



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Human Dynamics and Diagnostics LLC	Region(s):	7
Agency Type:	DDA	Survey Dates:	10/01/18-10/03/18
Certificate(s):	DDA-3559 Idaho Falls DDA-5325 Salmon	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)
16.03.21.009.01 009. 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 seven employee record review lacked documentation the agency verified compliance with the criminal history rules. For example: Employee 2's date of hire was 04/23/14, the agency was added to the DHW criminal history from another agency on 04/30/14, but no documentation the agency completed a local Idaho State Police check. Employee 7's date of hire was 09/20/17, the self-declaration was notarized on 09/22/17, but the fingerprints were not	1. What actions will be taken to correct the deficiency? <i>CS and Administrator will use an employee profile page to track all required documents have been obtained during the hiring process. A 21 day reminder will be set in outlook calendar.</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>Each employee file will be audited to ensure all employees that require and</i>	10/22/2018



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	completed until 11/16/17. The fingerprints were not completed within 21 days (55 days).	<p><i>ISP background check is complete and that fingerprints are obtained within 21 days of hire.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>HDD will enter the date of hire on the profile page and if fingerprints are not obtained within 21 days from date of hire they will not be allowed to work until fingerprints and/or ISP is complete.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>Administrator and Clinical Supervisors</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>Quarterly audits will be completed and all dates will be written on each audit.</i></p>	



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<p>16.03.21.400.01. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)</p>	<p>One of one administrator record reviewed lacked evidence the employee appointed met rule requirements.</p> <p>For example: Employee 5's record lacked documentation of an administrator job description or resume addressing the rule requirements. The resume addressed Mental Health experience only.</p> <p>The deficiency was corrected during survey. The agency must address questions 2 through 4 on the agency plan of correction.</p>	<p>1. What actions will be taken to correct the deficiency? <i>N/A</i> 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 Clinical supervisor/Administrator files will be audited to ensure job descriptions are present.</i> If identified, what corrective actions will be taken? <i>Clinical supervisor will sign job description and update resume to identify experience and be placed in the employee file.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>Administrator</i></p>	<p>N/A</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>Upon hiring any new clinical supervisors or administrators the job description will be part of the employee profile page and be dated once it is complete.</i></p>	
<p>16.03.21.400.02. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. Agency Administrator Qualifications. 02. An agency administrator must have two (2) years of supervisory or management experience in a developmental disabilities services setting. (7-1-11)</p>	<p>One of one administrator record reviewed lacked evidence the employee appointed met rule requirements.</p> <p>For example: Employee 5's record lacked documentation of an administrator job description or resume addressing the rule requirements. The resume addressed Mental Health experience only.</p> <p>The deficiency was corrected during survey. The agency must address questions 2 through 4 on the agency plan of correction.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p>NA</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 Clinical supervisor/Administrator files will be audited to ensure job descriptions are present.</i></p> <p>If identified, what corrective actions will be taken?</p>	<p>10/22/2018</p>



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		<p><i>Clinical supervisor will sign job description and update resume to identify experience and be placed in the employee file.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>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 hiring any new clinical supervisors or administrators the job description will be part of the employee profile page and be dated once it is complete.</i></p>	
<p>16.03.21.400.05. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 05. Limitations. If an agency administrator or a clinical supervisor also works as a professional delivering direct services, the agency must have policies and procedures demonstrating how the agency will continue</p>	<p>One of one administrator record reviewed lacked evidence the employee appointed met rule requirements.</p> <p>For example: Employee 5's record lacked documentation of an administrator job description or resume addressing the rule requirements. The resume</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>NA</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</p>	<p>10/22/2018</p>



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<p>to meet agency staffing requirements in Subsections 400.01 through 400.04 of this rule.</p>	<p>addressed Mental Health experience only.</p> <p>The deficiency was corrected during survey. The agency must address questions 2 through 4 on the agency plan of correction.</p>	<p>may be affected by the deficiency? <i>All Clinical supervisor/Administrator files will be audited to ensure job descriptions are present.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>Clinical supervisor will sign job description and update resume to identify experience and be placed in the employee file.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>Administrator</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>Upon hiring any new clinical supervisors or administrators the job description will be part of the employee profile page and be dated once it is complete.</i></p>	
<p>16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that</p>	<p>One of five employee record lacked documentation the agency ensured the</p>	<p>1. What actions will be taken to correct the deficiency?</p>	<p>10/22/2018</p>



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<p>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 (7-1-11)</p>	<p>employee met the training per rule requirements.</p> <p>For example: Employee 2's CPR/1st Aid certification was not maintained. No documentation the employee's CPR/1st Aid was current between 04/29/16 and 07/10/16.</p>	<p><i>All employees CPR/First Aide dates will be entered into a spreadsheet with reminders used to monitor when they will expire.</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>HDD's staff will do a CPR/First aide training done by the CS annually as required for minimum training.</i></p> <p>If identified, what corrective actions will be taken? <i>HDD's staff will do a CPR/First aide training review done by the CS annually as required for minimum training.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>Clinical Supervisor</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>Quarterly audits will be completed and all CPR dates will be written on each audit. CPR spreadsheet will be updated monthly.</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>One of five employee record lacked documentation the agency ensured the employee met the training per rule requirements.</p> <p>For example: Employee 2's CPR/1st Aid certification was not maintained. No documentation the employee's CPR/1st Aid was current between 04/29/16 and 07/10/16. The agency provides one to one staffing and no evidence there was a certified employee accompanying the employee.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>All employees CPR/First Aid dates will be entered into a spreadsheet with reminders used to monitor when they will expire.</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>HDD's staff will do a CPR/First aid training done by the CS annually as required for minimum training.</i></p>	<p>10/22/2018</p>



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		<p>If identified, what corrective actions will be taken?</p> <p><i>HDD's staff will do a CPR/First aid training done by the CS annually as required for minimum training.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>Clinical Supervisor</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>Quarterly audits will be completed and all CPR dates will be written on each audit.</i></p>	
<p>16.03.21.410.01.b.ii 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.</p>	<p>One of five employee record lacked documentation the agency ensured the employee met the training per rule requirements.</p> <p>For example: Employee 2's CPR/1st Aid certification was not maintained. No documentation the employee's CPR/1st Aid was current</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>All employees CPR/First Aid dates will be entered into a spreadsheet with reminders used to monitor when they will expire.</i></p>	<p>10/22/2018</p>



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<p>Each agency staff providing services to participants must:</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and</p> <p>ii. Each agency staff person must have age appropriate CPR and first aid certification for the participants he serves.</p>	<p>between 04/29/16 and 07/10/16. No evidence the employee was certified to provide CPR/1st Aid for children.</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>HDD's staff will do a CPR/First aide training done by the CS annually as required for minimum training.</i></p> <p>If identified, what corrective actions will be taken? <i>HDD's staff will do a CPR/First aide training done by the CS annually as required for minimum training.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>Clinical Supervisor</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>Quarterly audits will be completed and all CPR dates will be written on each audit.</i></p>	



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Agency Representative & Title: Tasha Riedelbach, Compliance Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/12/2018
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: 10/18/2018