



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	North Idaho Children's Mental Health	Region(s):	1
Agency Type:	DDA-Children's-Ctr	Survey Dates:	8/7-8/2017
Certificate(s):	DDA-1140 DDA-5329	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 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)
<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.</p> <p>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:</p> <p>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</p>	<p>In review of agency documentation for 2 of 2 Clinical Supervisors, monthly observation was not conducted for 4 Professional and paraprofessional staff.</p> <p>For example:</p> <p>For Employee #6, the clinical Supervisor for Employee #7, there was no monthly observations from August 2016 through June 2017</p> <p>For Employee #7, the Clinical supervisor for Employee #1, There was no monthly observations in October and December</p>	<ul style="list-style-type: none"> 1. The plan of action taken to correct the deficiency will be to ensure that the observations will be conducted monthly and will be recorded in the employee observation binder 2. NICMH will make a monthly chart to ensure that each observation is completed 	8/21/2017



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demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)	<p>of 2016 or February, April or June of 2017</p> <p>For Employee #7, the clinic supervisor for Employee #2, there was no monthly observations for May, June and July of 2016.</p> <p>For employee #7, the clinical supervisor for employee #3, There were no monthly observations for October 2016, January or March of 2017</p>	<ul style="list-style-type: none"> • 3. The clinical supervisor will conduct each of the observations. • 4. The clinical supervisor will make a plan for each month of the times and days that will be appropriate to conduct the observations with each employee 	
<p>16.03.21.410.02.b.</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:</p> <p>02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities:</p>	<p>In review of agency documentation, for 1 of 7 employees there was no documentation of training applicable to their work assignments and responsibilities in correct and appropriate use of assistive technology.</p> <p>For example: For employee #3, is assigned to work with participant #3 who uses assistive technology. There is</p>	<ul style="list-style-type: none"> • 1. The plan of action taken to correct this deficiency will be to ensure that all staff members are trained on the needs of each child that we serve and how to use any assistive 	8/11/2017



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b. Correct and appropriate use of assistive technology used by participants; (7-1-11)	no documentation that Employee #3 was provided training on this.	<p>technology that the client may need.</p> <ul style="list-style-type: none">• 2. NICMH will place a page in the front of each client's binder showing trainings that have been provided for each staff member providing services for the client. The staff will sign and date the training page on the date(s) they receive the training.• 3. The Clinical supervisor will be responsible for providing the trainings for each of the staff members for the individual needs of each client• 4. Before a staff member begins working with a	



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		client they will be provided with training and it will be documented in the clients file for the date of the training and who was in attendance. Clinical supervisor will review clients folders, every 2 months to ensure it is being done correctly and consistently.	
16.03.21.410.03.a 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: 03. Additional Training for Professionals. Training of all professional staff must include the following as applicable to	In review of agency documents, for 2 of 4 employees reviewed, there was no documentation that they received training applicable to their work assignments in regards to correct and consistent implementation of all participants' implementation plans, to achieve individual objectives.	<ul style="list-style-type: none">1. The plan of action that will be taken to correct this deficiency is to ensure that every staff member has been trained on the individual program plans, implementation plans and objectives for	8/11/2017



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<p>their work assignments and responsibilities:</p> <p>a. Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-11)</p>	<p>For example, for Employees #3 and #4, there was no documentation of training to the assigned participants' individual program plans and implementation plans.</p>	<p>each client they are assigned.</p> <ul style="list-style-type: none">• 2. NICMH will place a page in the front of the binder of each client showing the name and date each staff member was trained.• 3. The clinical supervisor will be responsible for ensuring that each staff member receives training on the program implementation plan, individual program plan and objectives for each client for which they provide service• 4. Before a staff member begins working with a client the clinical	



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		<p>supervisor will go over the client's entire plan to ensure that the employee is trained on every aspect of the client's plan. Clinical supervisor will review clients folders, every 2 months to ensure it is being done correctly and consistently.</p>	
<p>16.03.21.601.01.d. 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</p>	<p>In review of participant records, for 2 of 4 participant files reviewed, the client profile sheet was missing accurate, current, and complete participant record where the profile sheet was missing medications and medical needs to provide safe and effective care.</p> <p>For example: For participant #3, uses an epi-pen and has a new significant</p>	<ul style="list-style-type: none"> 1. The plan of correction that will be taken to ensure that this does not occur again are to go over the profile sheet and any medical needs with the parent or guardian within 2 weeks of client's first day of service. We will 	<p>9/5/2017</p>



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<p>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.</p> <p>01. General Records Requirements. Each participant record must contain the following information: 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</p>	<p>diagnosis as indicated within the record, but not identified on the profile sheet.</p> <p>For example: Participant #4 does not have a living arrangement or emergency contact identified.</p>	<p>also update the profile sheet when necessary, and annually, during the start of their new plan annual meeting with H & W. Epi-pen instructions have been requested for participants who may require this intervention.</p> <ul style="list-style-type: none"> • 2. NICMH will go over each client's profile sheet with the parent or guardian within 2 weeks of client's first day of services. • 3. The clinical supervisor or administrative staff will ensure that each client's profile sheet is complete. • 4. During the clients annual review and 	



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information required to provide safe and effective care; (7-1-11)		planning meeting with parents/guardians, we will review and update it as needed.	
<p>16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include</p> <p>e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>In review of agency documentation, there was no documentation of an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction for 2015.</p>	<ul style="list-style-type: none"> • 1. The plan of correction that will be taken to ensure that this does not occur again are to annually review the agency's code of ethics by making a check list that reviews each part of the program that needs to be reviewed annually. • 2. NICMH will review the code of ethics and identify any violations and implement any plans of corrections that are needed 	<p>1/8/2018</p>



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		<ul style="list-style-type: none">• 3. The administrative staff will be responsible to ensure that our agency's code of ethics is reviewed annually and that the check list is reviewed• 4. Annually the code of ethics plan will be reviewed and will be signed off by the administrative staff annually. It will be kept in the DDA Quality Assurance Binder.	
16.03.21.900.02.f. 900. Each DDA defined under these rules must develop and implement a quality assurance program.	In review of agency documentation, there was no documentation of an annual review of agency's policy and procedure manual to specify date and content of revisions made in 2015.	<ul style="list-style-type: none">• 1. The plan of correction that will be taken to ensure that this does not occur again are to annually review the agency's procedure	1/8/2018



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<p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include</p> <p>f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; (7-1-11)</p>		<p>manual by making a check list that reviews each part of the program that needs to reviewed annually.</p> <ul style="list-style-type: none">• 2. NICMH will review the procedure manual and identify any violations and implement any plans of corrections that are needed• 3. The administrative staff will be responsible to ensure that our agency's procedure manual is reviewed annually and that the check list is reviewed• 4. Annually the procedure manual will be reviewed by the administrative staff annually. It will be kept in	



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		the DDA Quality Assurance Binder.	

Agency Representative & Title: Danielle Pintler HI/CS <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 8/23/2017
Department Representative & Title: Kimberly D. Cole, LSW <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 9/1/2017