IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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| **Agency:** | Family Support Services of North Idaho | **Region(s):** | 1 |
| **Agency Type:** | DDA | **Survey Dates:** | 6-27-29-2017 |
| **Certificate(s):** | | **Certificate(s) Granted:** | ☐ 6 - Month Provisional<br>☐ 1 - Year Full<br>☒ 3 - Year Full |

| Rule Reference/Text | Findings | Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance) | Date to be Corrected (mm/dd/yyyy) |
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| 16.03.21.410.01.b<br>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:<br>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:<br>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11) | In review of staff files, for 1 of 7 records reviewed, there was a lapse in CPR/1st Aid certification.<br><br>For example:<br>Employee 3 's record lacks documentation the employee maintained CPR/1st Aid certification. The employee's lacked CPR/1st Aid certification between 06/12/15-09/01/15 | *1. To correct the deficiency, a memo was sent out to staff 7/5/2017 regarding need for compliance with all certification requirements to maintain ability to bill for Medicaid services. Additionally, the QA policy was modified on 7/18/17 to add that any employee not meeting certification requirement will be suspended from Medicaid billing services.*<br>*2. To identify other staff that may be affected by the deficiency, the QA Staff Audit Checklist was been modified on 7/18/17 to ensure that all staff remain in compliance. If any staff are identified as being out of compliance, that staff will* | *7/18/2017* |

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| | | *not be allowed to engage in Medicaid billable services until they are demonstrated to be back in compliance.*<br>*3. The administrator, Pascale Cafferty, modified the QA policy on 7/18/17. The QA specialist, Erika Dreager, supplied staff with the certification requirements memo on 7/5/18 and modified the QA Staff Audit Checklist on 7/18/17.*<br>*4. . To monitor the corrective action and ensure the problem is corrected and does not reoccur, quarterly audits and monthly certification checks will be conducted by QA specialist Erika Dreager.* | |
| 16.03.21.410.01.c.<br>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:<br>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. | For example:<br>In review of Staff files, for 1 of 7 records reviewed, there was no documentation of training to special health needs for participant served.<br><br>For example: Employee 4's record lacks documentation of special health or medical | *1. To correct the deficiency, special health need training specific to Participant 3 was provided to both HI therapists working with the identified child on 07/10/17 by the clinical supervisor Barb Bradbury. The client profile sheet was modified to include child specific medical needs and special* | *7/6/2017* |

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| Each agency staff providing services to participants must:<br>c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11) | training for Participant 3 's needs such as GERD. In observation running a feeding program, the GERD results in participant's food coming back up with possible choking or aspiration concerns.<br><br>This is a repeat deficiency | *dietary need on 07/06/2017 by the clinical supervisor Barb Bradbury.*<br>*2. To identify other participants or staff affected by the deficiency, the Client Contact Sheet was modified on 7/6/17 by the clinical supervisor, Barb Bradbury, to include a section for specific medical and dietary needs. This new form will be provided to all participants by QA specialist Erika Dreager by 8/30/17. Information from the new forms will be used by clinical supervisor, Barb Bradbury, to provide specific health and dietary needs training to relevant staff. If additional deficiencies are identified, staff will be provided health need specific training relevant to the participant.*<br>*3. The QA specialist, Erika Dreager, will provide the new Client Contact Sheet to all participants. The clinical supervisor, Barb Bradbury will be responsible to train on special health needs and to document the training conducted* | |

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| | | *4. To monitor corrective actions and ensure the problem is corrected and does not reoccur, a QA process was added to the client profile sheet to review and track potential listed special health needs in H&P or other medical documents. This was completed on 07/06/2017 by QA specialist Erika Dreager. Additionally a form was develop to track training of special health needs with staff assigned to identified participant. The QA checklist was modified to add a tracking of special health needs training. These documents will be reviewed by QA specialist Erika Dreager during quarterly audits to ensure compliance.* | |
| 16.03.21.500.03.f.<br>500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services.<br>03. Fire and Safety Standards. | In review of Facility #2 hazardous or toxic substances were not stored under lock and key.<br><br>For example: Toilet bowl and glass cleaner were stored in an unlocked | *1. To correct the deficiency, a lock was installed on the door of the storage area by Erika Dreager on 07/17/17.*<br>*2. To identify any other systems affected by the deficiency, environmental surveys were conducted and no additional* | *7/17/2017* |

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| f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11) | storage area. | *hazardous or toxic substances were found to be accessible to participants. Additionally, all staff were informed of proper storage procedures for such substances to prevent further deficiencies.*<br>*3. The administrator, Pascale Cafferty, is responsible for implementing corrective actions.*<br>*4. To monitor the corrective actions and ensure the problem is corrected and does not reoccur, monthly surveys of the environments will be conducted by the administrator, Pascale Cafferty.* | |
| 16.03.21.511.02.<br>511. MEDICATION STANDARDS AND REQUIREMENTS.<br>02. Handling of Participant's Medication. | Medications standards of section 511 were not met.<br><br>For example: In facility #2 review there were Child medications stored under a desk unlocked/supervised and well within reach of all children.<br><br>In facility #2 review there was an Expired inhaler for a child no longer served stored. | *1. To correct the deficiency, a locked box was provided to the lead teacher and expired medications were disposed of. by the administrator, Pascale Cafferty on 06/29/2017.*<br>*2. To identify other participants, staff, or systems affected by the deficiency, environmental surveys were conducted to identify any other medications being* | *6/29/2017* |

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| | The inhaler was also expired.<br><br>Refer to all section 511 requirements regarding Medication standards and requirements. | *used. No additional participants were found to have medication stored in the environment. Were another deficiency to be found, medication will be moved to a lock box accessible to the lead teacher for storage. Expired medications will be disposed of and parents contacted to provide new medication.*<br>*3. The administrator, Pascale Cafferty, is responsible for implementing corrective actions.*<br>*4. To monitor corrective actions and ensure the problem is corrected and does not recur, the environmental monthly survey will now include a review of proper storage of medication, to be conducted monthly by the administrator Pascale Cafferty* | |
| 16.03.21.600.02.a.ii.<br>600. 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 | Fin review of participant documentation, for 1 of 4 participants reviewed there was no documentation that the implementation plans were sent to the school. | *1. To correct the deficiency, the implementation plan for the identified participant was sent on 07/18/2017. This task is completed by Clinical supervisor Barb Bradbury. Additionally, the QA* | *7/18/2017* |

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| provided.<br>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies:<br>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.<br>Ii. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11) | For example: participant #3 did not have documentation that a copy of the implementation plans were sent to the school for the 2016 plan year. | *Client Audit Checklist was modified by Erika Dreager on 7/17/17 to track provision of the implementation plan to schools.*<br>*2. To identify other participants that may be affected by the deficiency, the quarterly QA audit of participant files will ensure that all implementation plans are sent to the relevant school. If additional deficiencies are identified, they will be corrected by providing the implementation plan to the identified school.*<br>*3. The clinical supervisor, Barb Bradbury, is responsible for sending the implementation plans to the schools. The QA specialist, Erika Dreager, is responsible for monitoring participant files to ensure documentation that the plan has been provided to the school.*<br>*4. To monitor the corrective actions and ensure the problem is corrected and does not recur, a line item for the release of* | |

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| | | *the plan to schools has been added to the QA Client Audit Checklist and will be reviewed at each quarterly audit.* | |
| 16.03.21.601.01.d.<br>601. 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.<br>01. General Records Requirements. Each participant record must contain the | In review of the profile sheet, it does not contain all rule required components and it is not consistently completed to ensure all components have been addressed.<br><br>For example: For participant #2 the medication information was blank.<br>For Participant #3 and 4, there is no designation of special medical needs and these individuals have special medical needs requiring provider awareness and training. | *1. To correct the deficiency, the client profile sheet was modified on 07/06/2017 to include specific medical and dietary needs, and a QA line to ensure that the form is fully completed before being filed in the participant file. Additionally this upcoming quarterly audit scheduled for the end of July will generate the new client profile sheet to all participants. Upon completion and return of the form, a form specific audit will be completed by QA specialist Erika Dreager. To be completed by 08/30/2017 This was completed by the clinical supervisor, Barb Bradbury, and QA specialist Erika Dreager.*<br>*2. To identify any other participants that may be affected by the deficiency, the new client profile sheet will be provided to all participants. Upon completion and* | *8/30/2017* |

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| following information:<br>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) | | *return of the form, a form specific audit will be completed by QA specialist Erika Dreager. If deficiencies are identified, QA specialist Erika Dreager will contact the relevant participant to obtain the needed information. To be completed by 08/30/2017*<br>*3. The clinical supervisor, Barb Bradbury, was responsible for modification of the client profile sheet and the QA specialist, Erika Dreager, is responsible for distributing the new sheet and monitoring its completion at each quarterly audit.*<br>*4. To monitor the corrective action and ensure the problem is corrected and does not recur, completion of the client profile sheet will be monitored upon their return and again at each quarterly audit.* | |

| **Agency Representative & Title:** | **Date Submitted:** 7/21/2017 |
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| Pascale Cafferty, Administrator | |

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| * By entering my name and title, I agree to implement this plan of correction as stated above. | |
| **Department Representative & Title:** Kimberly D. Cole, LSW<br><br>* By entering my name and title, I approve of this plan of correction as it is written on the date identified. | **Date Approved:** 7/21/2017 |