

Statement of Deficiencies

Residential Habilitation Agency

Aspire Human Services LLC -- Chubbuck
RHA-4074

4806 Hawthorne Rd
Chubbuck, ID 83202-
(208) 238-5950

Survey Type: Investigation

Entrance Date: 1/16/2015

Exit Date: 1/16/2015

Initial Comments: Investigation conducted by: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification.

Code Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.100.06 100. CERTIFICATION -- GENERAL REQUIREMENTS. 06. Inspection of Residential Habilitation Records. The residential habilitation agency and all records required under these rules must be accessible at any reasonable time to authorized representatives of the Department for the purpose of inspection with or without prior notice. Refusal to allow such access must result in revocation of the residential habilitation agency's certificate. (3-20-04)	The agency lacked evidence all records required under these rules are accessible at any reasonable time to authorized representatives of the Department for the purpose of inspection with or without prior notice. For example: Licensing & Certification arrived at the agency on 01/16/15 at approximately 1:00pm, requested employee records to include CPR/1st Aid; Medication Assistance certification; and documentation of time in/time out for the direct care staff working with participants observed. The administrator(s) attempted to gather the documents but were unavailable to gather all documents due to the documents being housed at the agency's corporate office in Washington. The agency was given until 01/20/15 and again until 01/26/15 to gather the documents from the corporate office, which they were unsuccessful	1. Agency will maintain all documents related to each employee and termed employee on site for a minimum of 7 years per company record retention policy. All documents that are stored in other locations will be returned to Aspire Human Services - Chubbuck location. 2. A complete personnel file audit will be done to ensure that each staff's current personnel file is on site at the Aspire Human Services Chubbuck location. 3. Program Manager, HRC, and Trainer 4. On a bi-annual basis an audit will be performed by the HRC and internal QA team to ensure that files are being maintained per company record keeping and retention policies 5. 3/15/15	3/15/15

at gathering all the documents by those dates.

Employee 13, 23, 24, 25, 26, 27's documentation of medication assistance certification was not received until 01/26/15.

Employee 1, 18, 19, 21, 22, 27, 29, 31, 33, 38, 41, 42, 43's documentation of 1st Aid certification was not received until 01/26/15.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.02 301. PERSONNEL 02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)</p>	<p>The agency lacked evidence coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. For example: Surveyors arrived at participant 1 and 2's home on 01/16/14 and found only one staff for both participants who are authorized to receive 1:1 intense services. When staff was questioned, he state there has been one staff for the two participants since 6:30am to present (approx. 11:40am). There was no documentation in the participant records or provided that indicated these individuals should receive any service other than Intense 1:1 staffing. In addition, four of four participants (1,2,3,4) receiving intense support's record reviewed lacked documentation the agency ensured back-up coverage for the following dates: Participant 1's record lacked documentation of 1:1 staffing was provided per authorized plan for the following dates and times: 12/03/14-2:31pm-10:29pm (approx. 8 hours); 12/06/14-10:31am-2:29pm (approx. 4 hours); 12/15/14-2:31pm-22:30(10:29pm) (approx. 8 hours);</p>	<ol style="list-style-type: none"> 1. Each home will be assessed for current staffing needs through a multi step process. A comparison will be made between the ISP and IP to determine the level of staffing that was approved and required by these documents. Master schedules will then be updated to reflect said needs. Each shift will be filled as specified as outlined on the master schedule. For shifts that are unfilled supervisors will work to cover with current staff, on call staff and managers. If a call in occurs, the AOD has been trained and is aware that said shift can not be left unfilled and will work with other supervisors, staff and managers to fill in order to meet the needs of each individual that is served. 2. A complete review of master schedules in comparison to the ISP and IP will occur to ensure that required hours are being met. Schedules will be updated and modified as needed. 3. Program Manager, Program Supervisors, and QIDP 4. Master schedules will be reviewed and updated as needs and changes occur. Program manager will review schedules each week to ensure needs are being met. 5. 2/28/15 	<p>2/28/15</p>

12/16/14-6:31am-10:29am (approx. 4 hours);
 12/24/14-2:31pm-22:29(10:29pm) (approx. 8 hours);
 12/25/14-2:31pm to 12/26/14—14:29(2:29pm) (approx. 12 hours)
 12/27/14-2:29pm-10:29pm (approx. 8 hours)
 12/28/14-6:31pm to 12/29/14-10:29am (approx. 16 hours)
 Participant 2's record lacked documentation of 1:1 staffing was provided per authorized plan for the following dates and times:
 12/06/14-2:31am-6:29am (approx. 4 hours)
 12/12/14-2:31pm-10:29pm (approx. 8 hours)
 12/18/14-06:31am-22:29(10:29pm) (approx. 16 hours)
 12/19/14-2:31pm-10:29pm (approx. 8 hours)
 12/21/14-2:31pm-10:29pm (approx. 8 hours)
 12/23/14-10:31pm-6:29am (approx. 8 hours)
 12/24/14-10:31pm to 12/25/14 6:29am (approx. 8 hours)
 12/30/14-14:31 (2:31pm)-10:29pm (approx. 8 hours)
 Participant 3's record lacked documentation of 1:1 staffing was provided per authorized plan for the following dates and times:
 12/09/14-2:31pm-10:29pm (approx. 8 hours)
 12/10/14-6:31am-2:29pm (approx. 8 hours)
 12/19/14-Unknown how long staff worked, staff time in was 6:30am, but no time out. The next staff's time in was 2:30pm.
 12/19/14-10:31pm to 10/20/14 6:29am (approx. 8 hours)
 12/30/14-2:31pm to 10:29pm (approx. 8 hours)
 Participant 4's record lacked documentation of 1:1 staffing was provided per authorized plan for the following dates and times:
 12/03/14-8:31pm-10:29pm (approx. 2 hours)
 12/05/14-10:31pm-6:29am (approx. 8 hours)
 12/12/14-10:31pm to 12/13/14-6:29am (approx. 8 hours)
 12/17/14-6:31am-7:59am (approx. 1 ½ hours)
 12/24/14-6:31am-10:29am (approx. 4 hours)

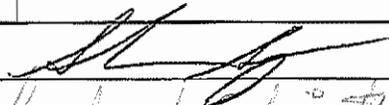
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.i</p> <p>301. PERSONNEL</p> <p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (3-29-12)</p> <p>i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>12 of 43 employee records reviewed lacked documentation the employee record is maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and include evidence of current CPR and First Aid certifications. For example:</p> <p>Employee 6's record lacked documentation of current CPR and 1st Aid. The record included CPR and 1st Aid certification for 06/04/12-06/04/14, but nothing from 06/05/14 to present.</p> <p>Employee 7's record lacked documentation of CPR and 1st Aid from date of hire 06/07/12 to present.</p> <p>Employee 9's record lacked documentation he maintained current CPR and 1st Aid certification. The agency lacked documentation he was certified between 08/08/14 through 09/02/14.</p> <p>Employee 11's record lacked documentation of CPR and 1st Aid.</p> <p>Employee 23's record lacked documentation of CPR/1st Aid from date of hire 12/06/10 through 01/14/15.</p> <p>Employee 24's record lacked documentation of CPR/1st Aid from date of hire 04/06/09 through 01/14/15.</p> <p>Employee 25's record lacked documentation of CPR/1st Aid from date of rehire 02/08/12 through 01/14/15.</p> <p>Employee 26's record lacked documentation of CPR/1st Aid from date of hire 03/25/13 through 01/14/15.</p> <p>Employee 30's record lacked documentation of 1st Aid.</p> <p>Employee 32's record lacked documentation of CPR and 1st Aid.</p> <p>Employee 37's record lacked documentation of CPR and 1st Aid from date of hire 10/06/09 through 01/14/15.</p>	<ol style="list-style-type: none"> 1. All new staff will be required to take CPR/FA within the new hire orientation per company new hire guidelines and prior to working with any clientele. For all existing staff, they will be notified 30 days prior to expiration date of upcoming need to attend class with a list of available dates and times to get re certified. If said staff does not comply with recertification timeliness, staff will be removed from the schedule until appropriate steps have been taken. Records will be entered and maintained within the current internal EMS system and staff personnel file. 2. A complete audit will be done on all current staff to ensure that they are current in CPR/FA. Any staff that is identified to be expired will be immediately removed from the schedule until appropriate steps have been taken to rectify the issue. 3. Program Manager, Program Supervisor, and Staff Trainer 4. Per the internal company standard, a report will be ran each month to identify staff who will be coming into the expiration window and given dates and times for upcoming trainings. 5. 3/15/15 	<p>3/15/15</p>

Employee 40's record lacked documentation of CPR and 1st Aid.

Repeat deficiency from 07/18/12 survey.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.04 302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p>	<p>4 of 43 employee record review lacked documentation the agency followed its policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing."</p> <p>For example:</p> <p>Employee 2's record lacked documentation of medication assistance certification. Employee 17's record lacked documentation of medication assistance certification. Employee 39's record lacked documentation of medication assistance certification. Employee 43's record lacked documentation of medication assistance certification.</p>	<p>1. Each current and new staff will be signed up to attend an Assistance with Medication class. For all new staff this will be arranged during their new hire orientation period and they will be given a date as to which to attend on. For all existing staff, the will be signed up for a class as soon as possible. No staff whether new or existing will be allowed to assist with medications until they have attended an approved course. In addition, appropriate solutions will be found for homes who do not have current staff that are certified to come in and assist with medications. Such solutions could be, a manager or supervisor coming in, a staff from another home, who is not with participants that they are serving or a nurse.</p> <p>2. A complete audit will be done on all current staff to ensure that they are current in Assistance with Medication. Any staff that is identified to be not certified will be immediately scheduled for a class.</p> <p>3. Program Manager, Program Supervisor, and Staff Trainer</p> <p>4. Per the internal company standard, all new staff will be signed up for a class during new hire orientation. If a person does not attend or fails the class, another opportunity will be set up for them until such time they are certified</p> <p>5. 4/15/15</p>	<p>4/15/15</p>

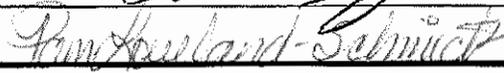
Administrator/Provider Signature:



Date:

2/25/15

Department POC Approval Signature:



Date:

2/26/15

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