

Received

NOV 17 2014

Region 2 Medicaid Programs

Statement of Deficiencies

Developmental Disabilities Agency

Alternative Nursing Services -- Lewiston #1
2ALTNURSE051-1

1827 8th St
Lewiston, ID 83501-
(208) 746-3050

Survey Type: Recertification

Entrance Date: 10/7/2014

Exit Date: 10/9/2014

Initial Comments:

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|---|---|----------------------|
| <p>16.03.21.120.04 120. INITIAL ISSUANCE OF CERTIFICATE. 04. Availability of Certificate. The certificate must be posted in a conspicuous location in the DDA where it may be seen readily by the participants and members of the public. (7-1-11)</p> | <p>Neither center had a certificate for the location posted. Lewiston #2 had the certificate for the agency, but not the center. Kamiah Center did not have a certificate posted, the center certificate was on the wall in the business office location.</p> | <p>1. The Agency corrected the posting of the certificate at the Kamiah location, 306 main St. #4, during the review process. The Agency can not locate a current certification with the 524 Bryden address on it. After speaking with Kim Cole, she said to wait for the new certification to come. The DS responsible for inspecting the center will check for the posted certificate. 2. This deficiency identifies a needed system check to ensure all certifications are current and displayed. This was added to the quarterly Admin QA report. 3. The DS staff member will be responsible for checking the center during the monthly inspection for the certification. The administrator will be responsible for checking all other locations during the quarterly QA. 4. The corrective action has a built in autocheck by being added to the facility and quarterly admin QA form.</p> | <p>11-10-2014</p> |

| 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. 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>For 1 of 6(#5) direct care staff, staff did not have CPR training and there ws no verification that a certified staff was with her while running direct programs.</p> | <ol style="list-style-type: none"> All DDA and ResHab staff are now required to have CPR and First Aid before beginning work with clients. They will not be scheduled until this is completed. This correction was made during the week the reviewers were on site. Agency Policy was updated to reflect this. The scheduling system has a way to monitor for qualifications and this is tracked through that system. Our system pops up a notification in the month that CPR and FA expire. The HR personnel will track that CPR and FA are completed. The scheduler will ensure that CPR and FA are not on the requirements list before scheduling the worker. HR tracks that CPR and FA get completed by reviewing and monitoring the requirements list in the scheduling program. | <p>10-9-14</p> |
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.410.02.d</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 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>02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11)</p> <p>d. Adequate observation, review, and monitoring of staff, volunteer, and participant performance to promote the achievement of participant goals and objectives; (7-1-11)</p> | <p>3 of 6 Staff (#4,5,6) were not observed providing DDA services.</p> | <ol style="list-style-type: none"> Those employees were being observed but during the wrong program. This correction was made during the week the reviewers were present. The observation form was updated on 11-10-2014 to clearly show which program is being observed. The agency administrator reviewed all observation requirements under all provided programs to ensure that we are meeting state and contract requirements. This will affect all programs and clients of the agency. The DS and administrator modified the form to prompt the DS completing it to identify which program is being observed. Agency policy was updated. Furthermore, the DS Administrator maintains a list of employees for each program and when the observations are completed. | <p>10-09-2014</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.</p> <p>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>Lewiston #2 Center did not have a fire inspection by the local fire authority for 2012. There were no records of fire inspections by the local fire authority for the Kamiah center for the last 3 years.</p> | <p>1. We are unable to locate a fire inspection report for 2012 which cannot be resolved. Kamiah fire inspections for both the center and the office are scheduled for 11-18-2014.</p> <p>2. All buildings will have annual fire inspections to meet contract requirements.</p> <p>3. The agency Administrator will be responsible for ensuring all fire inspections have been completed.</p> <p>4. Fire inspections were added to the calendar for a reminder. This was also added to the administrator quarterly QA report with the ability to indicate which quarter the inspection was completed. This will ensure that fire inspections are not overlooked for any location.</p> | <p>11-18-2014</p> |
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.500.03.f</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>03. Fire and Safety Standards. (7-1-11)</p> <p>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)</p> | <p>For Lewiston #2 center location, the nail polish remover which is hazardous and toxic was not put in the locked storage closet.</p> | <p>1. The nail polish remover was locked up as soon as it was pointed out during the review. Checking the center for hazardous and toxic substances was added to the facility checklist. The DS responsible for the facility inspection oversight was made aware of the missed substance.</p> <p>2. This checklist is the same one used for the Kamiah center and this will prompt all staff doing a facility inspection to look for these items.</p> <p>3. The agency administrator has updated the inspection form.</p> <p>4. The DDA administrator will perform the inspection at least monthly and will review all inspections performed by staff that have been trained in the facility inspection.</p> | <p>10-09-2014</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|---|---|----------------------|
| <p>16.03.21.500.04</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>For Lewiston #2 center location, the evacuation plans were not updated with the correct location of the fire extinguisher. For the Kamiah center location, the location of the fire extinguisher was not indicated. Evacuation plans were corrected during survey.</p> | <p>1. All evacuation plans were updated and corrected during the survey.</p> <p>2. Evacuation plans will be reviewed on an annual basis for all office locations to ensure all evacuation plans are up to date and accurate.</p> <p>3. The DDA administrator corrected the center evacuation plans during the survey. The agency administrator will ensure all office locations have an accurate and up to date evacuation plan.</p> <p>4. Review of the evacuation plan for each office location has been added to the quarterly administrator QA report to ensure it is not overlooked.</p> | <p>10-09-2014</p> |
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.510.01.a</p> <p>510. HEALTH REQUIREMENTS.</p> <p>01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-11)</p> <p>a. Describe how the agency will ensure that each staff person is free from communicable disease; (7-1-11)</p> | <p>Policy and form only identify awareness of communicable disease and reporting criteria. There is no methodology implemented for staff to identify that they are clear to work/free from communicable disease upon hire.</p> | <p>1. A declaration form was created and will be signed by all DDA and ResHab staff by 12-05-2014. This allows enough time for 2 billing cycles and all employees to report to the office to collect their paychecks and to complete the form at that time. Also, the communicable disease policy and procedure was updated.</p> <p>2. This declaration of being free of communicable diseases affects all ANS clients and all ANS employees will be required to sign it. It has also been included in the hire packet.</p> | <p>12-05-2014</p> |

| | | <p>3. The DDA administrator will ensure all DDA and ResHab staff have signed the form by 12-05-14. 4. The employee file audit form has been updated to include monitoring for this form. Each Office Manager/HR personnel has been instructed to complete a checklist of all employees and ensure everyone completes the declaration form. The DDA administrator has been instructed to have all DDA and ResHab staff complete the form by the date indicated.</p> | |
|--|---|---|-----------------------------|
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.600.02.a.i 600. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11) 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11) a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11) i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p> | <p>For 1 of 3 records reviewed, the file was missing the IEP.</p> | <p>1. The missing IEP was requested during the audit and has been included in the chart. The DS will complete a 100% chart review each year. The chart audit form does include the IEP as a needed item in the chart. 2. This kind of deficiency affects all clients in general, in that all program documentation and support is needed. All file audit forms have been reviewed for completeness to ensure that all contractual agreements are met. 3. The DS is responsible for auditing all DDA and ResHab charts. The office manager and/or home care coordinator is responsible for auditing all other client charts. 4. When chart audits are turned in weekly for the QA requirements, if they identify missing information that has not been completed, they are returned to the auditor to be completed.</p> | <p>11-13-14</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|--|---|----------------------|
| <p>16.03.21.601</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>The HS documentation did not include a time, duration and type of service. Corrected during survey.</p> | <ol style="list-style-type: none"> 1. This document was revised during the survey and now includes the required components. 2. All DDA and ResHab participant records have been reviewed to ensure they include the time, duration, and type of service. No further missing information was found. 3. The DS administrator is responsible for ensuring all participant documentation contains: 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. 4. The DS administrator and agency administrator will review all new documentation forms to ensure they meet IDAPA. | <p>10-09-2014</p> |
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.900.01.b</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>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <ol style="list-style-type: none"> 1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated. 2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met. 3. The DDA administrator is responsible for implementing the policy and procedure. | <p>11-13-2014</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|--|---|----------------------|
| <p>16.03.21.900.01.c</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>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>c. The environment in which services are delivered is safe and conducive to learning; (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <p>4. The quarterly administrator QA form has been updated to monitor observations.</p> <p>1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated.</p> <p>2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met.</p> <p>3. The DDA administrator is responsible for implementing the policy and procedure.</p> <p>4. The quarterly administrator QA form has been updated to monitor observations.</p> | <p>11-13-2014</p> |
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.900.01.d</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>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <p>1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated.</p> <p>2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met.</p> | <p>11-13-2014</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|--|--|----------------------|
| <p>16.03.21.900.01.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>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>e. The rights of a person with disabilities are protected and each person is provided opportunities and training to make informed choices.</p> | <p>For 1 of 3 participants reviewed (#2) the agency has not observed him in DDA. Therefore, the agency has not implemented their policy and assured compliance with this rule.</p> | <p>3. The DDA administrator is responsible for implementing the policy and procedure.</p> <p>4. The quarterly administrator QA</p> <p>1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated.</p> <p>2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met.</p> <p>3. The DDA administrator is responsible for implementing the policy and procedure.</p> <p>4. The quarterly administrator QA form has been updated to monitor observations.</p> | <p>11-13-2014</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</p> | <p>The policy and procedure is incomplete to meet rule only identifying the adopted code. The QA report process only inquiring if the code is implemented. It does not address identification of violations and internal plan of correction.</p> | <p>1. This deficiency has been corrected by adding more specific follow up on the admin quarterly QA report. The additional sections are: identification of violations and internal plan of correction.</p> <p>2. This quarterly QA does review the entire DDA department including the ResHab program and Children's programs. By updating the QA document it will help the agency identify and correct ethics violations throughout the entire department.</p> | <p>11-13-2014</p> |

| | | | |
|---|--|--|--|
| <p>ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p> | | <p>3. The agency administrator is responsible for identifying and formulating a plan of correction. this is done through review of the weekly QA documents supplied by the staff DS and through input with the DDA administrator. 4. The QA form itself provides for follow through from quarter to quarter.</p> | |
|---|--|--|--|

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|--|--|----------------------|
| <p>16.03.21.900.03.b 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) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) b. Are age appropriate; (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <p>1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated. 2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met. 3. The DDA administrator is responsible for implementing the policy and procedure. 4. The quarterly administrator QA form has been updated to monitor observations.</p> | <p>11-13-2014</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|--|---|----------------------|
| <p>16.03.21.900.03.c 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>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <p>1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been</p> | <p>11-13-2014</p> |

| | | | |
|---|--|---|--|
| <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) c. Promote integration; (7-1-11)</p> | | <p>modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated. 2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met. 3. The DDA administrator is responsible for implementing the policy and procedure. 4. The quarterly administrator QA form has been updated to monitor observations.</p> | |
|---|--|---|--|

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|--|--|--|----------------------|
| <p>16.03.21.900.03.d 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) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) d. Provide opportunities for community participation and inclusion; (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <p>1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated. 2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met. 3. The DDA administrator is responsible for implementing the policy and procedure. 4. The quarterly administrator QA form has been updated to monitor observations.</p> | <p>11-13-2014</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|--|--|----------------------|
| <p>16.03.21.900.03.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>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>e. Offer opportunities for participants to exercise their rights; and (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <ol style="list-style-type: none"> 1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated. 2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met. 3. The DDA administrator is responsible for implementing the policy and procedure. 4. The quarterly administrator QA form has been updated to monitor observations. | <p>11-13-2014</p> |
| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.03.21.900.03.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>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>f. Are observable in practice. (7-1-11)</p> | <p>For 1 of 3 participant records reviewed, this portion of the QA program is only assessed through observation. There was no observation of this service.</p> | <ol style="list-style-type: none"> 1. The agency error in not meeting this IDAPA is because even though the staff were observed working with the participants, this was done under the wrong program. This error was noted at the time of the survey exit interview and has been corrected. The observation form has been modified to clearly identify which program is being observed. The agency policy on supervision/observation has been updated. 2. The DDA administrator and agency administrator have reviewed the requirements for observations/visits/training/and evaluation under the DDA and ResHab IDAPA to ensure all requirements are being met. 3. The DDA administrator is responsible for implementing the policy and procedure. 4. The quarterly administrator QA form has been | <p>11-13-2014</p> |

updated to monitor observations.

Administrator/Provider Signature:

Darrell Kellie RN, BSN, Administrator

Date:

11-14-14

Department POC Approval Signature:

Kimberly Holm

Date:

11-17-14

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