

# Statement of Deficiencies

Developmental Disabilities Agency

Foundations for Independence LLC  
DDA-4807

7161 Potomac Dr Ste A and B  
Boise, ID 83704-  
(208) 629-8225

**Survey Type:** Recertification

**Entrance Date:** 11/4/2014

**Exit Date:** 11/5/2014

**Initial Comments:** Surveyors present: Eric Brown, Program Manager, Licensing & Certification; and, Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification.

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)	Two of six employee records (4,5) lacked documentation the agency verified 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."  For example: Employee 4's date of hire was 08/25/14, the agency was added to her previous DHW criminal history, but the Idaho State Police check was not initiated until 11/4/14. Employee 5's date of hire was 10/09/14, notarized 10/21/14, but not completed on DHW form. The employee started working with participants on 10/11/14. The employee was not available to provide services until 10/30/14 when she was fingerprinted. (Repeat deficiency)	1. New employees will not begin working with participants until clearance letter has been received from DHW. During orientation the Idaho State Police check will be completed and sent for any new employee transferring a background check from DHW. 2. Orientation checklist will indicate DHW clearance letter has been received and Idaho State Police check has been sent including date. 3. Agency Administrator and Clinical Supervisors 4. Completion of orientation checklist.	12.1.14

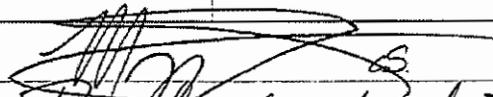
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>01. Yearly 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>One of six employee record lacked documentation the staff providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter.</p> <p>For example: Employee 6's record lacks documentation she maintained current CPR/1st Aid certification. The CPR/1st Aid certification had a gap from 7/6/14 to 8/26/14.</p>	<p>1. An employee QA spreadsheet will be created to track employee CPR and 1st Aid expiration dates. The employee spreadsheet will be monitored to ensure there are no lapses in employee certification.</p> <p>2. Personnel files will be checked to ensure all employees have current CPR and 1st aid.</p> <p>3. Clinical Supervisors and Agency Administrator</p> <p>4. Quarterly review of employee QA spreadsheet by agency administrator to ensure it is updated.</p>	<p>12.1.14</p>

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. 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>The agency lacked documentatin the center meets 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.</p> <p>For example: No annual fire inspection between 05/08/14-10/16/14. The current fire inspection is dated 10/16/14. The initial inspection with the building inspection is dated 05/08/13.</p>	<ol style="list-style-type: none"> <li>1. Next fire inspection will be completed on or before 10/1/15. Reminders will be set in the shared agency calendar.</li> <li>2. N/A</li> <li>3. Agency Administrator</li> <li>4. Reminders set in the shared agency calendar.</li> </ol>	<p>12.1.14</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS. 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>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)</p>	<p>Two of four participant record lack documentation the record contains a 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.</p> <p>For example: Participant 2's profile sheet indicates he has some food sensitivities but does not detail what they are. Med/Soc from ICDE indicates no special dietary needs. The profile does not address current and accurate information. Participant 4's profile sheet is blank for physician. Med/Soc and HJ evaluation identifies a physician which is not address on the profile shett. Also, allergies section was blank and Med/Soc indicates she has allergies.</p>	<ol style="list-style-type: none"> <li>1. Clinical Supervisors will receive training on completion of participant profile sheets. This training will cover all information that must be included on the participant profile sheet in accordance with IDAPA 16.03.21.601.01.</li> <li>2. Clinical Supervisors will review all participant profile sheets and make any needed changes.</li> <li>3. Agency Administrator and Clinical Supervisors</li> <li>4. Quarterly QA of participant files by Agency Administrator. Agency Administrator will review 10% of the participant files selected at random.</li> </ol>	<p>12.1.14</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.f</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>f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)</p>	<p>One of four participant record lacked documentation an evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators.</p> <p>For example: Participant 4's HI Evaluation was not signed, dated or credentialed.</p> <p>The deficiency was corrected during survey. The agency must address questions 2-4 when completing it's plan of correction.</p>	<p>2. All HI evaluations will be reviewed to ensure they have been signed by a Clinical Supervisor. 3. Agency Administrator and Clinical Supervisors 4. Quarterly QA of participant files by Agency Administrator. Agency Administrator will review 10% of the participant files selected at random. 5. 12/1/14</p>	

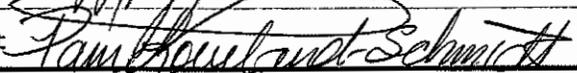
Administrator/Provider Signature:



Date:

11/16/14

Department POC Approval Signature:



Date:

11/12/14

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