



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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DIVISION OF LICENSING & CERTIFICATION
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December 2, 2013

Khali Berlin, LCPC, Administrator
A+ Solutions Center, LLC
P.O. Box 969
Burley, ID 83318

Dear Ms. Berlin:

Thank you for submitting the Plan of Correction for A+ Solutions Center, LLC dated November 26, 2013, in response to the recertification survey concluded on November 21, 2013. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification surveys, we previously issued A+ Solutions Center, LLC three-year certificates effective from December 16, 2013, through November 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates were issued on the basis of substantial compliance and are contingent upon the correction of deficiencies.

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

Sincerely,

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

PLS/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

A+ Solutions Center, LLC
DDA-4823

2311 Park Ave Ste 3
Burley, ID 83318-2104
(208) 312-0471

Survey Type: Initial

Entrance Date: 11/19/2013

Exit Date: 11/21/2013

Initial Comments: Survey Team: 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
<p>16.03.21.500.03.f</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>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)</p>	<p>One of two facilities inspected (Twin Falls) lacked evidence that all hazardous or toxic substances were properly labeled and stored under lock and key.</p> <p>For example, the Twin Falls facility had chemicals in a cabinet that was not locked.</p>	<p>1. The keys to the cabinet have been located and the chemicals have subsequently been appropriately locked and stored. All staff who work in the Twin Falls facility will be given training about keeping cleaning materials and other chemicals stored under lock and key. The CS/DS will conduct monthly inspections, at a minimum, to ensure compliance.</p> <p>2. All staff in both agencies will be given ongoing training for increased awareness of keeping cleaning materials and other chemicals stored under lock and key so that any deficiencies may be quickly identified and corrected. Training will be documented. There were no other staff or participants identified as affected.</p> <p>3. CS, DS.</p> <p>4. The administrator will monitor corrective actions through documentation submitted by the CS/DS.</p>	12/2/2013

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04</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>Two of two facilities lacked evidence that the evacuation plans posted throughout the center included the location of all fire extinguishers and designated meeting area outside of the building.</p> <p>For example:</p> <p>The Twin Falls location evacuation plan did not identify the location of the two fire extinguishers in the room (corrected during survey).</p> <p>The Burley location evacuation plan did not identify the designated meeting area outside of the building.</p>	<p>1. The evacuation plans have been corrected to include all necessary components, including meeting areas. The CS/DS will utilize a checklist to ensure compliance during monthly inspections.</p> <p>2. There were three other evacuation plans located in the building that did not include meeting areas. These have been corrected. If identified through monthly inspections in the future, the CS/DS will ensure immediate correction.</p> <p>3. CS, DS</p> <p>4. The administrator will conduct inspections biannually of documentation and evacuation plans to ensure compliance.</p>	<p>11/26/2013</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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</p>	<p>Two of four participant records reviewed (Participants 3 and 4) lacked documentation that the profile sheet contained 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.</p> <p>For example:</p> <p>Participant 3's profile sheet had a section for special medical needs, allergies, and special dietary needs, which had not been completed. The plan of service stated the participant takes Trazedone and Levothyroxine medications, which were not listed on the profile sheet. There was an allergy medication, Zyrtec, listed under the medication section on the profile sheet, but there were no allergies listed under the allergy section.</p> <p>Participant 4's profile sheet did not include Clonidine medication, which was listed on the plan of service.</p>	<p>1. The two participants' profile sheets have been updated to reflect the most current information. New profile sheets will be given to all participants during annual status reviews and planning so that the most current information is continuously collected and documented in the record.</p> <p>2. All participants' profile sheets will be reviewed by the CS/DS to ensure current information. If any deficiencies are detected, profile sheets will be updated to reflect participants' current status.</p> <p>3. CS, DS</p> <p>4. The CS/DS will submit written documentation to the administrator about deficiencies detected and corrected.</p>	<p>12/09/2013</p>

Administrator/Provider Signature:

Khalia Berlin, LCP

Sum Thometz CS/OS

Date: 2013-11-26

11/27/13

Department POC Approval Signature:

Lani Cleveland-Schmidt

Date: 12/2/2013

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