Agency: Excellence In Everyone LLC
Agency Type: DDA
Region(s): 7
Certificate(s): DDA-336
Survey Dates: 10/21/19-10/23/19
Certificate(s) Granted: ☒ 3 - Year Full

Rule Reference/Text | Findings | Agency's Plan of Correction | 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.”

Four of seven employee record review lacked verification the employee is in compliance with the criminal history rules.

For example:
Employee 4’s date of hire was 03/20/19; the DHW clearance from another agency was cleared 05/03/17. The agency added the clearance to their name 03/21/18 but did not print the DHW clearance letter until requested by L&C on 10/21/19. The criminal history rule requires the agency to print the clearance letter within 14 days of available and it was not met.

1. What actions will be taken to correct the deficiency?

We have created a binder and checklist for all background checks to make sure all steps are documented and printed. We will send via priority mail so we can document they were sent within the 21 days. This also allows us to track the application. Payment will be mailed in with each background check rather than send an invoice authorization. We will keep a copy of the check with the staff’s initials in the “notes” and we will keep post office receipt in the binder.

11/12/2019
<table>
<thead>
<tr>
<th>Rule Reference/Text</th>
<th>Findings</th>
<th>Agency’s Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)</th>
<th>Date to be Corrected (mm/dd/yyyy)</th>
</tr>
</thead>
</table>
|                     | Employee 5’s date of hire was 05/24/18; the DHW clearance from another agency was cleared 04/29/16. The agency added the clearance to their name 05/24/18 but did not print the DHW clearance letter. Employee 6’s date of hire was 06/24/19; the self dec. application was completed 06/24/19; Fingerprints mailed in and not postmarked until 07/26/19 which is over the 21-day rule requirement. | 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?  
We will QA the staff files and make sure all clearance letters are printed. We will show receipts for when the documents were mailed. Our new system will ensure all future staff are compliant.  
If identified, what corrective actions will be taken?  
If identified, a clearance letter will be printed.  
3. Who will be responsible for implementing each corrective action?  
Administrators and office staff.  
4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? |                     |
### Rule Reference/Text

**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.

### Findings

One of four participant record review lacked documentation the profile sheet met rule requirements.

For example: Participant 2’s profile sheet lacked documentation of living arrangements; it was left blank. **The agency corrected the deficiency during survey. The agency is required to answer questions 2-4 on the agency’s plan of correction.**

### Agency’s Plan of Correction

(Please refer to the Statement of Deficiencies cover letter for guidance)

1. **What actions will be taken to correct the deficiency?**
   - N/A
   - 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?**
   - We ensured all participant files have been reviewed.
   - If identified, what corrective actions will be taken?
   - We added the needed information to the participant profile sheet.

3. **Who will be responsible for implementing each corrective action?**

### Date to be Corrected

`10/21/2019`
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 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;

<table>
<thead>
<tr>
<th>Rule Reference/Text</th>
<th>Findings</th>
<th>Agency’s Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)</th>
<th>Date to be Corrected (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. General Records Requirements. Each participant record must contain the following information:</td>
<td></td>
<td>The Clinical Supervisor for children and Developmental Specialist for adults</td>
<td></td>
</tr>
<tr>
<td>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;</td>
<td></td>
<td>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>It was specifically added to the Children’s QA form that all areas must have information. Staff doing the QA will make sure and use an updated participant list to make sure none are missed. Regular QA of participant files will be done.</td>
<td></td>
</tr>
</tbody>
</table>

**Agency Representative & Title:**
* Heather Bennett D.S., Lori Olsen CSBIIS

**Department Representative & Title:** Pam Loveland-Schmidt

**Date Submitted:** 11/12/2019

**Date Approved:** 11/13/2019

* By entering my name and title, I approve of this plan of correction as it is written on the date identified.