

# Statement of Deficiencies

Developmental Disabilities Agency

Adolescent and Child Development Center, LLC -- Pocatello  
 06AACDC158

151 N 3rd Ave Ste 110 and 112  
 Pocatello, ID 83201-6369  
 (208) 232-5622

**Survey Type:** Follow-up

**Entrance Date:** 1/6/2015

**Exit Date:** 1/8/2015

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<p>16.03.21.400.03.b                      400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.                      Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)                      03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: (7-1-11)                      b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>One of four paraprofessional record review lacked documentation of observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services.                       For example:                      Employee 7's date of hire was 11/12/14 and his last date he worked was 12/23/14, but no documentation of monthly observations or review of direct services performed during this time period.                       Repeat deficiency from 05/06/13 and 08/05/14.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.                      All monthly observations will be conducted as a condition of employment without lapse. All employees who require monthly observation will be observed for each month worked.                      2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?                      All professional and professional staff will be monitored with the plan of correction. QA of employee files will be completed monthly.                      3. Who will be responsible for implementing each corrective action?                      Administrator or designee.</p>	2/1/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<p>16.03.21.601.01.d</p> <p><b>601. RECORD REQUIREMENTS.</b> 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</p>	<p>One of four participant record review lack documentation each participant 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 1's profile sheet lists n/a in the medication section and the Med/Soc lists Aderral. Participant 2's profile sheet lists n/a in the medication section but the physician's notes received yesterday 1/5/14 by the agency as well as the med/soc completed by ICDE on 1/10/14 lists multiple(15) medications for the participant.</p> <p>The agency corrected the deficiency during survey. The agency is required to completed questions 2-4 on the plan of correction.</p> <p>Repeat deficiency from 08/05/14 survey.</p>	<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Professional and paraprofessional staff members' performance will be monitored annually to include the completion of monthly observations. The agency QA program will require that monthly observations are completed and submitted to the administrator or designee.</p>	<p>1/6/15</p>

contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)

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Administrator/Provider Signature:

*[Handwritten Signature]*

Department POC Approval Signature:

*Roni Spauland-Schmidt*

Date:

1-29-15

Date:

2/2/15

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