



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. 'BUTCH' OTTER – GOVERNOR  
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December 30, 2013

Amy Wright, Administrator  
A New Leaf, Inc.  
2428 North Stokesberry Place  
Meridian, ID 83646-5035

Dear Ms. Wright:

Thank you for submitting the Plan of Correction for A New Leaf, Inc. dated December 23, 2013, in response to the recertification survey concluded on December 5, 2013. The Department has reviewed and approved the Plan of Correction.

As a result, we have issued A New Leaf, Inc. a three-year certificate effective from February 1, 2014, through January 31, 2017, 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

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disabilities Agency Certificates



## Statement of Deficiencies

Developmental Disabilities Agency

A New Leaf, Inc.  
4ANEWLEAF142-1

2428 N Stokesberry Pl  
Meridian, ID 83646-5035  
(208) 939-3888

Survey Type: Recertification

Entrance Date: 12/4/2013

Exit Date: 12/5/2013

Initial Comments: Survey Team: Kimberly Cole, Medical Program Specialist; and Eric Brown, Program Manager.

Code Reference/Text	Findings	Plan of Correction	Date to be Completed
<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>Review of agency documentation revealed that the file for Employee 2 did not contain documentation of annual fire safety training.</p>	<p>Fire Safety Training has been added to every January to avoid missing the annual training, post new hire training. Each DDA staff training log will be reviewed to ensure other staff are not missing their annual training. If any staff are identified, they will receive their annual training by the end of January with the new annual requirement. The Clinical Supervisor's (CS) will be responsible for implementing and documenting the training. CS created a spreadsheet to check off annual training to ensure each staff receives training. Corrective action will be completed by January 31, 2014.</p>	<p>2014-01-31</p>

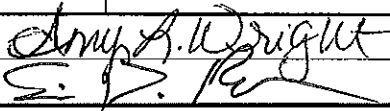
Rule Reference / ID	Findings	Plan of Correction	Date to be Completed
<p>16.03.21.500.04.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>04. Evacuation 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>Review of agency documentation revealed that the agency did not complete fire drills for the Boise and Nampa locations during the first quarter of 2013.</p>	<p>Prior policy was to schedule fire drills on the master calendar for each quarter. To ensure each calendar quarter is not missed, we have moved up the quarterly date by 30 days so we don't miss the quarterly cutoff. No other system should be affected. Our IT Admin was responsible for changing the master schedule and for completing the fire drills. Administrator will check drill log each quarter for compliance. Corrective action will be completed by December 20, 2013.</p>	<p>2013-12-20</p>

Rule Reference / Title	Finding	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p><b>601. RECORD REQUIREMENTS.</b> 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</p>	<p>Review of agency documentation revealed that the participant profile sheet for 4 of 4 participants did not contain all of the required information as specified in this rule.</p>	<p>Participant profile has been updated to allow for required information including the excessive medical documentation. All participant's files will be reviewed and transferred to the new form for those missing the medical documentation. The Clinical Supervisor will be responsible for implementing the new profile. The new form will ensure all required documentation is located on the profile and will prevent the deficiency from recurring. Corrective action will be completed by January 31, 2014.</p>	<p>2014-01-31</p>

Information: (7-1-11)

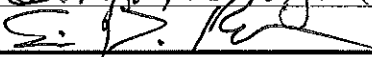
d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)

Administrator/Provider Signature:



Date: 2013-12-23

Department POC Approval Signature:



Date: 12/24/13

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