IDAHO DEPARTMENT OF HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	High Valley Developmental Services	**Region(s):**	III/IV
Agency Type:	DDA	**Survey Dates:**	7/18/16 to 7/21/16
Certificate(s):	3HIVALYDS112-5, 3HIVALYDS112-2, 3HIVALYDS112-4, 3HIVALYDS112-3, DDA-2408, DDA-5322, 4HIVALYDS095-2, DDA-998	**Certificate(s) Granted:**	☐ 6 - Month Provisional ☐ 1 - Year Full ☒ 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)
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. (7-1-11)	Review of agency documentation revealed that 2 of 6 employees reviewed (employees 2 and 3) did not have documentation in their files that they received monthly observations as required. Employee 2 was not observed in August of 2015. Employee 3 was not observed in December of 2015.	*1. Professional staff charged with the responsibility of observing and reviewing services performed by all paraprofessional and professional staff on a monthly basis are in process of being reassigned to specific staff. This reassignment of monthly observational duties to consistently specific staff will streamline the process. And, in the interest of accountability, facilitate better tracking of the required observations/review of services. The quality assurance tool used to track these monthly observations is also being refined to improve accuracy and methodology.*	*8/19/2016*

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		2. A complete audit of the monthly observation records will be conducted. Once this audit is completed the Human Resources Officer (HRO) and the Quality Assurance Specialist (QAS) will take their findings, and provide training on the newly streamlined systems, to all professional staff responsible for conducting the monthly observations/review of services. Professional staff will be made aware that any lapses in this requirement of rule will not be tolerated by the Agency. *3. Human Resources Officer, Quality Assurance Specialist, Clinical Supervisors, Developmental Specialists* *4. Once the new systems are completed and in place, the Human Resources Officer (HRO), or her delegate, will conduct quarterly audits to assure compliance with rule 16.03.21.400.03.b and with the restructured systems of the Agency.*	

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		5. August 19, 2016	
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)	Review of agency documentation revealed that 2 of 6 employee files reviewed (employees 5 &6) lacked documentation they had been trained in the special health or medical requirements of the participants they serve.	*1. New tools are in development to ensure that all staff training includes Participant-specific instruction to meet any special health or medical requirements that may exist. Employees 2 and 6 will receive this training as specified in rule. Developmental Specialists and Clinical Supervisors will be trained on the new tools and procedures developed to comply with rule 16.03.21.410.01.c once completed.* *2. An audit of employee files will be conducted to identify any other staff/Participants affected by the deficiency. If identified, staff will receive training on any special health or medical requirements that may exist for the particular Participants under their charge.* *3. Human Resources Officer, Quality Assurance Specialist, Clinical Supervisors, Developmental Specialists*	*8/26/2016*

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		4. Once development and implementation of the new tools and procedures is completed, a quarterly review will be added to the quality assurance process.	
16.03.21.500.03.f. 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. f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)	During the facility walkthroughs it was noted that hazardous chemicals were not locked up in Suite 112 - Payette, 1808 Midland – Nampa, and Suite 125 at 14 S 12th Ave –Nampa.	*1. All Site Supervisors will be trained on the requirements of administrative rule 16.03.21.500 with particular emphasis on subsection .03.f. Site Supervisors will be made aware of the importance of this rule and understand that noncompliance with this rule will not be tolerated. An administrative walkthrough will be completed quarterly to ensure that all hazardous or toxic substances are properly labeled and stored under lock and key.* *2. An administrative walkthrough will be completed by the Administrator at each facility to see that all hazardous and/or toxic substances are properly labeled and stored under lock and key.* *3. Agency Administrator*	*8/12/2016*

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		4. An administrative walkthrough will be conducted quarterly to ensure compliance with rule 16.03.21.500.03.f. This process will be made a part of the Administrative Review quality assurance process.	
16.03.21.500.04. 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. 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. (7-1-11)	During the facility walkthroughs it was noted that the evacuation plans for the Boise location were not updated when the fire marshal required the agency to move one of the fire extinguishers to a new location in the facility. It was also noted that the evacuation plan at the back of the building at the 1808 Midland Nampa location did not list any of the fire extinguisher locations. Note: This is a repeat deficiency from the survey conducted July 30, 2013.	*1. Site Supervisors will be trained on administrative rule 16.03.21.500 with additional emphasis on subsection .04. Site supervisors will in turn revise all Evacuation Plans to be in compliance with this rule. Site supervisors will further be trained that when any changes are made, either to comply with local fire inspection findings or for any other reason, that Evacuation Plans will be revised to reflect such changes.* *2. Agency Administrator will review Evacuation Plans for each facility to ensure that Plans are accurate and in compliance with administrative rule.* *3. Agency Administrator* *4. The Agency Administrator will review*	*8/12/2016*

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		Evacuation Plans quarterly to ensure compliance with rule. This process will be added to the Administrative Review quality assurance process.	
16.03.21.500.06.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. 06. Housekeeping and Maintenance Services. a. The interior and exterior of the center must be maintained in a clean, safe, and orderly manner and must be kept in good repair; (7-1-11)	During the facility walkthroughs it was determined that the Payette locations are in the need of some repairs. Several light fixtures are in need of repair. Transition areas between rooms have frayed carpet and are missing transition strips and a base board strip in the hallway is coming unattached presenting possible trip hazards.	*1. Agency Administrator will assess the condition of the Payette location; list all repairs and renovations needed; and subsequently implement a plan of action to remediate findings. Further, all Site Supervisors will be trained in the importance of maintaining all facilities and ensuring that none fall into disrepair.* *2. Agency Administrator will review each facility to ensure that all are in good repair and address any issues of disrepair he observes.* *3. Agency Administrator* *4. The Agency Administrator will review each site on a semiannual basis to ensure that all facilities are in good repair. Administrator will further note any repairs or renovations that need to*	*8/19/2016*

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		be addressed and implement a plan of action to remediate such findings. This process will be added to the Administrative Review quality assurance process.	
16.03.21.600.02.a.i. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an	Review of agency participant files revealed that Participant 1's file did not contain a copy of his IEP and Participant 2's file contained an IEP dated from 4/2014.	*1. All Clinical Supervisors, Habilitative Interventionists, Developmental Specialists, and their assistants will be trained on the requirement that Individualized Education Plans (IEPs) be present in each Participant's record for Participants aged 3-21 who are enrolled in school.* *2. A complete records review of Participants enrolled in school will be conducted to ensure compliance with administrative rule 16.03.21.600.02.a.i. If any further records are found to be out of compliance, an IEP will be obtained and placed in the deficient file(s).* *3. Quality Assurance Specialist, or his delegate, Clinical Supervisors, Habilitative Interventionists,*	*8/26/2016*

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extended school year. (7-1-11)		*Developmental Specialists.* *4. QAS, or his delegate, will review Participant records on a regular and on-going basis, as part to the quality assurance process, to ensure that IEPs are present in the records of Participants aged 3-21 who are enrolled in school.*	
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	Review of agency participant files revealed that both Participants #3 & #6's files contained reference to psychological assessments that had been completed but the files did not contain the referenced assessments.	*1. All professional staff and their assistants will be trained on administrative rule 16.03.21.601.01.c and the need for the results of a psychological or psychiatric assessment to be maintained in the Participant's record when there is documentation indicating that such an assessment has been completed.* *2. A review of Participants' records will be conducted to ascertain whether reference has been made within the record to a psychological or psychiatric assessment having been completed. If such references are found, a request for a copy of the assessment, if not already a*	*8/26/2016*

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safeguard participant confidentiality under these rules. 01. General Records Requirements. Each participant record must contain the following information: 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)		*part of the Participant's record, will be made to the most appropriately identified resource or entity. Documentation of such requests will be maintained in the Participants' records.* *3. Quality Assurance Specialist, or his delegate, Clinical Supervisors, Habilitative Interventionists, Developmental Specialists.* *4. QAS, or his delegate, will review Participant records on a regular and on-going basis, as part to the quality assurance process, to ensure that when a Participant is identified as having had a psychological or psychiatric assessment, that said assessment is requested and placed in the Participant's record once obtained.*	
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	Review of agency participant files revealed that the profile sheets for participants #1, 3, 5, and 6 were not accurate. Participant 1's profile sheet states he has	*1. All professional staff will be trained on administrative rule 16.03.21.601.01.d to ensure that Participant Profile sheets are complete and accurate, based on information found in various*	*8/26/2016*

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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. 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;	allergies to two medications but every other document in the file states he has no allergies including a medical report. Participant 3's profile sheet states he does not take any medications yet his H&P dated 11/3/15, his ICDE Med/Soc dated 12/1/15, and his ISP dated 3/31/16 all state he is taking a medication. Participant 5's profile sheet states she has no known allergies yet the H&P in the file states she is allergic to two medications. Also the medications listed on the profile sheet do not match the H&P or the ISP in the file. Participant 6's profile sheet medication list does not line up with the medication listed on the H&P. The H&P states she is allergic to a medication and the profile sheet states she does not have any allergies.	*documentation within the Participant's record including, but not limited to, the History and Physical evaluation, the Individual Support Plan, and the Medical, Social and Developmental Assessment Summary.* *2. A review of Participants' records will be conducted to ensure that all Participant Profile sheets are complete and accurate, based on other documentation contained within each Participant's record. If errors are found, the appropriate corrections will be made.* *3. Quality Assurance Specialist, or his delegate, Clinical Supervisors, Habilitative Interventionists, Developmental Specialists.* *4. QAS, or his delegate, will review Participant records on a regular and on-going basis, as part to the quality assurance process, to ensure that Participant Profile sheets are complete and accurate as supported by a review of*	

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(7-1-11)		*additional documentation within each Participant's record.*	
16.03.21.905.03.a 905. PARTICIPANT RIGHTS. Each DDA 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. 03. 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: a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-11)	Review of participant 1's file revealed the agency did not have verification that his parent had received participant rights information upon initiation of services. Note: This was corrected during survey.	*1. Citation corrected during survey. All professionals and supporting staff will be trained in administrative rule 16.03.21.905.03.a that stipulates, among other requirements, that each Participant and their parent or guardian, where applicable, be given written outlines of their rights as evidenced by their dated signatures.* *2. A review of Participants' records will be conducted to ensure that a copy or original of the Participants' Rights is present within each Participant's record that is both signed and dated. If any Participant records are found to be deficient, a signed and dated copy of the Rights will be obtained and placed in the Participant's permanent record.* *3. Quality Assurance Specialist, or his delegate, Clinical Supervisors, Habilitative Interventionists,*	*8/26/2016*

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		Developmental Specialists. *4. QAS, or his delegate, will review Participant records on a regular and on-going basis, as part to the quality assurance process, to ensure that signed, dated copies of the Participants' Rights are present within each Participant's permanent record.*	

Agency Representative & Title: *Click here to enter text.* Brad Jensen, Owner * By entering my name and title, I agree to implement this plan of correction as stated above.	**8-8-16**
Department Representative & Title: Eric D Brown, Program Manager Digitally signed by Eric D Brown, Program Manager Date: 2016.08.09 10:10:58 -06'00' * By entering my name and title, I approve of this plan of correction as it is written on the date identified.	**Date Approved:** 8/9/2016