



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Southeastern Idaho Developmental Center	Region(s):	6
Agency Type:	Res Hab	Investigation Dates:	
Certificate(s):	RHA-260 Blackfoot (Office only) RHA-375 Pocatello (Office only)	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 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)
16.04.17.203.05. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas:	Two of two employee record lack documentation the employee received training on specific services that the participant requires. For example: Employee 1's record lacks documentation she has been trained to meet special health or medical requirements of the participant. The employee works with participant 1 who has seizures; has a vegus nerve stimulator; and a magnet on her wrist to activate the stimulator. Employee 2's record lacks documentation he has been trained on the specific services that he requires.	<ol style="list-style-type: none"> 1. We have added a list of all participants and Staff to our QA so we can better track our training documentation. 2. Relevant information will be reviewed during the regular weekly meetings with staff and documentation will be maintained in the staffs' personnel files indicating the training received on the individual participants' services and special health and medical requirements. When we have new participants or when participants' services and health and medical requirements change, these will be reviewed with staff as necessary through orientation, regular weekly meetings, face-to-face contact with staff; 	10/8/2015



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05. Review of Services. A review of the specific services that the participant requires. (3-20-04)		<i>etc.</i> <i>3. The Director and QIDP will be responsible for reviewing specific caseloads with relevant staff</i> <i>4. As mentioned in number 1, we have included a list of participants and staff as part of our QA format.</i>	

Agency Representative & Title: Jim McCoy, Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 7/16/2015
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 7/24/2015