Statement of Deficiencies

Access Living
3ACCLVG147

Survey Type: Recertification


Cert mail #7012 3050 0001 2128 2965

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)

1. Upon receiving the findings the agency is aware that they did not have a procedure in place for respite care workers, which employee 8 was hired as. The agency is putting into place policies and procedures for hiring and training respite care workers to reduce the risk of this deficiency happening again in the future. The staffing and training policy and procedure has been amended to include that an Idaho State Police Check will be initiated within 30 calendar days from the date in which previous clearance is obtained.

2. All other staff files have been pulled to be sure this is not a universal issue. No other staff have this deficiency.

3. The administrator will be responsible for writing new job description and hiring policy and procedure.

Review of agency documentation revealed that 1 out of 8 employee records lacked compliance with IDAPA 16.05.06, "Criminal History and Background Checks".

For example:
Records for employee 8 revealed that the employee's Idaho State Police Check was not initiated within thirty (30) calendar days from the date in which the agency obtained access to the employee's previous clearance.

10/8/2014 4:18:54 PM
SurveyCnt: 9507
<table>
<thead>
<tr>
<th>Rule Reference</th>
<th>Focus</th>
<th>Period Corrected</th>
<th>Date Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.03.21.300.03</td>
<td>Review of agency documentation revealed that the agency has repeat deficiencies from previous surveys conducted in April 2014 and November 2013.</td>
<td></td>
<td>10/3/14</td>
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<tr>
<td>16.03.21.300.04</td>
<td>Review of agency documentation revealed that the agency failed to implement its plan of correction three (3) months following a</td>
<td></td>
<td>10/3/14</td>
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</tbody>
</table>

4. A new hire packet is being developed to standardize the process for all new hires in all positions.
5. The new policies and procedures will be completed by 11/7/14.
when it determines a DDA has not met the requirements in this chapter of rules. (7-1-11)

04. Failure to Comply. If after three (3) months from the date of survey, the DDA has not implemented the Plan of Correction as approved by the Department and remains out of compliance with the identified rule, the Department may impose one (1) or more of the remedies specified in Subsection 300.01 of this rule. (7-1-11)

Failure to Comply.

If after three (3) months from the date of survey, the DDA has not implemented the Plan of Correction as approved by the Department and remains out of compliance with the identified rule, the Department may impose one (1) or more of the remedies specified in Subsection 300.01 of this rule. (7-1-11)

Repeat deficiency from April 2014.

For example:
The agency failed to implement its plan of correction from survey completed on 4/8/14-4/11/14 for previous rule citation 16.03.21.400.05.

In addition, the agency failed to implement its plan of correction from survey completed on 11/4/13-11/5/13 for previous rule citation 16.03.21.410.01.b.i.

Previous deficiencies have been completed and new deficiencies from this POC will be completed by 11/7/14.
how the agency will continue to meet agency staffing requirements in Subsections 400.01 through 400.04 of this rule. (7-1-11)

Review of agency documentation revealed that the agency failed to ensure that CPR and first-aid trained staff were present when services or DDA-sponsored activities were being provided.

For example
Records for employee 8 revealed that the employee was certified in CPR on 8/19/14 however worked with participants between 6/8/14-8/19/14 without a certified staff being present.

Repeat Deficiency from November 2013 survey.

1. Upon receiving the findings the agency is aware that they did not have a procedure in place for respite care workers, which employee 8 was hired as. The agency is putting into place policies and procedures for hiring and training respite care workers to reduce the risk of this deficiency happening again in the future. A policy is now put in place to address the need for another staff member to be present at all times direct care is being provided if they are not currently CPR and First Aid certified, and includes the stipulation for the need to be certified within the first 90 days of hire.

2. All other staff files have been pulled to be sure this is not a universal issue. No other staff have this deficiency.

3. The administrator will be responsible for writing new job description and hiring policy and procedure.

4. A new hire packet is being developed to standardize the process for all new hires in all positions.

5. The new policies and procedures will be completed by 11/7/14.
If deficiencies are cited, an approved plan of correction is requisite to continued program participation.