



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Adult and Child Development Center	Region(s):	6 & 7
Agency Type:	DDA	Survey Dates:	12/10/18-12/11/18
Certificate(s):	06AACDC158 – Pocatello (Center) DDA-5186 – Idaho Falls (Office only)	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)
<p>16.03.21.410.01.c. 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: c. Be trained to meet any special health or medical requirements of the participants they serve.</p>	<p>One of three employee record review lacked documentation of training per rule requirements.</p> <p>For example: Employee 2's record lacked documentation the employee received training when started providing DDA services June 2018. The training was not provided until August 2018.</p> <p>The agency corrected the deficiency prior to survey. The agency must address questions 2-4 on the 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 staff were retrained when the problem was identified.</i> If identified, what corrective actions will be taken? <i>The agency will maintain the corrective action taken at survey to prevent recurrence. The administrator or designee</i></p>	<i>n/a</i>



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		<p><i>will maintain constant oversight to prevent noncompliance</i></p> <p>3. Who will be responsible for implementing each corrective action? Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>Training will occur prior to starting with clients and supervision will be provided every week and monitored every week.</i></p>	
<p>16.03.21.410.02.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: 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;</p>	<p>One of three employee record review lacked documentation of training per rule requirements.</p> <p>For example: Employee 2's record lacked documentation the employee received training when started providing DDA services June 2018. The training was not provided until August 2018.</p> <p>The agency corrected the deficiency prior to survey. The agency must address questions 2-4 on the 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 staff were retrained when the problem was identified.</i></p>	<p><i>n/a</i></p>



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		<p>If identified, what corrective actions will be taken?</p> <p><i>The agency will maintain the corrective action taken at survey to prevent recurrence. The administrator or designee will maintain constant oversight to prevent noncompliance</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>Training will occur prior to starting with clients and supervision will be provided every week and monitored every week.</i></p>	
<p>16.03.21.410.02.c. 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: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities:</p>	<p>One of three employee record review lacked documentation of training per rule requirements.</p> <p>For example: Employee 2's record lacked documentation the employee received training when started providing DDA services June 2018. The training was not provided until August 2018.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p><i>n/a</i></p> <p>The plan should address agency systems and not just the examples specified in the survey report.</p>	<p><i>n/a</i></p>



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c. Accurate record keeping and data collection procedures;	The agency corrected the deficiency prior to survey. The agency must address questions 2-4 on the plan of correction.	<p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>All staff were retrained when the problem was identified.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>The agency will maintain the corrective action taken at survey to prevent recurrence. The administrator or designee will maintain constant oversight to prevent noncompliance</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>Training will occur prior to starting with clients and supervision will be provided every week and monitored every week.</i></p>	
16.03.21.410.02.e. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all	One of three employee record review lacked documentation of training per rule requirements.	1. What actions will be taken to correct the deficiency?	n/a



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<p>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: e. Participant's rights, advocacy resources, confidentiality, safety, and welfare; and</p>	<p>For example: Employee 2's record lacked documentation the employee received training when started providing DDA services June 2018. The training was not provided until August 2018.</p> <p>The agency corrected the deficiency prior to survey. The agency must address questions 2-4 on the plan of correction.</p>	<p><i>n/a</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>All staff were retrained when the problem was identified.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>The agency will maintain the corrective action taken at survey to prevent recurrence. The administrator or designee will maintain constant oversight to prevent noncompliance</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p>	



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		<i>Training will occur prior to starting with clients and supervision will be provided every week and monitored every week.</i>	
<p>16.03.21.410.02.f. 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: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: f. The proper implementation of all policies and procedures developed by the agency.</p>	<p>One of three employee record review lacked documentation of training per rule requirements.</p> <p>For example: Employee 2's record lacked documentation the employee received training when started providing DDA services June 2018. The training was not provided until August 2018.</p> <p>The agency corrected the deficiency prior to survey. The agency must address questions 2-4 on the 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 staff were retrained when the problem was identified.</i> If identified, what corrective actions will be taken? <i>The agency will maintain the corrective action taken at survey to prevent recurrence. The administrator or designee will maintain constant oversight to prevent noncompliance</i></p>	<i>n/a</i>



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		3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>Training will occur prior to starting with clients and supervision will be provided every week and monitored every week.</i>	
16.03.21.500.03.a. 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 Marshall's office. A copy of the inspection must be made available to the	The agency lacked documentation of an annual fire inspection. For example: The Pocatello Center's fire inspection was due by February 22, 2018 and was not completed until July 25, 2018.	1. What actions will be taken to correct the deficiency? <i>The annual deadline will be met.</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>No one was adversely affected.</i> If identified, what corrective actions will be taken? NA	7/25/2018



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<p>Department upon request and must include documentation of any necessary corrective action taken on violations cited;</p>		<p>3. Who will be responsible for implementing each corrective action? Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>During annual Quality Assurance</i></p>	
<p>16.03.21.400.03.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 basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. Also see IDAPA 16.03.10.656.01.c</p>	<p>One of three employee record lacked documentation the agency conducted monthly observations per rule requirements.</p> <p>For example: Employee 2's record lacked documentation the employee received monthly observations for June, July and August.</p>	<p>1. What actions will be taken to correct the deficiency? <i>Monthly observations will be conducted.</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>No one was negatively affected.</i> If identified, what corrective actions will be taken? <i>All staff have received consistent monthly observations.</i></p>	<p>9/4/2018</p>



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		3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>Monitoring monthly observations throughout the month.</i>	

Agency Representative & Title: Teresa R. Walker, DS, Program Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 12/28/2018
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: 1/4/2019