Statement of Deficiencies

Residential Habilitation Agency

A New Hope - North 7th Avenue
RHA-5053

707 North 7th Avenue, Suite F
Pocatello, ID 83201-
(208) 904-1950

Survey Type: Recertification

Entrance Date: 12/2/2014

Exit Date: 12/4/2014

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Kim Cole, Medical Program Specialist, Licensing & Certification.

Code Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.202 202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)	The agency lacked evidence the administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. For example: Based upon the number of deficiencies and repeat deficiencies, etc. it has been determined the administrator lacks evidence he has ensured compliance with this rule.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.202. 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
16.04.17.202.02 202.ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04) 02. Absences. The administrator must designate, in writing, a qualified person to perform the functions of the administrator to act in his absence. (3-20-04)	The agency lacked documentation the administrator designated, in writing, a qualified person to perform the functions of the administrator to act in his absence.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.202.02 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
16.04.17.202.03.c 202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04) 03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04) c. Conducting regular agency staff meetings to	The agency lacked evidence the administrator conducts regular agency staff meetings to review program and general participant needs and plan appropriate strategies for meeting those needs.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.202.03.c 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected a	2/27/15

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review program and general participant needs and plan appropriate strategies for meeting those needs; (3-29-12)		and does not recur. 5. Correction date: 2/27/15	
Rule Reference/Text	**Finding**	**Plan of Correction**	**Date to be Corrected**
16.04.17.203 203. 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: (3-29-12)	One of four employee record review lacked documentation of 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. For example: Employee 1's record lacks training in the following areas: IDAPA 16.03.10.705.01.c.i-purpose and philosophy of services; IDAPA 16.03.10.705.01.c.ii-service rules; IDAPA 16.03.10.705.01.c.iv.-proper conduct in relating to waiver participants; IDAPA 16.03.10.705.01.c.v.-handling of confidential and emergency situations that involve the waiver participant; IDAPA 16.03.10.705.01.d.iii.-feeding; IDAPA 16.03.10.705.01.d. iv. Communication; IDAPA 16.03.10.705.01.d.v –mobility; IDAPA 16.03.10.705.01.d. vi-activities of daily living;	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.203 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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	IDAPA 16.03.10.705.01.d.vii –body mechanics and lifting techniques; IDAPA 16.03.10.705.01.d. viii-housekeeping techniques; IDAPA 16.03.10.705.01.d. ix. -maintenance of a clean, safe, and healthy environment.		
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16.04.17.203.01 203. 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: (3-29-12) 01. Rights. Personal, civil, and human rights. (7-1-95)	One of four employee record review lacked documentation prior to delivering services to a participant, agency direct service staff must complete an orientation program for personal, civil and human rights. For example: Employee 1's record lacks training for Participant rights Also see IDAPA 16.03.10.705.01.c.vi	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.203.01 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.04.17.203.04 203. 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: (3-29-12) 04. Supervision. Appropriate methods of supervision. (7-1-95)	One of four employee record review lacked documentation of 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. For example: Employee 1's record lacked documentation of appropriate methods of supervision training. Also see IDAPA 16.03.10.705.01.c.vii.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.203.04 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented toensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15
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16.04.17.203.05 203. STAFF RESIDENTIAL HABILITATION	One of four employee record review lacked documentation prior to delivering services to a		2/27/15

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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: (3-29-12) 05. Review of Services. A review of the specific services that the participant requires. (3-20-04)	participant, agency direct service staff must complete an orientation program for training specific to the needs of the participant. For example: Employee 1's record lacks training specific to the needs of the participant. Also see IDAPA 16.03.10.705.01.c.ix	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.203.05 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	
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16.04.17.302.01.b 302. SERVICE PROVISION PROCEDURES. 01. Admission Procedures. The following criteria must apply to all participants receiving services from a residential habilitation agency: (3-20-04) b. The agency must obtain authorization from the Department for reimbursement for each Medicaidcovered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507	One of two participant record lacked documentation the agency obtained authorization from the Department for reimbursement for each Medicaid covered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. For example: Participant 1's plan expired on 11/30/14 for hourly Support and the agency did not receive authorization for high support until 12/03/14.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.302.01.b 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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through 515 (3-20-04)	The agency moved the participant into a Res Hab home and provided high support without authorization. Repeat deficiency from 01/07/14 survey. The deficiency was corrected during survey. The agency must complete questions 2-4 on the plan of correction.		
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.04.17.302.02 302. SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)	One of two participant record lacked documentation each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. For example: Participant 2 has a tooth brushing goal but no hygiene goals on ISP (closest is following directions). This is the same for laundry, the goals on the ISP do not correlate with the Program Implementation Plans (PIP).	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.302.02 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.	2/27/15

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	Repeat deficiency from 01/07/14 survey.	5. Correction date: 2/27/15	
Rule Reference & Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.04.17.302.03 302. SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)	Two of two participant record lack documentation a review of services and participant satisfaction is conducted at least quarterly or more often if required by the participant's condition or program. For example: Participant 1 and 2's record lacked documentation a quarterly review was completed prior to 04/14. In addition, no documentation a quarterly review of services.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.302.03 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.04.17.400.02.e 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. (3-20-04)	One of two participant record lack documentation the record includes names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. For example: Participant 1's record lacked documentation of the address for the participants sister; phone number for the TSC/Plan Developer listed in the record. Participant 2's record lacked documentation of the name and phone number for the TSC/Plan Developer as an advocate listed in the record.	1. The agency will improve documentation process to reflect compliance with rule 16.04.400.02.e 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.04.17.405.03 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 03. No Punishment. Employees or contractors of the agency must not withhold food or hydration that contributes to a nutritionally adequate diet. (3-29-12)	The agency lacked documentation it developed and implemented written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include employees or contractors of the agency must not withhold food or hydration that contributes to a nutritionally adequate diet.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.405.03 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.04.17.405.05 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 05. Providing Evidence of Violation. Agencies must provide evidence that all alleged violations are thoroughly investigated and must protect the participant from the possibility of abuse while the investigation is in	The agency lacked documentation it developed and implemented written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include agencies must provide evidence that all alleged violations are thoroughly investigated and must protect the participant from the possibility of abuse while the investigation is in progress.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.405.05 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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progress. (3-20-04)

Rule Reference/Text	Findings	Plan of Correction	Date Corrected
16.04.17.405.06 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 06. Reporting Results of Investigations. Results of all investigations must be reported to the administrator or designee and to other officials in accordance with state law, and, if the alleged violation is verified, appropriate corrective action must be taken. (3-20-04)	The agency lacked documentation it developed and implemented written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include results of all investigations must be reported to the administrator or designee and to other officials in accordance with state law, and, if the alleged violation is verified, appropriate corrective action must be taken.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.405.06 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.04.17.405.08.a 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04) a. Chemical restraint. Employees or contractors of the agency must not use chemical restraint unless authorized by an attending physician. (3-29-12)	The agency lacks documentation it developed and implemented written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include no restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. Employees or contractors of the agency must not use chemical restraint unless authorized by an attending physician.	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.405.08.a 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.04.17.405.08.c.i-ii 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 08. Use of Restraint on Participants. No restraints, other than physical restraint in an	The agency lacked documentation it developed and implemented written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include no restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. Physical restraint may be used in an isolated emergency to prevent	1. The agency will improve documentation process to reflect compliance with rule 16.04.17.405.08.c.i-ii 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action.	2/27/15

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emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04) c. Physical restraint. (7-1-95) i. Physical restraint may be used in an isolated emergency to prevent injury to the participant or others and must be documented in the participant's record. (3-20-04) ii. Physical restraint may be used in a non-emergency setting when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.0310, " Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)	injury to the participant or others and must be documented in the participant's record. Physical restraint may be used in a non-emergency setting when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.0310, " Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required.	4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	

Administrator/Provider Signature:	**Date:**	
Department POC Approval Signature:	**Date:**	

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

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emergency [illegible] participant [illegible] to the use [illegible] behavior interventions. The following [illegible] apply to the use of restraint on participants: (3-20-04) c. Physical restraint: (7-1-95) i. Physical restraint may be used in an isolated emergency to prevent injury to the participant or others and must be documented in the participant's record. (3-20-04) ii. Physical restraint may be used in a non-emergency setting when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.0310, " Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)	injury to the participant or others and must be documented in the participant's record. Physical restraint may be used in a non-emergency setting when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.0310, " Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required.	4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15

Administrator/Provider Signature:	[signature] CEO	**Date:**	1/30/15
Department POC Approval Signature:	Pam Loveland-Schmidt	**Date:**	2/2/15

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

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