



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
FAX (208) 287-1164

September 15, 2014

CERTIFIED # 7012 3050 0001 2128 2873

Trinity Nicholson
Panhandle Special Needs, Inc.
1424 N. Boyer Ave.
Sandpoint, ID 83864

Dear Trinity Nicholson:

Thank you for submitting the Plan of Correction for Panhandle Special Needs, Inc. dated September 12, 2014, in response to the recertification survey conducted on August 20, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Panhandle Special Needs, Inc. a full certificate effective from 11/01/2014 through 10/31/2017 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 208-799-4431.

Sincerely,

KIMBERLY D. COLE, LSW
Medical Program Specialist, L & C
208-799-4431
Colek@dhw.idaho.gov

Enclosures

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

Statement of Deficiencies

Developmental Disabilities Agency

Panhandle Special Needs, Inc.
1PSNI065

1424 N Boyer Ave
Sandpoint, ID 83864-2218
(208) 263-7022

Survey Type: Recertification

Entrance Date: 8/20/2014

Exit Date: 8/20/2014

Initial Comments:

Deficiency ID	Description	Findings	Resolution
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)	For 1 of 7 staff files reviewed the criminal history back ground check on record did not meet rule requirements. Staff was hired in 6/1/2009-7/1/2011 and rehired in 1/3/2012. NO new background check has been completed since original date of hire. (5 years)	<p>Program Administrator revised PSNI's background check policy on 9-5-14 to specifically include obtaining new background checks for re-hires.</p> <p>QA committee added to their annual duties double checking with CHU all new hires for the year On 9-5-14</p> <p>Program administrator cross referenced all current employees with CHU on 8-25-14 finding no errors except for the employee identified during this review.</p> <p>The employee identified during this review completed her on-line application and got it notarized at time of review.</p>

<p>16.03.21.400.06.d-e</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>06. Professionals. The agency must ensure that staff providing intervention services have the appropriate licensure or certification required to provide services. A person qualified to provide intervention services must also meet the following minimum requirements: (7-1-11)</p> <p>d. Must complete a supervised practicum and additional coursework as required by the Department; (7-1-11)</p> <p>or</p> <p>e. Individuals working as Developmental Specialists or as Intensive Behavioral Interventionists prior to July 1, 2011, are qualified to provide intervention services until June 30, 2013. The individual must meet the requirements of the Department-approved competency coursework by June 30, 2013, to</p>	<p>For 1 of 2 staff reviewed, there was no documentation that the staff passed the DS exam coursework.</p>	<p>Program administrator will obtain a copy of the passed examination (currently only have a receipt that test was take) by 9-31-14.</p> <p>If test results cannot be obtained by 9-31-14 DS will retake exam.</p> <p>PSNI professional staff policy was revised 9-5-14 to include mandatory receipt of DS examination clearance prior to taking on the duties of the Developmental Specialist</p>	<p>10-15-14</p>

maintain their certification. (7-1-11)

Administrator/Provider Signature:

Jane Nicholson

Date:

9.12.14

Department POC Approval Signature:

Kimberly D Cole

Date:

9-15-14

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