



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Fellowships DDA, LLC	<b>Region(s):</b>	4
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	1-2 May 2018
<b>Certificate(s):</b>	04FELDDA156	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6-Month Provisional <input type="checkbox"/> 1-Year Full <input checked="" type="checkbox"/> 3-Year Full

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)</b>	<b>Date to be Corrected (mm/dd/yyyy)</b>
<p><b>16.03.21.400.07.b.</b>            400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.            Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.            07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements:            b. Have received instructions in the needs of the participant who will be provided the service; and (7-1-11)</p>	<p>Based on the review of agency records, it was determined that 1 out of the 4 employee records reviewed lacked documentation of instructions on the needs of the participant.</p> <p>For example:            Employee #1's record did not contain training instruction in the needs of Participant #1.</p>	<p>1. We will document participant specific training in each employees file. In addition, a fact sheet specific to each participant will be created and distributed to employees.</p> <p>2. We will re-train all staff currently employed by Fellowships DDA on the needs for their specific participants, and document the training in their employee files. All future employees will be trained on their clients specific needs at the time of their new hire and this training will be documented in their employee file. Each employee will be given a fact sheet specifically for their participant.</p>	<p>6/1/2018</p>



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		<p>3. Fellowships Administrator will be responsible for this corrective action.</p> <p>4. To ensure compliance, this corrective action will be monitored during the quarterly review of employee files through our quality assurance program allowing us to better monitor the specific training each employee requires. The fact sheets will be updated annually or more often if necessary to ensure employees have the most up to date information on their participant's specific needs.</p>	
<p><b>16.03.21.410.01.c.</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:</p>	<p>Based on the review of agency records, it was determined that 1 out of 4 employee records reviewed lacked documentation on special health care needs of the participant served.</p> <p>For example: Employee #2's record did not contain documentation of training for Participant A's seizures.</p>	<p>1. We will document in each employee file their training on the special health care needs of the participant served. In addition, a fact sheet specific to each participant will be created and distributed to employees</p> <p>2. We will re-train all staff currently employed by Fellowships DDA on the special health care needs of the participants they serve, and document the training in their employee files. All future</p>	<p>6/1/2018</p>



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c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)		<p>employees will be trained on the special health care needs of the participants they will serve at the time of the new hire and this training will be documented in their employee file. Each employee will be given a fact sheet specifically for their participant special health care needs.</p> <p>3. Fellowships Administrator will be responsible for this corrective action.</p> <p>4. To ensure compliance, this corrective action will be monitored during the quarterly review of employee files through our quality assurance program allowing us to better monitor the specific training each employee requires. The fact sheets will be updated annually or more often if necessary to ensure employees have the most up to day information on their participant's special health care needs.</p>	
<p><b>16.03.21.410.02.b.</b> 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that</p>	<p>Based on the review of agency records, it was determined that 1 out of the 4 employee records reviewed lacked</p>	<p>1. We will document in each employee file their training on the correct and appropriate use of assistive technology</p>	<p>6/1/2018</p>



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<p>all training of staff specific to service delivery to the participant is completed as follows: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: b. Correct and appropriate use of assistive technology used by participants; (7-1-11)</p>	<p>documentation of instructions on the correct and appropriate use of assistive technology used by the participant.</p> <p>For example: Employee #1's record did not contain training of sensory items (weighted vest and weighted blanket) used by Participant B.</p>	<p>used by the participant. In addition, a fact sheet specific to each participant will be created and distributed to employees</p> <p>2. We will re-train all staff currently employed by Fellowships DDA on the correct and appropriate use of assistive technology used by the participant, and document the training in their employee files. All future employees will be trained on the correct and appropriate use of assistive technology used by the participant at the time of the new hire and this training will be documented in their employee file. Each employee will be given a fact sheet specifically instructing them on the use of the correct and appropriate use of assistive technology used by the participant</p> <p>3. Fellowships Administrator will be responsible for this corrective action.</p> <p>4. To ensure compliance, this corrective action will be monitored during the quarterly review of employee files through our quality assurance program</p>	



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		<p>allowing us to better monitor the specific training each employee requires on their participants use of assistive technology. The fact sheets will be updated annually or more often if necessary to ensure employees have the most up to day information on the correct and appropriate use of assistive technology used by the participant.</p>	
<p><b>16.03.21.500.03.a.</b> 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. 03. Fire and Safety Standards. a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire</p>	<p>Based on the review of agency records, it was determined that the agency did not have their Center inspected by the local Fire Marshall for 2016.</p> <p><b>Repeat Deficiency.</b></p>	<p>1. A section has been added to Fellowships quarterly center fire drill form. Fellowships Office Manager conducts the quarterly fire drills, and she will now be in charge of setting up the annual inspection of the center with the Fire Marshall during the month of August.</p> <p>2. No participants are directly affected by this deficiency, but to ensure the safety of everyone annual fire inspections of the center will be scheduled in August of each year by the office manager.</p>	<p>6/1/2018</p>



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<p>Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>		<p>3. Fellowships Administrator and Office Manager will be responsible for this corrective action.</p> <p>4. The corrective action will be monitored during Fellowships quarterly quality assurance review to ensure the inspection of the center has occurred that year.</p>	
<p><b>16.03.21.600.02.a.i.</b> 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided.</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school</p>	<p>Based on the review of agency records, it was determined that 1 out of 3 participant records did not contain the Individual Education Plan (IEP).</p> <p>For example: Participant B's record did not contain a copy of the IEP from the local school district.</p>	<p>1. Fellowships will request IEP's from the participants local school district. This request will be made monthly until the IEP has been received. The request will be documented in the participant's disclosure log.</p> <p>2. Participant files will be reviewed, and if an IEP is needed it will be requested from the school district on a monthly basis until it is received, and the request will be documented in the participant's disclosure log.</p> <p>3. Fellowships Administrator will be responsible for this corrective action.</p>	<p>6/1/2018</p>



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<p>district if it is serving the child during the hours that school is typically in session. i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>		<p>4. IEP's and request for IEP's will monitored through Fellowships quarterly quality assurance review.</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 integrated participant records system to provide past and current information and to</p>	<p>Based on review of agency records, it was determined that 1 out of 3 participant records did not contain a complete profile sheet.</p> <p>For example: Participant A's profile sheet did not contain information regarding the participant's allergies.</p>	<ol style="list-style-type: none"> <li>1. The participant's allergies have been added to their profile sheet.</li> <li>2. Participant files will be reviewed to ensure that all of the required information is on the profile sheet. The agency will use participant's current plans of service to obtain the most recent information.</li> <li>3. Fellowships Administrator will be responsible for this corrective action.</li> <li>4. Profile sheet information will be reviewed for each participant when services begin or are renewed to ensure compliance. The information on participant profile sheets will also be monitored through Fellowships quarterly quality assurance review.</li> </ol>	<p>6/1/2018</p>



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<p>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><b>Agency Representative &amp; Title:</b> Julie M. Adkins, LMSW, Administrator</p> <p><i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i></p>	<p><b>Date Submitted:</b>5/23/2018</p>
<p><b>Department Representative &amp; Title:</b> Sandi Frelly, Medical Program Specialist</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><b>Date Approved:</b>5/24/2018</p>