IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 10, 2008

Susan Economon, Administrator
1015 W. Ironwood Dr., Ste 101
Coeur d'Alene ID 83814

Dear Administrator,

Thank you for submitting the Angel Aides Services Plan of Correction for Residential Habilitation services dated June 2, 2008. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings.

Your certificate is contingent upon the correction of deficiencies. Your agency supporting documentation has been received. You must fully implement all corrections.

You can reach me if you have any questions at 208-364-1841 or 1-877-457-2815.

Thank you for your patience and accommodating us through the survey process.

Cynthia Jonsson
Clinician
DDA/RH Survey and Certification

01/08

IDAHO DEPARTMENT OF HEALTH & WELFARE

RESIDENTIAL HABILITATION AGENCY COMPLIANCE REVIEW

AGENCY NAME: AA ANGEL AIDES **REVIEW DATE(s): 3/18/08 – 3/20/08**

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

REVIEW TEAM MEMBERS: Cynthia Jonsson, Rebecca Fadness, Pamela Loveland-Schmidt

SURVEY FINDINGS

Therapy Observation Notes: Both participants in the observation received hourly support in their own homes. One person lived by herself in an apartment and the other person had a roommate. There were training programs in place to increase the independence of the individuals. It was evident that the direct staff was very supportive and encouraging, but also assured that each person was performing as independently as possible. It was observed that training promotes community integration and participation. Both persons also had natural supports in their Residential Habilitation program that assisted in their independence similar to the natural supports that typically developed individuals have.

Deficiencies:	Agency's Plan for Compliance:
16.04.17.202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. 03. Responsibilities. The administrator, or his designee, must assume responsibility for: b. Developing and implementing policies and procedures for staff and affiliated residential habilitation provider training. **FINDINGS:** Based upon record review and discussion with administrator the agency is	• What corrective action(s) will be taken? **Policies and procedures for assuring the required training is delivered have been written** • How will the agency identify participants who may be affected by the deficiency(s).If participants are identified what corrective action will be taken? **N/A** • Who will be responsible for implementing each corrective action? **The administrator is responsible for implementing new policies and procedures** • How the corrective action(s) will be monitored to ensure consistent

not in compliance. Agency files **lacked evidence as follows:** • Policy and procedures for assuring the required training is delivered.	compliance with IDAPA Rules? **Policies and procedures have been written** • Dates for when the corrective action will be completed? **Completed and submitted previously**
16.04.17. 402.PARTICIPANT RIGHTS. 01 c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; **FINDINGS:** Based upon record review the agency is not in compliance. Agency files **lacked evidence as follows:** • Documentation of compliance with the required documentation in participant records.	• What corrective action(s) will be taken? **PC will add statement on current form of "Participant/PC" duties to emphasize choice of available services, that placement in a Supported Living situation may not meet Client's needs and ensure that they will maintain their independence in their own home and community, and they have the right to refuse services. Also Formal skills training on skills will be offered to increase Client's independence and self-determination.** • How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **As per state audit, only the client's in a Supported Living situation lacked some of the above information on the "Participant/PC" form.** • Who will be responsible for implementing each corrective action? **The PC** • How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **PC will make sure each Supported Living Consumer has this form in their file, is understood by Client, and signed by Client, RHP, and PC.** • Dates for when the corrective action will be completed? **July 4,2008**
16.04.17. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. **FINDINGS:** Based upon record review the agency is not in compliance. Agency files **lacked evidence as follows:** • Four of four files did not contain required addresses	1. What corrective action(s) will be taken? **The address for the emergency contact will be added to the Client Information Form.** 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **PC will go through her client list and ensure all client's have this information on their Client Information Form** 3. Who will be responsible for implementing each corrective action? **PC** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **The question of emergency address will be added to our current QA Review form and will be updated for accuracy, if needed when PC makes her quarterly visits.** 5. Dates for when the corrective action will be completed? **July 4, 2008**
16.04.17. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information:	1. What corrective action(s) will be taken? **The name of the 'Dentist' will be added to the Client Information Form.**

IDAHO DEPARTMENT OF HEALTH & WELFARE

f. Physician, dentist, and other health care providers. **FINDINGS:** Based upon record review the agency is not in compliance. Agency files **lacked evidence as follows:** • Four of four files did not contain required dentist information	2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **PC will go through her client list and ensure all client's have their dentist (if they have one) on their Client Information Form** 3. Who will be responsible for implementing each corrective action? PC 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **The question of who the Consumer's dentist is will be added to our current QA Review form and will be updated if needed when PC makes her quarterly visits.** 5. Dates for when the corrective action will be completed? **July 4, 2008**
16.04.17. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: g. A list of medications, diet, and all other treatments prescribed for the participant. **FINDINGS:** Based upon record review the agency is not in compliance. Agency files **lacked evidence as follows:** • Four of four files did not contain required diet information	• What corrective action(s) will be taken? **'Diet' info/restrictions will be added to the Client Information Form.** • How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **'Diet' will be added to the Client Information Form.** • Who will be responsible for implementing each corrective action? PC • How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **The question of 'Diet', if there are any restrictions, will be added to our current QA Review form and will be updated if needed when PC makes her quarterly visits.** • Dates for when the corrective action will be completed? **July 4, 2008**
16.04.17.400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: k. Habilitation program **FINDINGS:** Based upon record review and discussion with administrator and program coordinator, the agency is not in compliance. Agency files **lacked evidence as follows:** • Four of four files did not contain evidence of required habilitation program information. Written implementation plan contained objectives only.	1. What corrective action(s) will be taken? **PC will write specific training instruction for each objective, the current status of Consumer's ability regarding the skill, and data collection instructions** 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **All Participants will have these components added as part of their IP. They will either be included as part of the IP document or will be separated out and on individual pages.** 3. Who will be responsible for implementing each corrective action? PC 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **A [training] section will be added to our current QA Review form which will be checked when PC makes her quarterly visits.** 5. Dates for when the corrective action will be completed? **July 4, 2008**

01/08

IDAHO DEPARTMENT OF HEALTH & WELFARE

...C PAN... RECORDS. 02. Required Information. ...the following information: ...te, time, duration, and type of service provided ...ew and discussion with administrator and program coordinator, the agency is not in compliance. Agency files **lacked evidence as follows:** ...s did not contain evidence of time and duration of ...d	• What corrective action(s) will be taken? **PC will design a new monthly Progress Note that has a section for duration included.** • How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **As per audit, this request for duration was only for our Supported Living Client's. PC will create this document for only SL Clients** • Who will be responsible for implementing each corrective action? **PC** • How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **A section will be added to our current QA Review form which will ask if Progress Notes have the 'duration' component and will be checked when PC makes her quarterly visits.** • • Dates for when the corrective action will be completed? **July 4, 2008**

...d by Cyndy Jonsson _____ Date: 3/31/2008 _____

...ignature _____ Date: 6/2/08

Approved Cyndy Jonsson Date: 6-6-08