



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Renewed Horizons	<b>Region(s):</b>	1
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	7/14/15
<b>Certificate(s):</b>	DDA-999	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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>16.03.21.400.GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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: (7-1-11)</p> <p>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. (7-1-11)</p>	<p>Employee 1's record lacks documentation the clinical supervisor conducted an observation for developmental therapy for 04/15. The documentation included an observation for Adult Day Health only.</p> <p>Employee 3's record lacks documentation the clinical supervisor conducted an observation for developmental therapy for 03/15 and 04/15. The documentation included an observation for Adult Day Health only.</p>	<ol style="list-style-type: none"> <li>The agency DS or Administrator will continue to conduct monthly staff observations, ensuring that staff observations occur only during times of developmental therapy moving forward.</li> <li>All agency employee files were reviewed during the survey. No further investigation is necessary at this time. Because of the nature of the deficiency corrections cannot be made to past missed monthly observations and all care will be put into ensuring future observations are completed correctly.</li> <li>The agency DS or Administrator will be responsible for implementing each corrective action.</li> <li>The agency Administrator will conduct monthly file reviews to ensure that each</li> </ol>	8/14/2015



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		employee has received a monthly observation during developmental therapy.	
<p>16.03.21.601.01.c. 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.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p>	<p>For Participant #2 per MSDAS psychological assessment exists giving Autism diagnosis. Therefore must have on file.</p>	<ol style="list-style-type: none"> <li>1. The agency DS or Administrator will make all reasonable attempts to receive a copy of the psychological assessment for participant #2 from the issuing doctor. The agency DS or Administrator will document every attempt made to obtain a copy of the assessment for future review if requested.</li> <li>2. The agency DS or Administrator will conduct a case file review for all remaining participants and if needed will make all reasonable attempts to obtain a copy of any identified psychological assessments. The agency DS or Administrator will document every attempt made to receive requested documents.</li> <li>3. The agency DS or Administrator will be responsible for implementing each corrective action.</li> <li>4. The agency Administrator or designated representative will conduct initial QA on all intake participants to ensure all required assessments have been obtained before the participant begins services.</li> </ol>	<p>8/14/2015</p>



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c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)			

<b>Agency Representative &amp; Title:</b> Scott Hansen; Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 7/29/2015
<b>Department Representative &amp; Title:</b> Kimberly Cole, LSW <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> 7/30/2015