



IDAHO DEPARTMENT OF HEALTH & WELFARE
LICENSING & CERTIFICATION

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Access Living, LLC	Region(s):	Reg. 4
Agency Type:	DDA	Survey Dates:	31 July – 1 Aug 2018
Certificate(s):	DDA-5368	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)
<p>16.03.21.101.02.w.i. 101.APPLICATION FOR INITIAL CERTIFICATION. 02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: w. When center-based services are to be provided, the following are also required for each service</p>	<p>Based on review of the agency's center location it was determined that the center moved from Suite 45 to Suite 50 and the agency failed to request a site review prior to the initiation of services.</p>	<ol style="list-style-type: none"> 1. Submit Addendum with additional office location (Office Manage / Owner sent 8/1/2018). We have added the following policies to our P & P documents: "Policy for changing DDA Certification & Request for Initial Certification policy outlining the need to review the codes and submit the Addendum to Application for Developmental Disabilities Agency Certification as need arises. 2. <i>No participants were affected.</i> 3. <i>The agency administrator, office manager, and owner work to ensure that the plan of correction is implemented.</i> 4. <i>Going forward the agency administrator will be tasked with</i> 	<p><i>8/15/2018</i> <i>(pending inspections by the city)</i></p>



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<p>i. A site review must be completed by the Department prior to the initiation of center based services; (7-1-11)</p>		<p><i>notifying the certification department at the state of any changes to the company.</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 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. 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</p>	<p>Based on the review of agency records, it was determined that 3 of 3 participant profile sheets did not contain current information.</p> <p>For example: Participant 1’s profile sheet did not contain emergency contact information or a list of current medications.</p> <p>Participant 2’s profile sheet did not contain emergency contact information or a list of current medications.</p> <p>Participant 3’s profile sheet did not contain a list of current medications.</p>	<p><i>1. Each participant’s profile sheet will be reviewed and corrected as needed. All information can be found on other form that parents fill out. These forms are the ‘Parent Consent and Emergency Medical Form’. More information can also be found on the participants plan of service, Well Child Check which are then used for their HI evaluation and Participant Special Health, Medical, and General Needs Training.</i></p> <p><i>2. All remaining participant’s profile sheet will be checked and corrected, as needed.</i></p> <p><i>3. Agency Administrator and Clinical Supervisor, will correct all participant profile sheets.</i></p> <p><i>4. Before updated profile sheets are filed in clients’ binder, Agency Administrator and/or Clinical Supervisor will make sure all sections are filled out correctly. There is a system for quality assurance of client binders in place where it is checked off</i></p>	<p>08/31/2018</p>



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<p>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)</p>		<p><i>that there is a current profile sheet. More requirements have been added to that checklist to insure the profile sheet is properly filled out 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.</i></p> <p><i>5. All participant profile sheets will be checked and corrected by August 31, 2018.</i></p>	
<p>Agency Representative & Title: Victor Myers, Owner Lindsey Wellman, Agency Administrator</p> <p><i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i></p>		<p>Date Submitted: 8/13/2018</p>	
<p>Department Representative & Title: Sandi Frelly, Medical Program Manager</p> <p><i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i></p>		<p>Date Approved: 8/17/2018</p>	