



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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|------------------------|------------------------------------|--------------------------------|---|
| Agency: | Independent Living Specialists LLC | Region(s): | 6 |
| Agency Type: | DDA | Survey Dates: | 09/17/18-09/19/18 |
| Certificate(s): | DDA-5187-C | 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) |
|--|---|--|---|
| 16.03.21.900.02.d. 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: d. A method for assessing participant satisfaction annually including minimum criteria for participant response and alternate methods to gather information if minimum criteria is not met; | One of three participant record reviewed lacked documentation participant satisfaction was assessed annually. For example: Participant 3's record lacked documentation participant satisfaction was completed for 2016. | 1. What actions will be taken to correct the deficiency? <i>2016 Satisfaction Survey had been set aside by Professional during QA due to needing professional's signature; and was subsequently misfiled during purge of outdated documents and placed in agency archive. It was located and placed back in the file on 9-25-18. Agency has adjusted filing process. Administrative Assistants will now conduct filing activities at least weekly for participant files, and will check documents for completeness prior to filing. Missing information/documents will be</i> | 9/25/2018 |



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| | | <p><i>reported to the professional staff and the Director immediately in order to correct issues promptly. Purging of outdated documents will also now only be completed during annual QA review by Director to prevent mistakes.</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>Agency conducted a full QA of all participant files prior to survey. The file in question was the only one identified with this issue.</i></p> <p>If identified, what corrective actions will be taken? <i>See answer to #1 above.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> | |



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| | | <p><i>Agency Director with the assistance of Administrative Assistant and Professional Staff.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>Monitoring will be included in the agency periodic QA process.</i></p> | |

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|--|----------------------------------|
| Agency Representative & Title: Janet Boyce, Owner/Director (Administrator) <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i> | Date Submitted: 9/26/2018 |
| 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: 10/5/2018 |