



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 9, 2014

CERTIFIED MAIL # 7012 3050 0001 2128 2842

Janice Mitchell, Administrator
North Idaho Children's Mental Health
1717 W. Ontario Street,
Sandpoint, ID 83864

Dear Ms. Mitchell:

Thank you for submitting the Plan of Correction for North Idaho Children's Mental Health dated August 22, 2014, in response to the recertification survey conducted on August 18, 2014 through August 19, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued North Idaho Children's Mental Health a full certificate effective from November 11, 2014 through November 10, 2017 unless otherwise suspended or revoked for the following location(s):

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
2. Renewed Developmental Disability Agency Certificate(s)

Statement of Deficiencies

Developmental Disabilities Agency

North Idaho Children's Mental Health, PLLC
DDA-1140

1717 W Ontario St
Sandpoint, ID 83864-
(208) 265-6798

Survey Type: Recertification

Entrance Date: 8/18/2014

Exit Date: 8/19/2014

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

08.25.2014 - Certified mail # 7012 3050 0001 2128 2774

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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 2 out of 5 staff (employee's 2 & 4) did not participate in annual fire and safety training for 2013.</p>	<p>1. On July 10, 2014 the entire staff including all developmental therapy staff received an updated fire safety training. Training will continue to be provided annually. An electronic calendar item has been added to create a reminder to schedule the training. All new hires are trained on the workplace fire safety plan as part of their hiring/ orientation process.</p> <p>2. Participants were not affected by the deficiency as fire drills were completed appropriately. Ongoing assessment will occur at the biannual QA review.</p> <p>3. Paul McGregor - completes training with staff. HR department monitors master training schedule for all staff.</p> <p>4. Utilization of master training schedule to ensure training dates are not missed.</p> <p>5. Immediately as of 7/10/2014</p>	<p>8/26/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</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>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>Review of agency documentation revealed that 2 out of 5 employee records (employees 2 & 4) had a lapse in CPR and First Aid certification from October 2013-August 2014.</p> <p>Agency documentation also revealed that 1 out of 5 employees was not certified in CPR and First Aid within ninety (90) days of hire.</p> <p>For example, records for employee 5 show that the employee was hired 4/1/2014 and was not certified in CPR and First Aid until August 2014.</p>	<p>1. In August 2014 the entire developmental therapy staff received updated CPR/First Aid training. A teaser has been added to the new hire employee checklist to ensure that follow up is completed within appropriate time lines. Training will be provided biennially in August by the agency to all staff to ensure that staff certifications remain current. An electronic calendar reminder has been created to ensure that the training is scheduled. Staff whose certification has lapsed will be immediately removed from unsupervised client activities until their credential is complete</p> <p>2. Biannual QA process will be utilized to ensure that training will not lapse in the future. Clients were potentially placed at risk as the agency did not ensure the level of training of all staff. All staff are current at this time.</p> <p>3. HR department monitors master training schedule for all staff.</p> <p>4. Use of master training schedule and electronic reminder and biannual QA process</p> <p>5. Immediately as of 8/2014</p>	<p>8/5/2014</p>
<p>16.03.21.410.01.b.i</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>b. Be certified in CPR and first aid within ninety</p>	<p>Review of agency documentation revealed that 3 out of 5 employees (employees 2, 4 & 5) were not accompanied by CPR/First Aid trained staff while providing DDA services during the timeframes where the employee was not certified or where the employee's certification had lapsed.</p>	<p>1. In August 2014 the entire developmental therapy staff received updated CPR/First Aid training. A teaser has been added to the new hire employee checklist. Training will be provided biennially in August by the agency to all staff to ensure that staff certifications remain current. An electronic calendar reminder has been created to ensure that the training is scheduled. Staff whose certification has lapsed will be immediately removed from unsupervised client activities until their credential is complete</p> <p>2. Biannual QA process will be utilized to ensure that training will not lapse in the future. Clients</p>	<p>8/5/2014</p>

<p>(90) days of hire and maintain current certification thereafter; and (7-1-11) i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)</p>		<p>were potentially placed at risk as the agency did not ensure the level of training of all staff. 3. HR department monitors master training schedule for all staff. 4. Use of master training schedule and electronic reminder and biannual QA process 5. Immediately as of 8/2014</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.f 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 03. Fire and Safety Standards. (7-1-11) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)</p>	<p>A walk through of the agency's facility revealed that that the agency did not ensure that all hazardous or toxic substances were stored under lock and key. The deficiency was corrected during survey. Repeat Deficiency from 2011 survey.</p>	<p>1. Corrected at survey. Building and maintenance supervisor will complete a sweep of the agency monthly to ensure ongoing compliance with Rule. 2. Participants were at minimal risk as the level of supervision, no less than 1:2, provided prevented access to chemicals. Monthly sweep of the building will ensure ongoing safety compliance. 3. Paul McGregor - building and maintenance supervisor. 4. Monthly sweep of agency to ensure compliance with Rule. Biannual QA process. 5. At survey.</p>	<p>8/19/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p>	<p>Review of the agency's facility revealed evacuation plans that did not include the point of orientation and the current designated meeting area outside of the building. The deficiency was corrected during survey.</p>	<p>1. Corrected at survey. 2. Corrected at survey. Staff were trained on the location of the evacuation point at the annual fire safety training. Clients were not affected by the deficiency as fire drills were completed correctly. Biannual QA will be utilized to ensure ongoing compliance with safety requirements.</p>	<p>8/19/2014</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)

3. Paul McGregor - building and maintenance supervisor
 4. Biannual QA process.
 5. At survey

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.a-b</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>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>Review of agency documentation revealed that fire drills completed by the agency for 2014 lacked documentation of the amount of time it took to evacuate the building. Fire drills completed for 2013 lacked documentation of the problems encountered and corrective action taken.</p> <p>During survey the agency generated a new fire drill form that captures this information. The deficiency was corrected during survey.</p>	<p>1. Corrected at Survey 2. Clients were not affected by the deficiency as this was a documentation concern. Utilization of new form created at Survey to ensure compliance with Rule. 3. Paul McGregor, building and maintenance supervisor. 4. Utilization of new form as well as the biannual QA process. 5. 8/19/2014</p>	<p>8/19/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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>Review of agency documentation revealed that the agency failed to complete an annual review of the agency's code of ethics.</p>	<p>1. The agency has a scheduled training for all developmental therapy staff. An electronic teaser has been created to ensure that the training date is not missed in the future</p> <p>2. Participants were not affected as the level of supervision provided in staffing and with therapists in the building monitor for ethical concerns. Administrative review of agency code of ethics will occur at biannual QA. Ethical violations will be addressed per agency policy.</p> <p>3. Jessica Chilcott and Amy Topp - program managers</p> <p>4. Utilization of biannual QA.</p> <p>5. 9/3/2014</p>	<p>9/3/2014</p>
<p>16.03.21.900.02.f</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>f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)</p>	<p>Review of agency documentation revealed that the agency failed to complete an annual review of the agency's policy and procedure manual.</p>	<p>1. Policy and procedures will be reviewed at biannual QA. Policy and procedure review will occur annually at QA to ensure that policy/procedure is appropriate and functional for the agency.</p> <p>2. Participants were not affected by this deficiency. Biannual QA will occur to identify areas of concern in the implementation.</p> <p>3. Jessica Chilcott and Amy Topp program managers</p> <p>4. Utilization of biannual QA process</p> <p>5. 10/31/14</p>	<p>10/31/2014</p>

Administrator/Provider Signature:

Jessica Chilcott, LMSW

Date: 9-8-14

Department POC Approval Signature:

Kellee Ann Hull LMSW

Date: 9-8-14

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