

Statement of Deficiencies

Developmental Disabilities Agency

Access Living
3ACCLVG147

690 S Industry Way Ste 45
Meridian, ID 83642-
(208) 922-2207

Survey Type: Recertification

Entrance Date: 9/16/2014

Exit Date: 9/18/2014

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

Cert mail #7012 3050 0001 2128 2965

Rule Reference Code	Findings	Plan of Correction	Date to be Corrected
<p>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)</p>	<p>Review of agency documentation revealed that 1 out of 8 employee records lacked compliance with IDAPA 16.05.06, "Criminal History and Background Checks".</p> <p>For example: Records for employee 8 revealed that the employee's Idaho State Police Check was not initiated within thirty (30) calendar days from the date in which the agency obtained access to the employee's previous clearance.</p>	<p>1. Upon receiving the findings the agency is aware that they did not have a procedure in place for respite care workers, which employee 8 was hired as. The agency is putting into place policies and procedures for hiring and training respite care workers to reduce the risk of this deficiency happening again in the future. The staffing and training policy and procedure has been amended to include that a Idaho State Police Check will be initiated within 30 calendar days from the date in which previous clearance is obtained.</p> <p>2. All other staff files have been pulled to be sure this is not a universal issue. No other staff have this deficiency.</p> <p>3. The administrator will be responsible for writing new job description and hiring policy and procedure.</p>	<p>11/7/14</p>

		<p>4. A new hire packet is being developed to standardize the process for all new hires in all positions.</p> <p>5. The new policies and procedures will be completed by 11/7/14.</p>	
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Rule Reference Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.300.03</p> <p>300.ENFORCEMENT PROCESS. The Department may impose a remedy or remedies, when it determines a DDA has not met the requirements in this chapter of rules.</p> <p>03. Repeat Deficiencies. If the Department finds a repeat deficiency in a DDA, it may impose any of the remedies listed in Subsection 300.01 of this rule. The Department may monitor the DDA on an "as needed" basis, until the DDA has demonstrated to the Department's satisfaction that it is in compliance with these rules. If so, then certification will be granted. If not, the certificate will be denied or revoked. (7-1-11)</p>	<p>Review of agency documentation revealed that the agency has repeat deficiencies from previous surveys conducted in April 2014 and November 2013.</p> <p>For example: Current rule citations 16.03.21.300.04 and 16.03.21.400.05 are repeat citations from April 2014 survey. Current rule citation 16.03.21.410.01.b.i. is a repeat citation from November 2013.</p>	<ol style="list-style-type: none"> 1. This was an oversight of the administrator and this deficiency has been corrected. 2. No other staff or clients have been affected by this deficiency. The procedures were being followed, the policy was incomplete. 3. The Administrator has completed the previous deficiencies. 4. All previous deficiencies have been corrected. All current deficiencies will be corrected by 11/7/14 and reviewed by the clinical supervisor to ensure completeness. 5. Previous deficiencies have been completed and all new deficiencies from this POC will be completed by 11/7/14. 	<p>10/3/14</p>

Rule Reference Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.300.04</p> <p>300. ENFORCEMENT PROCESS. The Department may impose a remedy or</p>	<p>Review of agency documentation revealed that the agency failed to implement its plan of correction three (3) months following a</p>		<p>10/3/14</p>

remedies, when it determines a DDA has not met the requirements in this chapter of rules. (7-1-11)
 04. Failure to Comply. If after three (3) months from the date of survey, the DDA has not implemented the Plan of Correction as approved by the Department and remains out of compliance with the identified rule, the Department may impose one (1) or more of the remedies specified in Subsection 300.01 of this rule. (7-1-11)

previous survey.
 For example:
 The agency failed to implement its plan of correction from survey completed on 4/8/14-4/11/14 for previous rule citation 16.03.21.400.05.
 In addition, the agency failed to implement its plan of correction from survey completed on 11/4/13-11/5/13 for previous rule citation 16.03.21.410.01.b.i.
 Repeat deficiency from April 2014.

1. This was an oversight of the administrator and this deficiency has been corrected.
2. No other staff or clients have been affected by this deficiency. The procedures were being followed, the policy was incomplete.
3. The Administrator has completed the previous deficiencies.
4. All previous deficiencies have been corrected. All current deficiencies will be corrected by 11/7/14 and reviewed by the clinical supervisor to ensure completeness.
5. Previous deficiencies have been completed and all new deficiencies from this POC will be completed by 11/7/14.

Rule Citation	Findings	Plan of Correction	Date to be Corrected
16.03.21.400.05 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 05. Limitations. If an agency administrator or a clinical supervisor also works as a professional delivering direct services, the agency must have policies and procedures demonstrating	Review of agency documentation revealed that the agency lacks policies and procedures demonstrating the staffing requirements given that the clinical supervisor also works as a professional delivering direct services. This is a repeat deficiency from April 2014 survey.	<ol style="list-style-type: none"> 1. This deficiency has been corrected. 2. No other participants, staff or system are affected, as the procedures were being followed even in lieu of the written policy. 3. The administrator corrected this deficiency. 4. The policy and procedure ensure that the clinical supervisor will have supervision on a monthly basis in accordance with all other staff. This is monitored monthly. 5. This deficiency has been corrected. 	10/3/14

how the agency will continue to meet agency staffing requirements in Subsections 400.01 through 400.04 of this rule. (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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 (90) days of hire and maintain current certification thereafter; and (7-1-11)</p> <p>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>Review of agency documentation revealed that the agency failed to ensure that CPR and first-aid trained staff were present when services or DDA-sponsored activities were being provided.</p> <p>For example Records for employee 8 revealed that the employee was certified in CPR on 8/19/14 however worked with participants between 6/9/14-8/19/14 without a certified staff being present.</p> <p>Repeat Deficiency from November 2013 survey.</p>	<ol style="list-style-type: none"> 1. Upon receiving the findings the agency is aware that they did not have a procedure in place for respite care workers, which employee 8 was hired as. The agency is putting into place policies and procedures for hiring and training respite care workers to reduce the risk of this deficiency happening again in the future. A policy is now put in place to address the need for another staff member to be present at all times direct care is being provided if they are not currently CPR and First Aid certified, and includes the stipulation for the need to be certified within the first 90 days of hire. 2. All other staff files have been pulled to be sure this is not a universal issue. No other staff have this deficiency. 3. The administrator will be responsible for writing new job description and hiring policy and procedure. 4. A new hire packet is being developed to standardize the process for all new hires in all positions. 5. The new policies and procedures will be completed by 11/7/14. 	<p>11/7/14</p>

Administrator/Provider Signature:

Karen A. Hill, CEO

Date:

11/5/14

Department POC Approval Signature:

Kerrie Ann Hull, LMSW

Date:

11/5/14

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