

Statement of Deficiencies

Developmental Disabilities Agency

Family Support Services of North Idaho -- Coeur d'Alene
1FSSNI126

2201 Ironwood Place
Coeur d'Alene, ID 83814-
(208) 769-4222

Survey Type: Recertification

Entrance Date: 7/23/2014

Exit Date: 7/24/2014

Initial Comments:

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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." (7-1-11)</p>	<p>In review of eight (8) staff files, Three (3) files were found to not be in compliance with this rule. (5): first hired 2/28/12, clearance completed. Rehired 6/10/14, previous clearance transferred, ISP should have been initiated within 30 days and completed. No record of ISP in file. (7) Hired 5/1/11. Previous clearance in Nov 2010. ISP should have been completed due to 3 year rule. No ISP on file. (6) Has new application on file no verification that has been fingerprinted or cleared but did have clearance letter on file from 2012 background check. (8) Was fingerprinted 27 days from notarized app. Was pulled off schedule; however did not meet rule requirement of 21 days.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. On 07/24/14 the identified staff completed the ISP name check request form. FSS modified its criminal background policy to ensure the deficiency was not to be repeated. The employee packet was updated to include the ISP name check 2. On 07/24/14 a report from the chu unit was reviewed, deficiencies found were addressed and identified employee completed the ISP form. All forms were sent by certified mail to ISP on 7/28/14 3. The Administrator and Clinical supervisor are responsible to implement the corrective plan. 4. Upon hire a transfer of a background will result in the completion of the ISP name check form, employment will not be finalized otherwise. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	<p>07/28/14</p>

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<p>16.03.21.400.03.b</p> <p>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>In review of agency documentation, 2 of 6 staff did not have monthly observation by clinical supervisor. Staff #3 was missing July, August December of 2013 and January of 2014 observations. Staff #4 was missing November, December of 2013 and May and June of 2014 observations.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. The monthly observation policy and procedure was modified. The Clinical supervisor's schedule has been modified to allow more time to complete these observations. 2. FSS recognizes that it cannot go back in time to complete the missing observations, but made a note of other deficiencies and assessed the reasons for those. Procedures were put in place the prevent further deficiencies. 3. The Administrator and Clinical supervisor completed the corrective actions. 4. The monthly observation review has been added to the quarterly audit form of employees file. 	<p>08/06/14</p>

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<p>16.03.21.400.07.a</p> <p>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>07. Paraprofessionals. A person qualified to provide support services must meet the following minimum requirements: (7-1-11)</p> <p>a. Meet the qualifications prescribed for the type of services to be rendered; (7-1-11)</p>	<p>In review of agency documentation 1 of 8 staff did not have documentation of completed coursework for HS. Refer also to rule 16.03.10.665.02.f.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. The identified missing coursework has been requested and received. FSS modified it's procedure to ensure that coursework was required as well as certificates. 2. Files of HS employees were audited other deficiencies were found and corrected by requesting the appropriate information which is yet to be received. 3. The Clinical Supervisor completed the corrective action. 4. The Clinical supervisor will ensure that HS employees print the entire coursework and return it, prior to starting employment. This will be monitored by quarterly audit of employees files. 	<p>08/29/14</p>

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<p>16.03.21.410.01.c</p> <p>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: (7-1-11)</p> <p>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: (7-1-11)</p> <p>c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)</p>	<p>In review of agency documentation 2 staff did not have documentation of training on special health or medical requirements of the participant where the participant had a special health need identified.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. The primary physician has been contacted for specific recommendations regarding the medical needs of the identified participant. Once received the staff will receive targeted training. 2. Participant's files were audited and required documentation for medical needs training were requested. Assigned staff will be trained accordingly. 3. The Administrator and Clinical supervisor are working on the corrective actions. 4. The participant's profile sheet has been modified to include this required information. The audit form for the participant files is now including a section to ensure that needs were met. 	<p>09/15/14</p>

		<p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p>	
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<p>16.03.21.500.04</p> <p>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. (7-1-11)</p> <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. (7-1-11)</p>	<p>Evacuation plan for Pre-Kindergarten room did not identify the location of the fire extinguisher. Corrected during survey.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. This issue was corrected during survey, the location of the fire extinguisher was added to the evacuation plan. 2. All evacuation plans and none were found deficient. 3. The Administrator conducted the corrective action. 4. During monthly reviews of the facilities the Administrator will ensure that all evacuations plans are including fire extinguisher locations. 	<p>07/23/14</p>

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<p>16.03.21.500.04.b</p> <p>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. (7-1-11)</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must</p>	<p>In review of agency documentation/records not all of the fire drill reports contain "participants and staff participating" . Agency was shown their two forms and identified willingness to consistently use their form that does capture this information. Corrected during survey.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. The fire drill policy and procedure was modified to include the following requirement; "participants and staff participating". The fire drill form was also modified and is now implemented. 2. No participants or staffs were affected by the deficiency. 	<p>08/04/14</p>

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)
 b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)

4. The Administrator and Clinical supervisor will only use the new fire drill form.
 5. By what date will the corrective actions be completed?
 3. The Administrator was responsible for completing the corrective action.

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16.03.21.510.01.a
 510. HEALTH REQUIREMENTS.
 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-11)
 a. Describe how the agency will ensure that each staff person is free from communicable disease; (7-1-11)

The policy and procedure does not address how the agency will ensure that staff is FREE FROM communicable disease.

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:
 1. The communicable disease policy has been updated to include a statement and signature from employee to certify that they are free of communicable disease. This will be signed upon hire and then once annually.
 2. All identified staff were contacted and have signed the new policy with the individual statement.
 3. The Administrator has completed the corrective action.
 4. The new policy has been added to the new employee's packet for signature upon hire. It is also included in the annual policies training. Quarterly audits will review for compliance.

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16.03.21.601.01.d
 601. RECORD REQUIREMENTS.
 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

Agency does not have a profile sheet. The forms being used do not contain all components of rule.

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 You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:

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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)

1. FSS updated its participant profile sheet to ensure that all required elements are included.
2. The updated profile sheet has been distributed to all FSS participants. It has also been added to the participant intake packet.
3. The Clinical supervisor is responsible to complete this corrective action.
4. If by the target date for completion forms remain incomplete the Clinical supervisor will contact the families to complete the form over the phone. Through quarterly audit of participants file FSS will monitor for compliance.
5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

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<p>16.03.21.900.02.e</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>Agency is reviewing code of ethics and retraining annually but they are not reviewing incidents/complaints to identify any violations and the implementation of an internal plan of correction.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. The code of ethics policy and procedure was modified to include the annual review and documentation of violations. 2. No ethics violations were reported against FSS. 3. The Administrator completed the corrective action. 4. Prior to the annual training on policies and procedures the Administrator and Clinical supervisor will meet to review any ethics violations and will document accordingly and design a corrective plan if needed. 5. 	<p>08/06/14</p>

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<p>16.03.21.900.02.f</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)</p>	<p>Agency is not reviewing their policy and procedure manual annually specifying date and content of revisions made.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. All policies and procedures have been reviewed. A new policy manual has been created to remove old policies pertaining to IBI. 2. Staff signed the new policies as needed. 3. The Administrator completed the corrective action. 4. Prior to the annual staff training on policies and procedures the Administrator and Clinical supervisor will review and modify policies as needed based on the new IDAPA rules. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. 	<p>08/06/14</p>

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<p>16.03.21.900.03.b</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>b. Are age appropriate; (7-1-11)</p>	<p>The agency does not have a policy or procedure that addresses this component of Quality assurance.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. The Quality assurance policy has been modified to include the language "are age appropriate" as well as the monthly observation form to include the observation that services are age appropriate. 2. No participants were affected by the deficiency. 3. The Administrator modified the QA policy and the Clinical supervisor modified the Monthly Observation form. 4. On a monthly basis while doing observation of staff the Clinical supervisor will observed that services are age appropriate. 	<p>08/06/14</p>

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16.03.21.900.03.c 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) c. Promote integration; (7-1-11)	In review of agency policy and procedure and documentation, the agency's policy and procedure did not address this component of quality assurance.	You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. The QA policy has been updated to include the language of " promote integration" as well as the monthly observation form to monitor that services observed are promoting integration. 2. No participants or staff were affected by the deficiency. 3. The Administrator modified the QA policy to include the specific required language and the Clinical supervisor modified the monthly observation form as well. 4. On a monthly basis while doing observation of services provided the Clinical supervisor will assess that the services are promoting integration. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.	08/06/14
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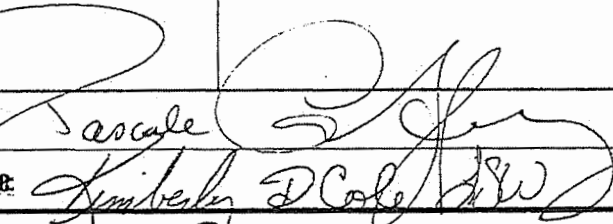
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16.03.21.900.03.d 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)	In review of agency policy, procedure and documentation there is no evidence that this component is addressed.	You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:	08/06/14
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03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)
d. Provide opportunities for community participation and inclusion; (7-1-11)

1. The QA policy was updated to include the following language: "services provide opportunities for community participation and inclusion" as well as the monthly observation form.
2. No participants or staff were found to be affected by the deficiency.
3. The Administrator modified the QA policy and the Clinical supervisor modified the monthly observation form.
4. On a monthly basis while doing observation of services provided the clinical supervisor will ensure that participant were given opportunity for community participation and inclusion.
5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

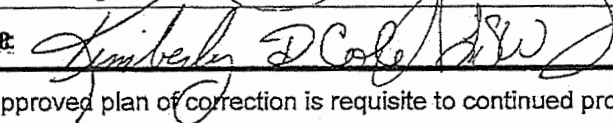
Administrator/Provider Signature:



Date:

08/07/14

Department POC Approval Signature:



Date:

8/12/14

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.