



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Family Counseling Services, Inc.	<b>Region(s):</b>	4
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	16-18 January 2018
<b>Certificate(s):</b>	DDA-5341 (office only)	<b>Certificate(s) Granted:</b>	<input checked="" type="checkbox"/> 6 - Month Provisional <input 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><b>16.03.21.009.01.</b>            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)</p>	<p>Based on the review of agency records, it was determined that 2 out of 6 staff records reviewed did not meet compliance with IDAPA 16.05.06., Criminal History and Background Check requirements.</p> <p>For example:            Employee #2 did not complete their fingerprinting within 21 days of their notarized application and continued to provide direct services. The application was notarized on 8-30-2017 and fingerprinting was completed on 10-3-2017.            (IDAPA 16.05.06.150.)</p>	<p><i>1. The action that will be taken to correct this deficiency will include each FCS DD staff member having a paper file with an Employee Profile sheet located as the first page of the file. The profile sheet will track the due dates of all required elements of the Providers job, and if applicable, the time limits required. For example – a new hire's Employee Profile sheet will have a line item on it that reads: A. Date of hire B. Date of fingerprinting (must be done within 21 days of date of hire). Etc... For employees that transfer from another agency, there will be a line item on the employee Profile sheet with the time limits for registering that employee</i></p>	<p><i>2/6/2018</i></p>



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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	<p>Employee #3 had not been affiliated with the agency prior to providing services. (IDAPA 16.05.06.300.02.b.)</p>	<p><i>to our Criminal History account, and so on.</i></p> <p><i>2. In order to identify other staff that have deficiencies in this area, the Clinical Administrator will do an "all-staff" audit using the new Employee Profile sheet. This sheet will continue to remain in all the current DD Providers paper file. If deficiencies are discovered in this internal audit the CA will tell that employee they may no longer see clients until the required documentation has been updated and the employee has been legally cleared to work based on the information provided to CA at the time the employee brings their staff file up to date. This will be documented in the Providers QAP file. Employee will not work until their staff file is in compliance with the IDAPA rules for this agency.</i></p> <p><i>3. The Clinical Administrator will be responsible for implementing this corrective action plan, as well as on-going monitoring.</i></p>	



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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><i>4. These actions will be monitored on-going by the CA through monthly quality assurance audits around the 25th of every month when client statements are printed and send out for the Clinic. Any deficiencies will be addressed with the employee and correction action plans will be written. Monitoring plans may also be used if the employee is on the verge of something expiring, but not quite yet. This plan will be implemented and completed by February 6, 2018.</i></p>	
<p><b>16.03.21.400.03.b.</b> 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 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: b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly</p>	<p>Based on the review of agency records, the Clinical Supervisor did not complete observations on a monthly basis, nor did the Clinical Supervisor complete the required face-to-face supervision.</p> <p>For example: Employee #1 did not have an observation conducted for the month of December 2017.</p>	<p><i>1. Actions that will be taken to address this deficiency will include updating FCS Policy for Clinical Supervisors informing them if they chose to do supervisions and observations and end up missing one, they will be subject to a corrective action plan. These corrective actions plans will be kept on file, and if a Supervisor accumulates 3 CAP's in 1 year, they will be subject to having to step down from their CS position. Thus, the action that will be taken is to implement a</i></p>	<p><i>2/6/2018</i></p>



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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<p>basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>Employee #2 did not have 6 month of supervised experience working with children with developmental disabilities and required weekly supervision by the Clinical Supervisor. The agency did have documentation supporting 10 out of the 19 weeks of required supervision.</p> <p>Employee #4 did not have an observation conducted for the following months: January 2017, February 2017, June 2017, August 2017, November 2017.</p> <p><b>Repeat Deficiency for weekly face-to-face supervision by the Clinical Supervisor.</b>  <b>Agency failed to comply with their previous plan of correction dated 2-10-2017.</b>  <b>(IDAPA 16.03.21.300.03, IDAPA 16.03.21.300.04)</b></p>	<p><i>disciplinary policy for the CS's if they do not meet the requirements of a CS for supervision and observations.</i></p> <p><i>2. In order to identify the staff effected by this policy – on the Employees Profile sheet, there will be a place to list if this provider needs supervision, who is assigned to provider supervision to this employee, and the dates the supervision are occurring. All current providers will receive a new Employee Profile sheet that will be completed by the CA. The CA will formally address the CS's and inform them of this new policy. If a weekly supervision session is missed, or a monthly observation is missed, this will automatically result in a CAP for that supervisor. The CAP's will be tracked in the CA's staff Valant file, and dates of the CAP will be documented on the CS's Employee Profile sheet.</i></p> <p><i>3. The CA will be responsible for monitoring this new policy and the CS's will be responsible for implementing</i></p>	



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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		<p><i>weekly supervision and monthly observations. CA will be responsible for CAP's for the CS's when needed.</i></p> <p><i>4. The CA will continue to monitor this plan during the monthly QAP reviews (as mentioned above). In addition, each time a Supervision note, or observation report is turned in, the date of occurrence will be documented on that employees Profile Sheet to identify the completion of all supervision.</i></p>	
<p><b>16.03.21.410.01.b.</b> 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 (7-1-11)</p>	<p>Based on the review of agency records, it was determined that 1 out of 4 employee records reviewed did not maintain their current CPR and first aid certification.</p> <p>For example: Employee #3's CPR and first aid expired on 9-19-2017 and was not recertified until 1-11-2018, causing a 113-day lapse in CPR and first aid.</p> <p><b>Repeat Deficiency.</b></p>	<p><i>1. The action that will be taken to correct this deficiency will include each FCS DD staff member having a paper file with an Employee Profile sheet located as the first page of the file. The profile sheet will track the due dates CPR and First aid. 2. The agency has already done an "all-staff" audit and has found all staff to currently be complaint of this rule.3. The Clinical Admin will be responsible for implementing this corrective action plan, as well as on-going monitoring. 4. These actions will</i></p>	<p><i>2/6/2018</i></p>



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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	<p><b>Agency failed to comply with their previous plan of correction dated 2-10-2017.</b> <b>(IDAPA 16.03.21.300.03, IDAPA 16.03.21.300.04)</b></p>	<p><i>be monitored on-going by the CA through monthly quality assurance audits around the 25th of every month when client statements are printed and send out for the Clinic. Any deficiencies will be addressed with the employee and correction action plans will be written. Monitoring plans may also be used if the employee is on the verge of something expiring, but not quite yet. If CPR/First aid has expired, the employee will be informed they can not work with their clients until that has been updated and brought into compliance. This plan will be implemented and completed by February 6, 2018.</i></p>	
<p><b>16.03.21.410.01.b.i.</b> 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)</p>	<p>Based on the review of agency records, it was determined that the agency did not ensure that a CPR and first aid trained staff was present when services were being provided.</p> <p>For example:</p>	<p><i>1. The action taken to correct this deficiency will include informing the staff that if their CPR. First aid certification lapses, they will no longer be able to meet with any of their clients until they have an active and current CPR and First aid certification. At that time, they may</i></p>	<p><i>2/6/2018</i></p>





Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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<p>hours of formal training each calendar year. 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>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. (7-1-11)</p>	<p>Employee #3 CPR and first aid expired on 9-19-2017 and was not recertified until 1-11-2018, causing a 113-day lapse in CPR and first aid.</p> <p><b>Repeat Deficiency.</b>  <b>Agency failed to comply with their previous plan of correction dated 2-10-2017.</b>  <b>(IDAPA 16.03.21.300.03, IDAPA 16.03.21.300.04)</b></p>	<p><i>resume providing services. Thus, the employee will be asked to take leave until they can bring their required certifications up to date. If they are not able to bring their certifications up to date within 7 days, they may be asked to leave their position at FCS.</i></p> <p><i>2. The CA has already reviewed all current DD Providers and has found no one to be currently out of compliance of this requirement.</i></p> <p><i>3. The CA will be monitoring this on a monthly basis during the QAP review around the 25th of every month. 4. If a Provider certifications have been found to be about to expire the CA will inform the employee again of this policy, and will recommend the employee bring their required certifications up to date. This will be tracked through the Employee Profile Sheet. If this does not occur by the time the certification has expired, the CA will implement a CAP as described in this section.</i></p>	



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DDA/ResHab Certification - Statement of Deficiencies

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<p><b>16.03.21.410.01.b.ii.</b> 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 ii. Each agency staff person must have age appropriate CPR and first aid certification for the participants he serves. (7-1-11)</p>	<p>Based on the review of agency records, it was determined that 1 out of 4 employee records reviewed did not contain age appropriate CPR and first aid certification.</p> <p>For example: Employee #3 CPR and first aid expired on 9-19-2017 and was not recertified until 1-11-2018, causing a 113-day lapse in CPR and first aid.</p> <p><b>Repeat Deficiency.</b> <b>Agency failed to comply with their previous plan of correction dated 2-10-2017.</b> <b>(IDAPA 16.03.21.300.03, IDAPA 16.03.21.300.04)</b></p>	<p>1. FCS will be requiring employees to have current CPR and First aid certification during their first individual interaction with their clients, after job shadowing is completed. FCS will also amend current policies to state clients will only be in services when there is a Provider present who is currently certified in CPR and First aid. Additional action that will be taken to correct this deficiency will include each FCS DD staff member having a paper file with an Employee Profile sheet located as the first page of the file. The profile sheet will track the due dates of all required elements of the Providers job including continuing education units, CPR/ First aid , and if applicable, the time limits required. For example – a new hire’s Employee Profile sheet will have a line item on it that reads: A. Date of hire. B. Expiration of CPR, Etc.... 2. In order to identify other staff that have deficiencies in this area, the Clinical Administrator</p>	<p>2/6/2018</p>





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HEALTH & WELFARE

Division of Licensing & Certification

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		<p><i>will do an "all-staff" audit using the new Employee Profile sheet. This sheet will continue to remain in all the current DD Providers paper file. If deficiencies are discovered in this internal audit the CA will tell that employee they may no longer see clients until the required documentation has been updated and the employee has been legally cleared to work based on the information provided to CA at the time the employee brings their staff file up to date. Employee will not work until their staff file is in compliance with the IDAPA rules for this agency. 3. The Clinical Admin will be responsible for implementing this corrective action plan, as well as on-going monitoring. 4. These actions will be monitored on-going by the CA through monthly quality assurance audits around the 25th of every month when client statements are printed and send out for the Clinic. Any deficiencies will be addressed with the employee and</i></p>	



Division of Licensing & Certification

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		<p><i>correction action plans will be written. Monitoring plans may also be used if the employee is on the verge of something expiring, but not quite yet. If something has expired for the employee such as CPR, the employee will be informed they can not work with their clients until that "line item: has been updated and brought into compliance. This plan will be implemented and completed by February 6, 2018.</i></p>	
<p><b>16.03.21.501.05.</b> 501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: 05. Liability Insurance. Continuously maintain liability insurance that covers all passengers and meets the minimum liability insurance requirements under Idaho law. If an agency employee transports participants in the employee's personal vehicle, the agency must ensure that adequate liability insurance coverage is carried to cover those circumstances. (7-1-11)</p>	<p>Based on review of agency records, it was determined that the agency did not ensure adequate liability insurance was in place for 1 out of the 4 employees reviewed who transport participants in their personal vehicle.</p> <p>For example: The agency did not maintain proof of adequate liability coverage for Employee #1 from 9-14-2017 to 12-4-2017. Corrected at survey.</p>	<p><i>1. The action that will be taken to correct this deficiency will include each FCS DD staff member having a paper file with an Employee Profile sheet located as the first page of the file. The profile sheet will track the due dates of all required elements of the Providers job, to include liability insurance and expiration date. 2. In order to identify other staff that have deficiencies in this area, the Clinical Administrator will do an "all-staff" audit using the new Employee Profile sheet. This sheet will continue to remain in all</i></p>	<p><i>2/6/2018</i></p>



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HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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		<p><i>the current DD Providers paper file. If deficiencies are discovered in this internal audit the CA will tell that employee they may no longer see clients until the required documentation has been updated and the employee has been legally cleared to work based on the information provided to CA at the time the employee brings their staff file up to date. Employee will not work until their staff file is in compliance with the IDAPA rules for this agency. 3. The Clinical Admin will be responsible for implementing this corrective action plan, as well as on-going monitoring. 4. These actions will be monitored on-going by the CA through monthly quality assurance audits around the 25th of every month when client statements are printed and send out for the Clinic. Any deficiencies will be addressed with the employee and correction action plans will be written. Monitoring plans may also be used if the employee is on the</i></p>	



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		<p><i>verge of something expiring, but not quite yet. If something has expired for the employee such as CPR, the employee will be informed they cannot work with their clients until that "line item: has been updated and brought into compliance. This plan will be implemented and completed by February 6, 2018.</i></p>	
<p><b>16.03.21.601.01.d.</b> 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</p>	<p>Based on review of agency records, it was determined that 1 out of 2 participant records did not contain a complete profile sheet.</p> <p>For example: Participant #2's profile sheet did not contain the participant's current medications.</p>	<p><i>1The CA will do an "all-client" audit to review all current DD Client Profile Sheets are up to date. 2. If a client has been found to have outdated info, and/or if a new document comes in for the client – this new info will be documented on their Profile sheet, the CA will work with the clients CM, PCP, parents, school, or other organizations to gather the most current information and will update the clients Profile sheet accordingly. 3. The CA will maintain a copy of the Clients Profile sheet in the same location the employees Profile sheet will be kept. The CA will review the</i></p>	<p><i>2/6/2018</i></p>



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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<p>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; (7-1-11)</p>		<p><i>clients Profile sheets around the 25th of every month to ensure the information is current. 4. If anything is found to be outdate, the CA will locate the most current information and update the Clients Profile sheet.</i></p>	
<p><b>16.03.21.601.02.</b></p> <p>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>Based on review of the agency records, it was determined that 1 out of the 2 participant records did not contain a six month status review.</p> <p>For example: Participant #1's record did not contain a six month status review for Habilitative Support and Family Training.</p>	<p><i>1 &amp; 2. Upcoming Status Review dates will be reviewed, and reminders will be sent out to the CS. Once the reviews are completed.3&amp;4 - CA will continue to send reminders to the CS until the Status Review has been completed. If the CS turns in a Status Review late, the CS will have a Corrective Action Plan implemented to address why the review</i></p>	<p><i>2/6/2018</i></p>



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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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>02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)</p>		<p><i>was late, and what can be done next time to prevent the review from being completed late. The CA will be responsible for implementing this plan.</i></p>	
<p><b>16.03.21.900.02.d.</b> 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</p>	<p>Based on the review of agency records, it was determined that the agency lacked a consistent method for assessing participant satisfaction. For example: Participant #1 and #2 did not contain documentation for assessing participant satisfaction.</p>	<p><i>1. Client Satisfaction reviews will be completed after Provider Status Review. 2. CA will contact all current client guardians and conduct a new Sat survey – for an all office update. 3. CA will call the guardian and do a satisfaction survey with Guardian over the phone. 4. CA will continue to attempt to reach the Guardian until contact is</i></p>	<p><i>2/6/2018</i></p>





IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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)
alternate methods to gather information if minimum criteria is not met; (7-1-11)		<i>made. The CA will be responsible for implementing this plan.</i>	
<b>Agency Representative &amp; Title:</b> Jennifer Browning LCPC Clinical Administrator  <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>		<b>Date Submitted:</b> 1/28/2018	
<b>Department Representative &amp; Title:</b> Sandi Frelly, Medical Program Specialist  <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>		<b>Date Approved:</b> 2/14/2018	