



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Innovative Health Care Concepts Inc	<b>Region(s):</b>	5 & 7
<b>Agency Type:</b>	DDA	<b>Survey Dates:</b>	06/20/16-06/22/16
<b>Certificate(s):</b>	DDA-4886 304 2 <sup>nd</sup> Avenue East, Twin Falls 7INOVHLTH091-1 267 Gladstone Street, Idaho Falls 7INOVHLTH091-4 1545 S Boulevard, Idaho Falls 7INOVHLTH091-5 1525 S Boulevard, Idaho Falls	<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</b> (Please refer to the Statement of Deficiencies cover letter for guidance)	<b>Date to be Corrected</b> (mm/dd/yyyy)
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. (7-1-11)	Four of four employee record review lacked documentation each agency staff providing services to participants must be trained to meet any special health or medical requirements of the participants they serve.  For example: Employee 1, 2, 3 and 4 work with individuals that have special health and medical needs, but no evidence the employee received training specific to each participant.	1. We provide training to all employees, however, we do not list participant names on training certificates in order to protect the identity of our participants. To remedy this situation, we have developed a new form that will be maintained in the participant's file, rather than the employee's file, that will identify all employees who have been trained on the specific needs of that participant. The employee will be required to sign and date on the topic of training received specific to that participant, and the supervisor will be required to also sign that training was	7/31/2016



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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><i>completed. This form will be maintained in all participant files</i></p> <p><i>2. This new form will be implemented in all existing participant files and any future participant files.</i></p> <p><i>3. The Program Director has already developed the form and submitted it for review on site during the survey. The Clinical Supervisor over each program will be responsible for implementing the corrective action. All staff will receive client specific training and complete the form during the month of July, and as needed, but at a minimum annually, thereafter.</i></p> <p><i>4. Monitoring will occur through an internal file review process on a quarterly basis. On an annual basis, results of a file review will be documented within the annual Quality Assurance report.</i></p>	
16.03.21.500.03.a. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The	Four of four centers lacked documentation the agency completed a fire inspection annually.	<i>1. Fire Inspections will be completed in March of each year. They will be scheduled by February with the Fire</i>	<i>6/28/2016</i>



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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>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 Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>	<p>For example: The Twin Falls center lacked documentation of a fire inspection for 2014 and 2015. The 1525 Boulevard, 1545 Boulevard and Gladstone centers lacked documentation of a fire inspection for 2015.</p>	<p><i>Department. This will be noted on the Program Director's calendar.</i> <i>2. All centers will be reminded of the annual fire inspection in February of each year. The Clinical Supervisor of the Twin Falls center will schedule and complete the fire inspection for that location independently.</i> <i>3. The Program Director will be responsible for ensuring all fire inspections have been completed and documented.</i> <i>4. Monitoring will occur during the annual Quality Assurance report and update of Policy and Procedures. All inspections will be reviewed to ensure compliance and timeliness.</i></p>	
<p>16.03.21.500.04.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.</p>	<p>One of four centers lack documentation of quarterly fire drills.  For example: The Gladstone center lacks a fire drill for the quarter of 01/15-03/15 and 07/15-</p>	<p><i>1. Supervisory staff have been educated that all fire drills are to occur quarterly, not semi-annually. There was a point of confusion with one staff regarding this rule. Staff have been educated and will now complete all fire drills on a quarterly</i></p>	<p>6/28/2016</p>



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building.</p> <p>a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building;</p>	<p>09/15.</p>	<p><i>basis.</i></p> <p><i>2. All fire drills have been reviewed and this was a onetime occurrence that was specific to one supervisor in one program. Education has occurred to ensure this does not happen again.</i></p> <p><i>3. The Program Director will ensure all supervisors are completing fire drills on a quarterly basis</i></p> <p><i>4. The Program Director will complete a Quality Assurance review of all fire safety policies on a quarterly basis. Each supervisor will be required to submit documentation of each quarterly fire drill when it occurs.</i></p>	

<p><b>Agency Representative &amp; Title:</b> Lisa M. Smith, Program Director</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> 6/28/2016</p>
<p><b>Department Representative &amp; Title:</b> Pam Loveland-Schmidt, Licensing &amp; Certification</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> 6/28/2016</p>