



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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December 6, 2013

Maggie Schumacher, Administrator  
Foundations for Independence LLC  
7161 Potomac Drive, Suite B  
Boise, ID 83704

Dear Ms. Schumacher:

Thank you for submitting the Plan of Correction for Foundations for Independence LLC dated December 3, 2013, in response to the initial survey concluded on November 7, 2013. The Department has reviewed and approved the Plan of Correction.

As a result, we have issued Foundations for Independence LLC a full one-year certificate effective from December 21, 2013 through December 31, 2014, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 364-1906.

Sincerely,

ERIC D. BROWN  
Manager  
DDA/ResHab Certification Program

EDB/slm

Enclosures

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



# Statement of Deficiencies

*Developmental Disabilities Agency*

Foundations for Independence LLC  
DDA-4807

7161 Potomac Dr Ste A and B  
Boise, ID 83704  
(208) 629-8225

**Survey Type:** Initial

**Entrance Date:** 11/6/2013

**Exit Date:** 11/7/2013

**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
16.03.10.664.01.a.v 664. CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS. 01. General Requirements for Program Documentation. The provider must maintain records for each participant served. Each participant's record must include documentation of the participant's involvement in and response to the services provided. For each participant, the following program documentation is required: (7-1-11) a. Direct service provider information that includes written documentation of the service provided during each visit made to the participant, and contains, at a minimum, the following information: (7-1-11) v. Specific place of service. (7-1-11)	Based on review of agency records, it was determined that for 2 of 2 participant files reviewed (Participants 1 and 2) the record did not include written documentation of the specific place of service for each visit made to the participant.	1. What actions will be taken to correct the deficiency? All staff will be trained on documenting specific place/location of service. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? All HI data sheets, and HS daily logs will be reviewed and signed off on by the Clinical Supervisor.	2013-11-15

		<p>3. Who will be responsible for implementing each corrective action? Agency Administrator and Clinical Supervisor</p> <p>4. How will corrective actions be monitored to ensure the problem is corrected and does not recur? Ongoing review by Clinical Supervisor</p> <p>5. By what date will the corrective be completed? All staff received training on or before 11.15.13</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.664.02.b</p> <p>664. CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS. 02. Habilitative Supports Documentation. In addition to the general requirements listed in Subsection 664.01 of this rule, the following must be completed: (7-1-11)</p> <p>b. The clinical supervisor reviews the summary on a monthly basis and when recommendations for changes to the type and amount of support are identified, submits the recommendations to the plan developer. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 1 participant record reviewed (Participant 2) the agency lacked documentation that the Clinical Supervisor reviewed the Habilitative Supports summary on a monthly basis.</p>	<p>1. What actions will be taken to correct the deficiency? A signature line has been added to the monthly HS monthly summaries to indicate they have been reviewed by a Clinical Supervisor. All HS monthly summaries submitted before 11.7.13 will be reviewed, signed, and dated by the Clinical Supervisor.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? HS monthly summaries will be reviewed by the Clinical Supervisor. The Clinical Supervisor will sign and date to show that the monthly summary has been reviewed.</p> <p>3. Who will be responsible for implementing corrective action? Agency Administrator and Clinical Supervisor</p> <p>4. How will corrective actions be monitored to ensure the problem is corrected and does not recur?</p>	2013-11-08

Each month the Clinical Supervisor will review and sign all HS monthly summaries before they are filed into participant binders.  
 S. Signature line was added to 11.8.13

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.02.f                      665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.                      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)                      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)                      f. Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to</p>	<p>Based on review of agency records, it was determined that for 1 of 4 employee records (Employee 1) the agency did not have documentation of the complete competency coursework approved by the Department related to the requirements to provide Habilitative Supports.</p>	<ol style="list-style-type: none"> <li>1. What actions will be taken to correct the deficiency.?The Personnel File QA checklist has been changed to include that documentation of HS certification must include copies of all HS quizzes.</li> <li>2. What will agency do to identify any other participants, staff, or systems that may be affected by the deficiency? All HS personnel files will be reviewed to ensure they include copies of all HS quizzes.</li> <li>3. Who is responsible for implementing the corrective action? Agency Administrator</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Personnel QA Checklist will be completed before staff begins working with participants.</li> </ol>	<p>2013-12-01</p>

provide habilitative supports. (7-1-11)

5. By what date will the corrective actions be completed? Personnel File QA Checklist updated on 12.1.13

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 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>Based on review of agency records, it was determined that for 1 of 1 participant records (Participant 1) the agency did not submit the implementation plans to the plan developer within fourteen (14) days.</p> <p>For example, Participant 1 began intervention services on August 12, 2013. The agency documented email confirmation that the program implementation plans were sent to the plan developer on October 18, 2013.</p>	<p>1. What actions will be taken to correct the deficiency? Program Implementation due dates will be documented in the Participant QA spreadsheet. Record of the Implementation Plans being sent will be kept in the participant's binder.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? All HI participant binders will be reviewed to ensure there is documentation that shows Implementation Plans were sent to case manager.</p> <p>3. Who will be responsible for implementing each corrective action? Agency Administrator and Clinical Supervisors</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Ongoing monitoring by Clinical Supervisor</p> <p>5. By what date will the corrective actions be completed?</p>	<p>2013-12-13</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c</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>Based on review of agency records, it was determined that for 1 of 1 participant record (Participant 1) the Implementation Plans were not completed by the Habilitative Interventionist.</p>	<p>1. What actions will be taken to correct the deficiency? Program Implementation Plans will be written by Habilitative Interventionist working directly with the participant. Program Implementation plans will include an Habilitative Interventionist signature line and a signature line to indicate the Implementation Plan has been reviewed by a Clinical Supervisor.</p> <p>3. Who will be responsible for implementing each corrective action? Clinical Supervisors</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? All Implementation Plans will be reviewed and signed by a Clinical Supervisor.</p>	<p>11.8.13</p>

		<p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 1 of 4 employee records (Employee 3) the agency did not meet the Criminal History and Background Check rule requirements.</p> <p>For example, agency documents identified that Employee 3 was not available to provide services until October 29, 2013. However, Employee 3 began providing services on October 15, 2013.</p>	<ol style="list-style-type: none"> <li>1. What actions will be taken to correct the deficiency? Before an employee may begin working with participants their Background Check application will be printed, reviewed and notarized.</li> <li>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? All personnel files will be reviewed to ensure they are in compliance with IDAPA 16.05.06</li> <li>3. Who will be responsible for implementing each corrective action? Agency Administrator</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Review of Personnel Files prior to delivery of services.</li> <li>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</li> </ol>	<p>2013-12-13</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.07.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>07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements: (7-1-11)</p> <p>b. Have received instructions in the needs of the participant who will be provided the service; and (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 3 of 3 employee records (Employees 1, 2, and 3) the employee had not received instructions in the needs of the participant who was provided the service.</p>	<ol style="list-style-type: none"> <li>1. What actions will be taken to correct the deficiency? A Special Health, Medical, and General Needs training form has been created and will be placed in each participant's binder. Each staff will review this document and receive training on the needs of the participant who will be provided the service.</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? The Special Health, Medical, and General Needs training form will be included in all participant binders and reviewed with staff providing direct service to participant.</li> <li>3. Who will be responsible for implementing each corrective action? Agency Administrator</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Special Health, Medical, and General Needs form will be reviewed with staff before services are provided.</li> <li>5. By what date will the corrective actions be completed?</li> </ol>	<p>2013-12-13</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.c</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>c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)</p>	<p>Based on review of agency records, it was determined that for 3 of 3 employee records (Employees 1, 2, and 3) the employee had not been trained to meet any special health or medical requirements of the participants they served.</p>	<ol style="list-style-type: none"> <li>1. What actions will be taken to correct the deficiency? A Special Health, Medical, and General Needs training form has been created and will be placed in each participant's binder. Each staff will review this document and receive training on the needs of the participant who will be provided the service.</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? The Special Health, Medical, and General Needs training form will be included in all participant binders and reviewed with staff providing direct service to participant.</li> <li>3. Who will be responsible for implementing each corrective action? Agency Administrator</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Special Health, Medical, and General Needs form will be reviewed with staff before services are provided.</li> <li>5. By what date will the corrective actions be completed?</li> </ol>	<p>2013-12-13</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.501.02</p> <p>501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: (7-1-11)</p> <p>02. Transportation Safety Policy. Develop and implement a written transportation safety policy. (7-1-11)</p>	<p>Based on review of agency policy and procedure, it was determined that the agency was not implementing their transportation policy as indicated by their policy.</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. Vehicle Safety Inspection Form will be completed as part of the orientation process.</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? All personnel files will be reviewed to ensure the Vehicle Safety Inspection has been completed.</p> <p>3. Who will be responsible for implementing each corrective action? Agency Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Personnel File QA checklist will be completed before a new employee may begin providing services.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	<p>2013-12-13</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</p>	<p>Based on review of agency records, it was determined that for 1 of 2 participant records (Participant 1) the record did not include the employee's credentials with their signature who</p>	<p>1. What actions will be taken to correct the</p>	<p>2013-11-15</p>

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)

provided the service.

deficiency? All staff will received training on credentials.

3. Who will be responsible for implementing each corrective action? Agency Administrator and Clinical Supervisor

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Documentation received without credentials will be returned to the appropriate staff for correction.

5. By what date will the corrective actions be completed? All staff received training on or before 11.15.13

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.905.03.a 905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-11) 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document</p>	<p>Based on review of agency records, it was determined that for 2 of 2 participant files (Participants 1 and 2) the record did not include that the agency had documented that each person receiving services had received all required information contained in this rule.</p>	<p>1. What actions will be taken to correct the deficiency? In accordance with IDAPA 16.03.21.905.03a, participants and their guardian when applicable will be provided with a statement of client rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. Each participant or guardian's signature will be obtained to</p>	<p>2013-12-13</p>

that each person receiving services is informed of his rights in the following manner: (7-1-11)

a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-11)

demonstrate they have been provided with this documentation.

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? Agency Administrator and Clinical Supervisors

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Ongoing monitoring by Agency Administrator and Clinical Supervisors.

5. By what date will the corrective actions be completed?

Administrator/Provider Signature:

Date: 12/3/13

Department POC Approval Signature:

Date: 12/6/13

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