



Statement of Deficiencies

Developmental Disabilities Agency

Independent Living Specialists, LLC
DDA-5187-C

379 Yellowstone Avenue
Pocatello, ID 83201-
(208) 234-8525

Survey Type: Initial

Entrance Date: 9/23/2014

Exit Date: 9/25/2014

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification and Kerrie Ann Hull, Medical Program Specialist, Licensing & Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.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>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>The DDA fire drill documentation lacked evidence the drills include at least two (2) times each year a complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building.</p> <p>For example: The fire drill completed on 07/01/14 lacks documentation of amount of time it took to evacuate the building.</p>	<p>The agency fire drill record form has been updated to include instructions to complete all sections. While the original form did have place to document the start and end times for the drill, the updated form now also includes a space to record total time from start to exit. Drills will be conducted by the administrative/professional staff at least quarterly, but preferably monthly, per agency policy. The drill record form will be completed by the admin/pro staff conducting the drill and be turned in for review by the Director on the same day. The Director will review the record, and complete instructions for corrective action, if needed. The form was updated 10-13-14. The Director will discuss the updated form in administrative/professional program development meeting on 10-17-14, and monitor to ensure the issues are corrected over next three months, and document results in the QA record by 12-15-14.</p>	<p>12-15-14</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.b</p> <p>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>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>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 facility's brief summary of each fire drill summary lacked documentation that indicated the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken.</p> <p>For example: The facility fire drill completed 8/29/14 identifies problems but did not address the corrective action taken. In additions, does not include the staff and participants participating in the drill.</p>	<p>The agency fire drill record form has been updated to include instructions to complete all sections. This is to include the section for corrective action to be taken, as well as a specific section for recording the names of staff and participants taking part in the drill. Drills will be conducted by the administrative/professional staff at least quarterly, but preferably monthly, per agency policy. The drill record form will be completed by the staff conducting the drill and be turned in for review by the Director on the same day. The Director will review the record, and complete instructions for corrective action, if needed. The form was updated 10-13-14. The Director will discuss the updated form in administrative/professional program development meeting on 10-17-14, and monitor use of the form over next three months and document results in the QA record by 12-15-14. Director will then review to ensure correct documentation as part of the regular agency QA process thereafter.</p>	<p>12-15-14</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS.</p>	<p>One of four participant record lacked documentation the profile sheet contains the</p>	<p>The profile sheet for Participant 2 was corrected at the time of survey. However, agency will work to</p>	<p>12-15-14</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 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)

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.

For example:
Participant 2's profile sheet does not provide current information- the 10/03/13 Med/Soc & Dev. Assessment addresses High Cholesterol; 12/11/13 Physician's visit addresses High Cholesterol; Chronic pain.

The agency corrected the deficiency during the survey.

ensure that the issue is corrected systematically. All participant files will be reviewed to ensure that similar issues are found and corrected. Profile sheet now includes instructions for including all diagnoses from all assessments in addition to the Med/Soc to be sure none are missed.

Use of the updated form has already been explained to professional staff. Implementation has also begun as of 10-13-14, and is being implemented by professional staff for their case file records. The agency QA tool will be updated by the Director to include this specific issue as well by 10-31-14.

A full participant record QA will be conducted in three months to ensure that implementation is complete and all issues have been corrected in all files. Director will conduct the QA and record the results by 12-15-14.

Director will then review to ensure continued complete documentation as part of the regular agency QA process thereafter.

Administrator/Provider Signature: *James Boyer* owner/director

Date: 10-17-14

Department POC Approval Signature: *Pam Loveland-Schmidt*

Date: 10/20/14

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