

** DHW INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

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Statement of Deficiencies

Developmental Disabilities Agency

Boise Services Group, Inc.
4BSG010

10332 Fairview Ave Ste 103
Boise, ID 83704-8002
(208) 375-5155

Survey Type: Recertification

Entrance Date: 9/30/2014

Exit Date: 10/1/2014

Initial Comments: Survey Team: Eric Brown, Manager
cert mail #7012 3050 0001 2128 2958

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|--|--|----------------------|
| <p>16.03.21.125</p> <p>125. RENEWAL AND EXPIRATION OF THE CERTIFICATE.</p> <p>An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules.(7-1-11)</p> | <p>It was determined that the agency did not request re-certification per rule requirements.</p> | <p>1. What actions will be taken to correct the deficiency? The agency will request re-certification at least 90 days prior to the expiration of the certification.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? not applicable</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Certificate dates will be reviewed annually as a step of Quality Assurance Plan</p> <p>5. By what date will the corrective actions be completed?</p> | <p>11/1/2014</p> |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|--|---|----------------------|
| <p>16.03.21.400.05</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>05. Limitations. If an agency administrator or a clinical supervisor also works as a professional delivering direct services, the agency must have policies and procedures demonstrating how the agency will continue to meet agency staffing requirements in Subsections 400.01 through 400.04 of this rule. (7-1-11)</p> | <p>Through review of agency documentation and discussion with agency professional staff it was determined that the agency does not have a policy or procedure addressing the clinical supervision requirements of its clinical supervisors who also provide habilitative intervention services on a regular basis.</p> | <p>1. What actions will be taken to correct the deficiency? Clinical Supervisors will have sufficient time available to provide supervision of service elements of the agency, including face to face supervision of agency staff providing direct care services.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? Not applicable</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Staff observations will be documented and kept for one year. These observations will be monitored monthly as a step in the Quality Assurance Plan involving Clinical Supervisor Monthly Activities (see attached policy)</p> <p>5. By what date will the corrective actions be completed?</p> | <p>11/1/2014</p> |
| <p>16.03.21.410.01.b</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>b. Be certified in CPR and first aid within ninety</p> | <p>Review of agency documentation revealed that the personnel record for Staff #2 documented a gap in 1st Aid certification from 7/14/13 to 10/7/13.</p> | <p>1. What actions will be taken to correct the deficiency? 1st aid training will be provided provided to all staff annually to prevent any gap in certification.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? No applicable</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> | <p>11/1/2014</p> |

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(90) days of hire and maintain current certification thereafter; and (7-1-11)

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Certificate dates will be reviewed monthly as personnel review
5. By what date will the corrective actions be completed?

Administrator/Provider Signature:

Date: 10/10/2014

Department POC Approval Signature:

Date: 10/10/14

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