

# Statement of Deficiencies

Residential Habilitation Agency

Positive Connections Plus, LLC-Twin Falls  
RHA-4993

1373 Fillmore St  
Twin Falls, ID 83301-3392  
(208) 737-9999

**Survey Type:** Recertification

**Entrance Date:** 4/15/2015

**Exit Date:** 4/16/2015

**Initial Comments:** Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification and Kerrie Ann Hull, Medical Program Specialist, Licensing & Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300</p> <p>300. POLICY AND PROCEDURE MANUAL. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: (3-20-04)</p>	<p>The agency lacked documentation the policies and procedures are reviewed annually and revised as necessary.</p> <p>The administrator provided a written statement that the policies and procedures had been reviewed, but did not include revisions to reflect current rule requirements.</p> <p>The deficiency was corrected during survey. The agency is required to complete questions 2-4 on the plan of correction.</p>	<p>2. Administrator will review all staff qualifications and Update Job Descriptions and responsibilities that were outdated or out of compliance under title of QMRP title, change it to QIPD as per IDAPA Rule. New Job Description will be submitted to staff affected for new signature of having read/ understand of Job Description. The new form will be maintained in Employee File. Review of IDAPA and Policy &amp; Procedure and change QMRP to QIPD. P&amp;P will have a new "Footer" with date implemented and signature.</p> <p>4. Administrator will monitor IDAPA annually in July for effective date of new Rules. Administrator will review IDAPA at least quarterly for new implementation of Rule. Administrator will make corrections to P&amp;P and implement them. Documentation will be recorded in either a "Header or Footer" of P&amp;P of date and initial of individual. QA will maintained date and signature review of P&amp;P.</p>	<p>04-23-2015</p>

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>Two of four employee record review lacked documentation each employee maintain evidence of current CPR and First Aid certifications.</p> <p>For example: Employee 1's record lacked documentation of current CPR certification between 07/31/14-08/20/14. Employee 1's record lacked documentation of current CPR certification between 12/31/14-03/11/15.</p>	<p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p> <p>1. Spread Sheet implemented and maintained by Support Staff to track all Licenses, Certification and Insurance. Tracking Sheet will have "Alert" monthly. Employee #2 and #5 have taken CPR certification and are current.</p> <p>2. All employees will be on Tracking Sheet. Employee will be notified of upcoming expiration dates. Employee will have option of agency CPR/First Aid Training or completing on-line CPR/First Aid Training.</p> <p>3. Residential Habilitation, Program Coordinator, is responsible and will work with Support Staff for compliance.</p> <p>4. Corrective actions will be monitored at least monthly on Tracking Sheet to ensure compliance with Rule</p> <p>5. Tracking Sheet implemented 05.05.2015 and will be ongoing.</p>	<p>05.05.2015</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.03</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>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)</p>	<p>One of four participant record lacked documentation the agency conducted a review of services and participant satisfaction at least quarterly or more often if required by the participant's condition or program.</p> <p>For example: Participant 1's record lacked documentation of periodic reviews of services and participant satisfaction for the first quarter (01/15-03/15).</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> <li>1.The QIDP, or Trainer will take a packet that has house check, satisfaction survey, and staff training form to participants house every 3 months in March, July, October, and January. Will leave with the entire packet filled out. Participant #1</li> <li>2. The QIDP, QA, or trainer will check the case binders every three months to make sure they packets are handed in and placed into the correct location.</li> <li>3. QIDP, QA, or trainer</li> <li>4. There will be a QA form where the QIDP, QA, or trainer will initial and date that the Periodic reviews are in there.</li> <li>5. 5/5/15</li> </ol>	<p>5/5/2015</p>
<p>16.04.17.400.02.j</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>j. Psychosocial information. (7-1-95)</p>	<p>One of four participant record lacked documentation of psychosocial information.</p> <p>For example: Participant 4's record lacked a Psychological assessment and the participant has been diagnosed with Down Syndrome.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> <li>1.The QIDP, called Guardian and received a copy of the participants Psychological assessment to place in their case binder. Participant #4</li> <li>2. Is a form with check boxes to fill out during intake process that includes psychological assessments and other intake documents that need to be gathered. This will make sure the assessment is gathered at the first meeting.</li> </ol>	<p>05/05/2015</p>

3. QIDP, or Program Coordinator  
4. QIDP, will take this form to each intake and make sure Psychological assessment has been discussed and gathered.  
5. 5/5/15 form created. The Psychological assessment for Participant #4 was gathered as of April 16, 2015.

Administrator/Provider Signature: *Nadean Smith, MA, AT, QIDP, Administrator*

Date: *5-5-15*

Department POC Approval Signature: *Pam Howland-Schmidt*

Date: *5/6/15*

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