### Statement of Deficiencies

**Developmental Disabilities Agency**

**Meridian Developmental Services**

04MDS157

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<td>125. RENEWAL AND EXPIRATION OF THE CERTIFICATE</td>
<td>The agency did not request renewal of its certificate less than ninety (90) days before the expiration date of their certificate.</td>
<td>1. MDS will revise its P&amp;P, Quality Assurance, to include: requesting renewal of its certificate before 90 days of its expiration. See #4 for agency systems changes. 2. NA 3. Administrator: oversight of P&amp;P revisions; reassignment of QA tasks to Program Manager's job duties. Program Manager: P&amp;P and Annual QA Checklist revisions; placement of contact date on calendar; use of web site to request renewal. 4. MDS will revise its Annual QA Checklist to include: reviewing its certificate expiration date. When MDS's certificate expiration is within 6 months, a date to use the DDA web site will be entered on the Program Manager's calendar.</td>
<td>5/29/15</td>
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**Survey Type:** Recertification  
**Entrance Date:** 3/31/2015  
**Exit Date:** 4/2/2015  

**Initial Comments:** Licensing and Certification: Kerrie Ann Hull, Medical Program Specialist and Eric Brown, Program Manager.
### Rule Reference/Text

| 15.03.21.410.01.b | Review of agency documentation revealed that 3 out of 5 employees were not certified in CPR and First Aid. For example: Employee 4 was hired 11/1/2013 but was not certified in CPR and First Aid until 4/14/2014. Employee 5 was hired 3/5/2013 but was not certified in CPR and First Aid until 5/25/2013.  |
| 16.03.21.500.03.a | Review of agency documentation revealed that the owner or operator of the DDA failed to have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. The agency lacked documentation of an annual fire inspection for 2013 and 2014. |

### Findings

| 15.03.21.410.01.b | Review of agency documentation revealed that 3 out of 5 employees were not certified in CPR and First Aid. For example: Employee 4 was hired 11/1/2013 but was not certified in CPR and First Aid until 4/14/2014. Employee 5 was hired 3/5/2013 but was not certified in CPR and First Aid until 5/25/2013.  |
| 16.03.21.500.03.a | Review of agency documentation revealed that the owner or operator of the DDA failed to have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. The agency lacked documentation of an annual fire inspection for 2013 and 2014. |

### Plan of Correction

| 15.03.21.410.01.b | 1. MDS will review its Employee Manual to specify: staff will not be allowed to work if their CPR and First Aid certificates have lapsed. See #4 for agency systems changes.  |
| 16.03.21.500.03.a | 1. MDS will contact the Fire Department for its annual fire inspection. See #4 for agency systems changes.  |

### Data to be Corrected

| 15.03.21.410.01.b | 5/29/15 |
| 16.03.21.500.03.a | 5/1/15 |
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 Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)

1. MDS will revise its Fire Drill Forms to include: Corrective Actions Taken. Developmental Specialists will be directed to formulate corrective actions to resolve the current problems occurring during the drills. See #4 for system changes.
2. MDS will review fire drills performed since its previous certification to identify the problems which occurred, and the participants affected. MDS will write up corrective actions for problems identified that have continued to occur.
3. Program Manager: Fire Drill Form revision; review past Fire Drills; direct Developmental Specialists to formulate corrective actions and discuss with staff. Developmental Specialist: determine corrective actions to be taken; discuss as part of Weekly Staff Supervision.
4. MDS will require Developmental Specialists to include all Fire Drill results as part of the Weekly Supervisions.

Review of agency documentation revealed that fire drills completed by the agency lacked corrective action taken where problems were identified during the drill.

Review of agency documentation revealed that 3 out of 3 participant profile sheets failed to identify current medications that the participant is taking.

1. MDS will correct the specified Participant Profile sheets to reflect current medications. The Profile sheet will be revised to allow additional information.

1. MDS will revise its Fire Drill Forms to include: Corrective Actions Taken. Developmental Specialists will be directed to formulate corrective actions to resolve the current problems occurring during the drills. See #4 for system changes.
2. MDS will review fire drills performed since its previous certification to identify the problems which occurred, and the participants affected. MDS will write up corrective actions for problems identified that have continued to occur.
3. Program Manager: Fire Drill Form revision; review past Fire Drills; direct Developmental Specialists to formulate corrective actions and discuss with staff. Developmental Specialist: determine corrective actions to be taken; discuss as part of Weekly Staff Supervision.
4. MDS will require Developmental Specialists to include all Fire Drill results as part of the Weekly Supervisions.

Review of agency documentation revealed that 3 out of 3 participant profile sheets failed to identify current medications that the participant is taking.
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. (7-1-11)

01. General Records Requirements. Each participant record must contain the following information: (7-1-11)

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)

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<td>16.03.21.500.02.e</td>
<td>After review of agency documentation and discussion with the agency Administrator it was determined that the agency failed to complete an annual review of the agency’s code of ethics.</td>
<td>1. MDS will create a form, the MDS Code of Ethics Review form. It will include: number of ethical violations, and corrective actions. See #4 for agency systems changes. 2. All Ethical Concern Forms received since its previous certification will be reviewed with any patterns noted on the MDS Code of Ethics Review form. 3. Administrator: use MDS Code of Ethics Review form at Annual QA Review. Program Manager: create MDS Code of Ethics Review form; place Code of Ethics Review on Annual QA Checklist.</td>
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Each ODA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-11)

3. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-11)

b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-11)

During the agency review it was determined that the rights posted by the agency failed to include all of the rights contained in this chapter.

The following participant rights were not included on the agency rights document:

Exercise all civil rights, unless limited by prior court order, privacy and confidentiality, receive courteous treatment, receive a response from the agency to any request made within a reasonable time frame, and the right to receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community.

1. MDS will review its current required Participant Rights, and revise it to meet Idaho Code. See #4 for agency systems changes.
2. During the May, 2015 Participant Rights discussion, MDS will explain and describe in understandable language, the rights that it had previously failed to include. Staff will assist participants who may have been effected to voice and record concerns on the MDS Ethical Concern form.
4. MDS will review its Program Manager Job description to include weekly, monthly, quarterly, and yearly QA tasks. MDS P&P will be reviewed in its entirety by the QA Team and the Administrator at the MDS Annual QA Review. The QA calendar will be revised to indicate all required yearly agency reviews, and inspections.
If deficiencies are cited, an approved plan of correction is requisite to continued program participation.