



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 15, 2014

CERTIFIED MAIL # 7012 3050 0001 2128 2675

Nelly Knapp, Administrator
Sequel Alliance Family Services, LLC
1200 Ironwood Drive, Suite 201
Coeur d'Alene, ID 83814

Dear Nelly Knapp:

Thank you for submitting the Plan of Correction for Sequel Alliance Family Services dated 08/12/2014, in response to the recertification survey conducted on July 21st and 22nd, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Sequel Alliance Family Services a full certificate effective from August 28, 2014 through August 27, 2015 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 208-799-4431.

Sincerely,

KIMBERLY D. COLE, LSW
Medical Program Specialist
208-799-4431
colek@dhw.idaho.gov

Enclosures

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

Statement of Deficiencies

Developmental Disabilities Agency

Sequel Alliance Family Services, LLC
DDA-5130

1200 Ironwood Drive, Suite 201
Coeur d'Alene, ID 83814-
(208) 665-9729

Survey Type: Initial

Entrance Date: 7/21/2014

Exit Date: 7/22/2014

Initial Comments:

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.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>03. Fire and Safety Standards. (7-1-11)</p> <p>a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>	<p>There was no verification of an annual fire inspection. The most recent was April 24, 2013. (there should have been one in March of 2014 as part of the new agency as an initial requirement.</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"> 1. What actions will be taken to correct the deficiency? The program manager will complete a yearly inspection of the QA program which will include the annual fire inspection. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? A yearly review of the QA program will be implemented 3. Who will be responsible for implementing each corrective action? Program Manager 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? A tracking form will be created. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. 	<p>8.31.2014</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.c</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>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>	<p>For three of four participants (#2,3,4) where a psychological assessment was required, there was not one on file.</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"> 1. What actions will be taken to correct the deficiency? Assessments will be requested from the state or doctor. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Assessments will be requested at the time of intake. 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Quarterly reviews of client case files will be conducted. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p>	<p>8.31.2014</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected

16.03.21.601.01.d

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)

01. General Records Requirements. Each participant record must contain the following 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)

For 2 of 4 participants reviewed, the profile sheet was incomplete. 2. Emergency contacts blank, special medical needs says "yes" but doesn't say what they are. 4. Emergency contacts blank

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:
1. What actions will be taken to correct the deficiency? The program manager will review all intakes to ensure it is completed.
2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? The Clinical Supervisor conducting the intake will ensure all sections of the intake packet are filled out.
3. Who will be responsible for implementing each corrective action? Clinical supervisor and/or program manager.
4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? A quarterly review of the case files will be conducted.
5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.

8.31.2014

Administrator/Provider Signature:

Date: 8.12.2014

Department POC Approved Signature:

Date: 8/12/14

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