

Statement of Deficiencies

Developmental Disabilities Agency

Progressive Behavior Systems -- Twin Falls
5PBSYSTEM087-2

209 Shoup Ave W
Twin Falls, ID 83301-5023
(208) 733-3308

Survey Type: Recertification

Entrance Date: 3/10/2015

Exit Date: 3/12/2015

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

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
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| 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 12 employee record review 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 record lacked documentation the agency verified prior to delivering DDA services that he complied with the Criminal History rules. The employee's date of hire was 06/26/14, his self declaration was completed 06/26/14 and his Dept. of Health & Welfare fingerprints were completed 07/24/14 approximately 6 days beyond rule requirements (21 days). Employee 11's record lacked documentation the agency verified prior to delivering DDA services that she complied with the Criminal | The issues were corrected as soon as the employee(s) completed their fingerprint appointment through Criminal History Unit (CHU). 1. Employee # 4 completed their background check on 7/24/14. Employee #11 completed their background check on 10/10/14. 2. Human Resource Manager will review all DDA employee files to ensure that the agency will be in compliance with IDAPA 16.05.06. 3. Human Resource Manager and Administrator will be responsible to ensure compliancy. 4. Administrator requested that the Criminal History Unit (CHU) have only one (1) contact for the agency (Administrator). When an application or missed fingerprint appointment occurs, then the Administrator will be notified via email. From 3.12.15 each PBS' location will only have one contact person for the Background Check process. | 3.12.15 |

History rules. The employee's date of hire was 09/04/14, her self declaration was completed 09/04/14 and her Dept. of Health & Welfare fingerprints were completed 10/10/14 approximately 15 days beyond rule requirements (21 days).

Repeat deficiency and failure to comply with the agency's plan of correction from surveys 04/27/14 and and 04/11/11.

| Rule Reference / Text | Findings | Plan of Correction | Date to be Corrected |
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| <p>16.03.21.601 601. 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>Three of six participant record review lacked documentation the record 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.</p> <p>For example: Participant 2, 3 and 5's intervention evaluation lacked signature, credential and date signed.</p> <p>The agency corrected the deficiency during survey. The agency must complete questions 2-4 on the plan of correction.</p> <p>Repeat deficiency from 04/27/14 survey.</p> | <p>2. Clinical Supervisor and Quality Assurance will review each client file to ensure that participant records are signed, dated, and credentialed.</p> <p>3. Clinical Supervisor, Quality Assurance, and Administrator.</p> <p>4. Clinical Supervisor and Quality Assurance will complete quarterly reviews. Next quarterly review is 06.01.15.</p> | <p>06.01.15</p> |

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| <p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS.</p> <p>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>One of six participant record lacked documentation the profile sheet contained 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 5's record lacked a profile sheet that included the emergency contact information, it was left blank.</p> <p>The agency corrected the deficiency during survey. The agency must complete questions 2-4 on the plan of correction.</p> | <p>2. Program Director and Quality assurance will review clients files to ensure that the profile sheets are updated and completed as needed.</p> <p>3. Program Director will be responsible to ensure that accurate and adequate information is noted on the profile.</p> <p>4. Program Director and Quality Assurance will review client files quarterly. The next quarterly review is set for 6.1.15.</p> | <p>6.1.15</p> |

Administrator/Provider Signature: *Brenda Smally ms, ATDP*

Date: 3/30/15

Department POC Approval Signature: *Pamela Land-Schmidt*

Date: 3/31/15

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