed annually to ensure compliance.</p>	<p>2013-12-31</p>

Developmental Disabilities Agency criteria is not met; (7-1-11)	Access Living -- Meridian		11/5/2013
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16.03.21.900.02.e 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) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) 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)	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.	The code of ethics will be reviewed annually at the end of year, annual management meeting, with the first one to go in effect this month. Administrator will be responsible for this. The policy will be updated as well as this topic added to the annual agenda.	2013-12-13

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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 its policies and procedures, and specify the date and content of revisions made for 2010, 2011, or 2012.</p>	<p>The agency policies and procedures will be reviewed annually at the end of year, annual management meeting, with the first one to go in effect this month. Administrator will be responsible for this. The policy will be updated as well as this topic added to the annual agenda.</p>	<p>2013-12-13</p>

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Administrator/Provider Signature:

Kenneth D. [Signature]

Date:

12/16/13

Department POC Approval Signature:

S. D. [Signature]

Date:

12/16/13

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