



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Valley Community Counseling DDA	Region(s):	5
Agency Type:	DDA	Survey Dates:	08/25/18-08/26/18
Certificate(s):	DDA-5369	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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)
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."	One of five employee records lack documentation the agency verified the employee is in compliance with the Criminal History rules. For example: Employee 5's record lacks documentation the agency maintained a copy of the printed, signed and notarized criminal history background check application per rule requirements IDAPA 16.05.06.061.02.	1. What actions will be taken to correct the deficiency? <i>The deficiency has been corrected and the employee's record now contains the complete copy of the signed and notarized criminal history background check application.</i> The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>The agency administrator has reviewed all other staff files and has</i>	9/5/2018



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		<p><i>determined that no other staff were lacking the complete file.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>Moving forward, the agency administrator will ensure that all staff files contain the complete form.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The agency administrator.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>The complete form will be added to each employee file upon completion of their background check and will be placed near their Notice of Clearance.</i></p>	
<p>16.03.21.410.01.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:</p>	<p>Three of five employee records lack documentation the employee received fire and safety training upon employment.</p>	<p>1. What actions will be taken to correct the deficiency?</p>	<p>9/5/2018</p>



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<p>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:</p> <p>a. <u>Participate in fire and safety training upon employment</u> and annually thereafter;</p>	<p>For example: Employee 3's date of hire was 03/01/18 and did not receive training until 05/09/18. Employee 4's date of hire was 07/05/18 and did not receive training until 08/01/18. Employee 5's date of hire was 05/07/18 and did not receive training until 08/01/18.</p>	<p><i>Moving forward, all staff will complete fire and safety training upon employment.</i></p> <p>The plan should address agency systems and not just the examples specified in the survey report.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>All current staff have received fire and safety training.</i></p> <p>If identified, what corrective actions will be taken? <i>Corrections cannot be made but moving forward, all staff will receive fire and safety training upon employment.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>The agency administrator</i></p>	



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		<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>The agency administrator will provide all staff with fire and safety training upon hire.</i></p>	
<p>16.03.21.410.01.b.i 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: 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: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided.</p>	<p>Two of five employee records lack documentation the agency ensured the employee had a CPR and first aid trained employee present if not certified.</p> <p>For example: Employee 4's record lacked documentation a CPR/1st Aid trained employee was present when working with participants. The employee began working with participants 07/09/18 and did not receive CPR/1st Aid certification until 07/25/18. Employee 5's record lacked documentation a CPR/1st Aid trained employee was present when working with participants. The employee began</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>Moving forward, all staff will complete CPR and first aid training before working one on one with participants.</i></p> <p>The plan should address agency systems and not just the examples specified in the survey report.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>All current staff will received CPR and First Aid Certification</i></p> <p>If identified, what corrective actions will be taken?</p>	<p>9/5/2018</p>



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	<p>working with participants 06/26/18 and did not receive CPR/1st Aid training until 07/27/18.</p>	<p><i>Corrects cannot be made but moving forward, all staff will receive CPR and First Aid Training before working one on one with participants.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>The agency administrator</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>The agency administrator will ensure that all staff are CPR and First Aid Certified before assigning them to work with participants.</i></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 provided. Each participant record must clearly document</p>	<p>Two of four participant records lack documentation the profile sheet contains current status of the participant per rule requirements.</p> <p>For example: Participant 1's plan mentions multiple medications with several starts and stops. The profile sheet states n/a. Plan also states</p>	<p>1. What actions will be taken to correct the deficiency? <i>Participant's profile sheets have been updated to include current medications.</i></p> <p>The plan should address agency systems and not just the examples specified in the survey report.</p>	<p>9/5/2018</p>



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<p>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:</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;</p>	<p>on 3/6/18 "he no longer goes here and is no longer taking medication. HI Evaluation dated 3/6/18 states he takes Clonidine .02 mg for sleep. The profile sheet does not address any of the medications. Participant 3's Med/Soc states he takes Zyrtec and Albuterol but profile sheet states "none" in the medications section. Plan of services also lists these two medications.</p>	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>All other participant profile sheets have been reviewed and no other deficiencies were found.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>No other deficiencies were found. However, the agency administrator will regularly review profile sheets during supervision sessions to ensure that the information listed is accurate and current.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The agency administrator</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>Upon intake, the agency administrator will ensure that the information written by parents/guardians on the participant</i></p>	



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		<i>profile sheets are accurate and will note if the information does not correlate to the information provided elsewhere in the participant's file. The agency administer will also review participant profile sheets during supervision sessions to ensure that all information is accurate and current.</i>	

Agency Representative & Title: Kelsi Holloway, Agency Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 9/5/2018
Department Representative & Title: <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: 9/5/2018