



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 15, 2014

Alicia Ward, Administrator
The Lilypad, LLC
168 McClure Ave,
Nampa, ID 83651

Dear Ms. Ward:

Thank you for submitting the Plan of Correction for The Lilypad, LLC dated August 14, 2014, in response to the recertification survey conducted on July 15, 2014 through July 17, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued The Lilypad, LLC a full certificate effective from August 12, 2014 through August 11, 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 and accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1828.

Sincerely,

Kerrie Ann Hull, LMSW
Medical Program Specialist
(208) 364-1828
Hullk@dhw.idaho.gov

Enclosures

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

The Lilypad, LLC
DDA-1341

168 McClure Ave
Nampa, ID 83651-2025
(208) 546-9723

Survey Type: Recertification

Entrance Date: 7/15/2014

Exit Date: 7/17/2014

Initial Comments: Surveyors: Eric Brown, Program Manager and Kerrie Ann Hull, Medical Program Specialist.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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>Review of agency documentation revealed that 2 out of 7 employees were out of compliance with IDAPA 16.05.06, "Criminal History and Background checks".</p> <p>For example:</p> <p>Records for employee 4 and 6 revealed that both employees lacked confirmation that an Idaho State Police check had been completed. Records for employee 4 confirmed that an ISP should have been initiated within 30 days from 10/15/13. The ISP was not initiated until 7/12/14.</p> <p>Records for employee 6 lacked documentation of an ISP check having been completed. The agency initiated the ISP check during survey.</p>	<p>1. ISP checks have been completed for the two referenced employees. The Lilypad has implemented an additional step in verifying background check compliance for all new employees. Background check requirements are gathered and confirmed by the Administrative Assistant. Once the background check information is complete, the Administrative Assistant will present the documentation separate from the remainder of the employee file to the Administrator or President for approval. Such written approval must be obtained prior to starting any new employee. The background check process has been clarified. A checklist following the background check process has been added to the new employee procedures.</p> <p>2. All employee files have been reviewed for compliance. One additional employee file lacked an ISP check. At this time, all necessary ISP checks are on file. No other employee files were affected. No participants were affected.</p>	08/07/2014

		<p>3. The President and Administrator will be responsible to review background check requirements and approve new employees to begin working.</p> <p>4. Quarterly employee file QA reviews will be completed on all current employee files.</p> <p>5. All corrections are current. New process and form has been implemented. Quarterly employee file reviews will begin in the 4th quarter 2014.</p>	
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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>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>Review of agency documentation revealed that 2 out of 7 employees lacked documentation reflecting the observation and review of direct services performed by the staff on at least a monthly basis to ensure staff demonstrate the necessary skills to correctly provide the DDA service.</p> <p>For example:</p> <p>Records for employee 2 revealed that monthly observation was not completed for May 2014, April 2014, Feb 2014, Nov 2013 and Dec 2013.</p> <p>Records for employee 3 revealed that a monthly observation was not completed for Jan 2014, Feb 2014, and June 2014.</p>	<p>1. The missing observations were primarily the result of irregularities in schedules due to substituting by Clinical Supervisors. In order to avoid missing monthly observations in the future, two changes will be made. First, observations will be completed in the first two weeks of each month. This will allow much more flexibility for getting observations done prior to the end of the month. Second, the Administrator, Clinical Supervisors (CS), and Administrative Assistant will be meeting weekly. This weekly meeting will include a review of observations completed and needed for the month.</p> <p>2. The final weekly meeting (described above) of the month, will include a review of all observations to ensure completion for every employee. No other staff or participants were affected.</p> <p>3. Responsibility for observations remains with the CS's. CS's will now be required to report on observations each week. The Administrator is responsible for the implementation of weekly reviews and any disciplinary action necessitated therein.</p> <p>4. The weekly review by the Administrator will ensure that observations are completed.</p> <p>5. The first weekly meeting to review observations will take place on 08/14/2014.</p>	<p>08/14/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.05</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>05. Limitations. If an agency administrator or a clinical supervisor also works as a professional delivering direct services, the agency must have policies and procedures demonstrating how the agency will continue to meet agency staffing requirements in Subsections 400.01 through 400.04 of this rule. (7-1-11)</p>	<p>Through review of agency documentation it was determined that the agency lacked policies and procedures demonstrating how the agency will meet staffing requirements given that both clinical supervisors within the agency also work as professionals delivering direct services.</p>	<ol style="list-style-type: none"> 1. The agency currently has two Clinical Supervisors and an Administrator. The CS's provide substitution Intervention, however the other CS or the Administrator will be available to supervise and observe direct services provided by a CS. Please see the attached addition to Lilypad policy, section IV. C. 2. There have not been any participants, staff, or systems affected by this deficiency as supervisors have always been available. 3. The President has already completed the correction to policy. 4. The Administrator is responsible to review observations and verify that proper supervision is performed when a CS provides a direct service. 	<p>08/07/2014</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.c</p> <p>601. RECORD REQUIREMENTS.</p> <p>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</p>	<p>Through review of agency documentation it was determined that the agency did not maintain a copy of the results of a psychological assessment within the participant record for 1 out of 5 participant records</p> <p>For example:</p> <p>Participant A had a psychological assessment completed on 9-23-13 but agency did not obtain a copy of it until 7/9/14.</p>	<ol style="list-style-type: none"> 1. Participant files will be reviewed at least annually for all third party records, including psychological assessments. 2. All participant files have been reviewed for the deficiency. Some participant files also needed updated psychological assessments. All needed third party records have been requested for participant's files not included in the survey and affected by the deficiency. 3. The Clinical Supervisors are responsible for requesting and maintaining third party records in participant files. 	<p>08/07/2014</p>

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)

01. General Records Requirements. Each participant record must contain the following information: (7-1-11)

c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)

	<p>4. CS's review files at least annually and submit QA review to the agency Administrator for approval.</p> <p>5. File reviews are complete, and process has been updated.</p>
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Administrator/Provider Signature: *Matt Nail, President*

Date: 08/14/2014

Department POC Approval Signature: *Keene Anntull, LMSW*

Date: 8/15/2014

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