



Statement of Deficiencies

Developmental Disabilities Agency

Riverside Service Group
7RIVER056

557 S Woodruff Ave
Idaho Falls, ID 83401
(208) 542-4517

Survey Type: Recertification

Entrance Date: 12/10/2013

Exit Date: 12/12/2013

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program.

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)	<p>Three of 10 employee records reviewed (Employees 7, 9, and 10) lacked documentation the agency verified that all employees, subcontractors, agents of the agency, and volunteers who delivered DDA services had complied with IDAPA 16.05.06, "Criminal History and Background Checks."</p> <p>For example:</p> <p>Employee 7's date of hire (DOH) was August 11, 2012. Her previous DHW criminal history was added to this agency on August 16, 2012. The Idaho State Police (ISP) application was completed on August 11, 2012, but was not received by the ISP until November 1, 2012, which is out of compliance with the Criminal History Clearance (CHC) rules.</p> <p>Employee 9's DOH was June 6, 2013. The application was completed and went inactive on June 6, 2013. The agency completed a new</p>	<p>1 & 3. Only two individuals will complete initial orientation - the two office assistants. One person will be responsible for the Lomax location and one person will be responsible for the Woodruff location. Because two people will be trained they will be able to cover for each other when out ill or on vacations. They will be trained on the timeliness of the criminal history checks. This will include:</p> <ul style="list-style-type: none"> -completion of criminal history application at orientation and first day of employment. -review of application by administrator or designee on the first day of employment -appointment made to be rolled during initial orientation for the first possible appointment available. -if employee has had a check within the last three years the employee will complete an application for a State Police criminal history check. 	12-19-2013

	<p>application on December 2, 2013, and fingerprinted on December 4, 2013. This employee worked for approximately six months without a criminal history clearance completed per CHC rules.</p> <p>Employee 10's DOH was August 9, 2012. Her previous DHW criminal history was added to this agency on August 10, 2012. The ISP application was completed on August 9, 2012, but was not received by the ISP until November 2, 2012, which is out of compliance with the CHC rules.</p>	<p>- the office assistant will attempt to link the employee and verify the employee has been linked by pulling a copy of the employer record. This will be completed on the day of orientation.</p> <p>-Once the employee is verified linked , the office assistant will either get a check from the administrator or use petty cash and get a money order to send with the State Police criminal history check within 24 hours of the initial orientation.</p> <p>-The office assistant will monitor the return of the State police check and if it has not been returned to Riverside within two weeks of the date it was sent they will contact the Idaho State Police bureau of criminal identification at (208) 884-7130.</p> <p>4. A copy of the orientation record will be given to the administrator for review once all components have been completed.</p> <p>2. There is potential for this to affect all participants. There will be no variance from the above POC.</p>	
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<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</p>	<p>One of two agency facilities lacked documentation the owner or operator of the DDA ensured that center inspections were completed at least annually by the local fire authority and as required by local city or county ordinances.</p> <p>For example, the Woodruff center location lacked documentation that a fire inspection was completed for 2011.</p>	<p>1. A tickler is in place to contact the Fire Marshall's office in May of each year to set up the June inspection. The office assistant for the Woodruff location will make the appointment for both locations each May. All fire inspections will be kept at the Woodruff location by the administrator and placed in storage only after the Department has had opportunity to review them.</p> <p>2. There is potential for all participants and staff to be affected by not having the building inspected by the Fire Marshall's office.</p> <p>3. The office assistants will make and follow through with the appointment. The administrator will keep the inspection results on site.</p> <p>4. The administrator will follow through each June during the quality assurance review to ensure it has been completed.</p>	<p>12-19-2013</p>

include documentation of any necessary corrective action taken on violations cited; (7-1-11)

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<p>16.03.21.510.06</p> <p>510. HEALTH REQUIREMENTS.</p> <p>06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)</p>	<p>The agency lacked documentation that when the DDA reported a health-and-safety related incident to protective or legal authorities, they also notified the Department of the incident within twenty-four (24) hours.</p> <p>For example, on November 4, 2013, the agency reported to Adult Protection an incident involving a participant refusing to go with the transportation provider, but did not report the incident to the Department within 24 hours. The agency updated its policy and procedures during survey.</p>	<ol style="list-style-type: none"> 1. A new and detailed incident report has been developed that includes notification of the department within 24 hours of initial reporting to mandatory reporting agencies . The incident reporting policy has also been revised to include as part of the procedure following an incident that requires mandatory reporting that the Department is contacted. Clinical supervisors have already been trained and will have all staff trained on the new report and procedure by 12-20-13. 2. There is potential for all participants to be impacted by not reporting the appropriate entities. Incident reporting is covered during initial orientation of all employees. 3. The clinical supervisors will be responsible for the training of current employees and the office assistants will be responsible for the training of all new employees. 4. The administrator or designee are to be notified of all incidents within 24 hours of all incidents. Upon notification and review of the physical report they will ensure that all appropriate agencies have been contacted, which includes the department. 	<p>12-20-2013</p>

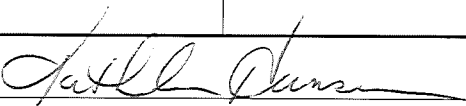
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<p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant 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</p>	<p>One of four participant records reviewed (Participant 1) lacked evidence that the agency's participant record contained a profile sheet containing all the elements identified in this rule.</p> <p>For example, Participant 1's profile sheet did not address living arrangements.</p> <p>REPEAT DEFICIENCY from 2010 survey.</p>	<ol style="list-style-type: none"> 1. All computers have been checked for outdated profiles. The mandatory components of a profile sheet will be added to the checklist we use to review our permanent records. 2. A review of each profile sheet will occur to ensure that every profile contains all the elements identified in this rule. Adding the specific components to our QA checklist of the permanent records will serve as a training tool for the clinical supervisors on how to monitor and review profile sheets. 3. The clinical supervisors are responsible for specific participant profile sheets. 4. The mandatory components of a profile sheet will be added to the QA checklist we use to review our permanent records. 	<p>01-03-2013</p>
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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)

Administrator/Provider Signature:



Date:

12-19-13

Department POC Approval Signature:

Date:

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