



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE (208) 364-1959  
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December 26, 2013

Heather Bennett, Manager  
Excellence in Everyone, LLC  
P.O. Box 154  
Saint Anthony, ID 83445

Dear Ms. Bennett:

Thank you for submitting the Plan of Correction for Excellence in Everyone, LLC dated December 20, 2013, in response to the recertification survey concluded on December 6, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Excellence in Everyone, LLC a three-year certificate effective from March 1, 2014, through February 28, 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 (208) 239-6267.

Sincerely,

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

PLS/slm

Enclosures

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



# Statement of Deficiencies

Developmental Disabilities Agency

Excellence in Everyone, LLC  
DDA-336

49 W 1 N  
Saint Anthony, ID 83445-  
(208) 624-2002

Survey Type: Recertification

Entrance Date: 12/4/2013

Exit Date: 12/6/2013

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program.

Main Deficiency Code	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.f</p> <p><b>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</b></p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p><b>03. Fire and Safety Standards. (7-1-11)</b></p> <p>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)</p>	<p>The agency lacked evidence it assured all hazardous or toxic substances in the facility were properly labeled and stored under lock and key.</p> <p>For example, a large container of Clorox cleaner wipes was not stored under lock and key.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> <li>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. The container was removed and put under lock and key during survey. Any substances labeled "keep out of reach of children" will be stored under lock and key</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? All substances labeled "keep out of reach of children" will be stored under lock and key.</li> <li>3. Who will be responsible for implementing each corrective action? Administrators will train staff of importance of keeping all hazardous or toxic substances stores under lock and key. Office manager</li> </ol>	<p>2013-12-05</p>

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		<p>and all Excellence in Everyone employees will also be expected to help monitor for safety needs.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Continuous training among staff will be ongoing and regular. It has been added to our Facility QA.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>Corrected during survey on 12/5/2013.</p>	
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Rule Reference (s)	Findings	Plan of Correction	Date to be Completed
<p>16.03.21.500.04.b</p> <p><b>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</b></p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p><b>04. Evacuation Plans.</b> 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>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>The agency lacked documentation that a brief summary of each fire drill conducted included all elements identified in rule.</p> <p>For example, the agency's fire drill summaries lacked documentation of participants and staff who participated in the drills.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <p>1. What actions will be taken to correct the deficiency? The Fire Drill documentation form has been modified to include a section to document which staff and participants participated in drills and evacuations.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Names of staff and participants have been added to the Drill documentation and will be included in the future on all drills and evacuations. If identified, what corrective actions will be taken? Rule will be monitored yearly to ensure no changes in rule have occurred. If so, forms will be updated and corrected to reflect rule changes.</p> <p>3. Who will be responsible for implementing each corrective action? Administrators will oversee this corrective action.</p>	<p>2013-12-19</p>

		<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Rule will be monitored yearly to ensure no changes in rule have occurred. If so, forms will be updated and corrected to reflect rule changes. It has been added to our QA process, to check names of staff and participants.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. Form has been completed and fire drill performed on Thursday December 19, 2013. New documentation completed to include staff and participant names that participated in drill.</p>	
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Rule Reference / Title	Findings	Plan of Correction	Date in Progress
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<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>The agency lacked documentation that it complied with all elements of this rule. For example, the agency lacked documentation that it reviewed all incident reports at least annually with written recommendations.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must complete questions 2-4 on the Plan of Correction.)</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the questions listed below:</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? Form has been created and reviews will be done ever year to review all incident/accident reports. Recommendations from relevant findings will be noted and documented.</p> <p>3. Who will be responsible for implementing each corrective action? Administrators will oversee this corrective action.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Review and report will be done every December as an overview of fiscal year. Has been added to our QA process.</p>	
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Rule Reference / Text	Findings	Plan of Correction	Date to be Completed
<p>16.03.21.601</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>Based on review of two of four participant records (Participants 1 and 2), it was determined the agency lacked documentation that it maintained accurate, current, and complete participant and administrative records.</p> <p>For example, records for Participants 1 and 2 lacked documentation that staff signed (with credentials) and dated the time in/time out sheets. Also, it was difficult to determine which data each staff completed when two staff signed off on the data sheet.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> <li>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. Data entry has been modified to include staff signatures, time in/out and individualized data fields per staff.</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? This new form will be implemented for every adult participant receiving services.</li> <li>3. Who will be responsible for implementing each corrective action? Administrators and Adult Developmental Specialists are responsible for implementing this corrective action.</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? This will be implemented into regular QA process to ensure all staff are completing form correctly. All staff will receive training on new form and processes.</li> <li>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. New data sheets will be implemented February 1, 2014.</li> </ol>	<p>2014-02-01</p>

Rule Reference/Code	Findings	Plan of Correction	Date of Review
<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>The agency's written quality assurance program lacked evidence that it included an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the questions listed below:</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? Form has been created and reviews will be done ever December to review code of ethics and any related staff write ups for the year. Recommendations from relevant findings will be noted and documented.</p> <p>3. Who will be responsible for implementing each corrective action? Administrators will oversee this corrective action.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Review and report will be done every December as an overview of fiscal year.</p>	

Administrator/Provider Signature: *Heather Bennett D.S.* Date: *12/20/13*

Department POC Approval Signature: *Jan Howard-Schmitt* Date: *12/20/13*

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