

Statement of Deficiencies

Residential Habilitation Agency

Res/Hab Provider Agency (The) RHA-215	RECEIVED APR 13 2015 DIV OF LIC & CERT	3705 S Montana Ave Caldwell, ID 83605- (208) 455-8887
--	--	---

Survey Type: Recertification **Entrance Date:** 3/18/2015
Exit Date: 3/20/2015

Initial Comments: Licensing and Certification: Kerrie Ann Hull, Medical Program Specialist and Eric Brown, Program Manager.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.101.04 101. CERTIFICATION - ISSUANCE OF CERTIFICATES. The Department will conduct an initial survey upon receipt of a completed application. (3-29-12) 04. Expiration of Certificate. An agency must request renewal of its certificate no less than ninety (90) days before the expiration of the certificate to ensure there is no lapse in certification. After initial certification the Department may issue a certificate that is in effect for up to three (3) years based upon an agency's substantial compliance with this chapter of rules. (3-29-12)	The agency did not request renewal of its certificate less than ninety (90) days before the expiration date of their certificate.	1. The Res Hab Provider Agency had an oversight of this rule and will request renewal certificate at least 90 days prior to expiration. 2.-3. The Administrator will request renewal at least 90 days prior to expiration of certificate. 4. Notice will be marked to remind request be made in time.	4/10/2015

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.201.03.c</p> <p>201. ADMINISTRATION.</p> <p>03. Responsibilities. The governing authority must assume responsibility for: (3-20-04)</p> <p>c. Providing a continuing and annual program of overall agency evaluation; (3-29-12)</p>	<p>Review of agency documentation revealed that the agency lacked documentation verifying that the administrator has completed continuing and annual program of overall agency evaluation.</p>	<p>1. A form has been created to fill out to help verify evaluation of Agency.</p> <p>2-3. The Administrator will complete form and make necessary adjustments form results of evaluation.</p> <p>4. Evaluation form will be kept in notebook to be able to refer to.</p>	<p>4/10/2015</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.201.03.d</p> <p>201. ADMINISTRATION.</p> <p>03. Responsibilities. The governing authority must assume responsibility for: (3-20-04)</p> <p>d. Assuring that appropriate training, space requirements, support services, and equipment for residential habilitation agency staff are provided to carry out assigned responsibilities; and (3-29-12)</p>	<p>Review of agency documentation revealed a lack of staff training at time of orientation. The administrator has failed to assure that appropriate training has been provided to staff so that they can carry out their responsibilities.</p>	<p>1. A new packet has been created to cover during orientation of a new employee. Employee will sign to indicate orientation has occurred.</p> <p>2. By having signature of employee we will be able to know they have completed the orientation necessary.</p> <p>3. The Program Coordinator will orient new employee in the necessary areas, with oversight by the Administrator.</p> <p>4. A copy will be placed in employee file.</p>	<p>4/10/2015</p>

Residential Habilitation Agency	Res/Hab Provider Agency (The)	3/20/2015	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.b</p> <p>202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)</p> <p>03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04)</p> <p>b. Developing and implementing policies and procedures for agency staff and provider training, quality assurance, evaluation, and supervision; (3-29-12)</p>	<p>Review of agency documentation revealed that agency have failed to implement their policy and procedures for agency staff and provider training, quality assurance, evaluation, and supervision. As an example, the agency has a policy related to the evaluation of staff performance and have failed to implement the policy. In addition, the agency administrator has not ensured that the agency staff has completed required training. Repeat Deficiency.</p>	<p>1. A new employee appraisal form has been created to be completed by the Administrator to include in the employee file. All employees will be trained at orientation of job expectations. A annual evaluation will be made to assess job performance.</p> <p>2-3. The Administrator will implement new form to be completed on all employees and put into their file.</p> <p>4. The Administrator will have all employees have a review of performance and place in their file.</p>	<p>5/30/2015</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.f</p> <p>202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)</p> <p>03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04)</p> <p>f. Developing and implementing a policy</p>	<p>Review of agency documentation revealed that the agency lack a policy addressing safety measures to protect participants and staff as mandated by state and federal rules.</p>	<p>1. The Administrator has included in every file the policy to protect clients and staff.</p> <p>2-3. It will be procedure to include this policy in every file by the Office Manager.</p> <p>4. A review of files by the Administrator will be made to make sure policy is in file.</p>	<p>5/1/2015</p>

addressing safety measures to protect participants, and staff as mandated by state and federal rules; and (3-29-12)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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)</p>	<p>Review of agency documentation revealed that 5 out of 7 employees lacked orientation training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706.</p> <p>For example: Agency records revealed that 5 out of 7 employees (Employee's 3, 4, 5, 6, & 7) did not receive training in the topic areas related to supervising participants and training specific to the needs of the participant as required in 16.03.10, sections 700 through 706. The agency was unable to verify that the training occurred.</p>	<p>1. All new employees will go through an orientation to include the policies and procedures of the company, to help train them in areas of rights, disabilities, participant's needs, supervision, and services. They will be required to have CPR training and a background check.</p> <p>2. All employees will sign a form to indicate orientation has been given. For employees already employed with the company that did not have forms in their file, new forms will be signed (a review of policies and procedures if necessary) so they can be in compliance too.</p> <p>3-4. The Administrator will make sure a signed copy is included in employee file.</p>	<p>5/30/2015</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203.02</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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)</p> <p>02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)</p>	<p>Review of agency documentation revealed that 5 out of 7 employees (Employee's 3, 4, 5, 6, & 7) did not receive orientation training in the area of disabilities. The agency was unable to provide verification that training occurred.</p>	<ol style="list-style-type: none"> 1. The new orientation packet developed includes orientation of disabilities to be covered during orientation. 2. The employee will sign form to indicate orientation has occurred. For employees already employed who do not have form signed in their file will have training/retraining and will sign form to include in their file. 3. The Program Coordinator will make sure signatures are obtained. 4. The Administrator will review file to ensure form is in file for orientation training. 	<p>05/31/2015</p>
<p>16.04.17.203.03</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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)</p>	<p>Review of agency documentation revealed that 5 out of 7 employees (Employee's 3, 4, 5, 6, & 7) did not receive training in the area of understanding the participant's needs. The agency was unable to provide verification that training occurred.</p>	<ol style="list-style-type: none"> 1. The new orientation packet developed includes orientation on understanding participant's needs. 2. The employee will sign form to indicate training has occurred. Any current employee who does not have training form in file will be trained/retrained on participant's needs and sign form to be included in their file. 3. The Program Coordinator will make sure signatures are obtained. 4. The Administrator will review file to ensure form is in employee file for orientation training. 	<p>5/31/2015</p>

include policies and procedures reflecting the following: (3-20-04)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300.08</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>08. Personnel. Personnel qualifications, responsibilities, and job description. (7-1-95)</p>	<p>Review of agency documentation revealed that the agency failed to follow its own policy and procedures related to personnel.</p>	<p>1-2. A review of the agency's policy on personnel is adequate. The Agency will assure that personnel files contain qualifications, responsibilities and job description in each file.</p> <p>3-4. The Administrator has reviewed personnel files to include any updated information that is needed to be included in files</p>	<p>4/10/2015</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.c</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>Review of agency documentation revealed that 1 out of 7 employee records (Employee 3) lacked information related to experience within the personnel record.</p>	<p>1. Upon review of personnel files it was discovered that application had not been filled out completely to indicate job experience. Action has been taken to have employee complete application.</p> <p>2. A review of other files has been made to ensure completed applications are in file.</p> <p>3. The Administrator will ensure application is</p>	<p>4/10/2015</p>

c. Education and experience; and (7-1-95)

complete when potential applicant is filing for a position in the Agency.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.d 301. PERSONNEL. 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) d. Other qualifications (if licensed in Idaho, the original license number and the date the current registration expires, or if certificated, a copy of the certificate); and (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 7 employee records (Employee's 3 & 7) lacked documentation of Assistance with Medication Certification. Both employees currently assist participants with medications. Repeat Deficiency.</p>	<p>1. The Res Hab Provider Agency has signed up employees that assist with medication (reminders) to complete a medication assistance course given through CWI. 2. Any client that needs to be reminded or given help with medication will have the provider (s) go through assistance with medication course. 3. The employee, Program Coordinator, and Administrator will keep informed if additional help with medications are necessary for client. 4. Review of Dr indication to help needed or the needs of the client conditions change as to the need of assistance with medications.</p>	<p>5/15/2015</p>
<p>16.04.17.301.03.h 301. PERSONNEL. 03. Personnel Records. A record for each</p>	<p>Review of agency documentation revealed that 5 out of 7 employee records (Employee's 3, 4, 5, 6, & 7) lacked documentation of initial</p>	<p>1. A new orientation packet has been developed to be used in orientation to make sure employees are trained in necessary areas of orientation. Employee</p>	<p>5/30/2015</p>

Residential Habilitation Agency	Res/Hab Provider Agency (The)	3/20/2015	
<p>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>h. Documentation of initial orientation and required training; and (7-1-95)</p>	<p>orientation and required training.</p>	<p>2. By having employee sign form that orientation has occurred and have form placed in employee file. For any current employee that does not have a form indicating orientation training was done will be trained/retrained and form signed to be put into their file.</p> <p>3. The Program Coordinator upon completion of orientation will have employee sign form that orientation has been given.</p> <p>4. The Administrator will review file to make sure form is in employee file.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.j</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>j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>Review of agency documentation revealed that 6 out of 7 employee files (Employee's 2, 3, 4, 5, 6, & 7) lacked documentation reflecting verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06. Repeat Deficiency.</p>	<p>1. The Agency has developed a new policy to include pre-employment background check. This policy states that all potential employees will have a new background check done through the Department of Health and Welfare if a background check has not been conducted within the last year. If a background check has been done within the last year a transfer may be obtained of background check.</p> <p>2. All employees who have not had a recent background check has completed a new one.</p> <p>3-4. The Administrator will make sure new potential employee has completed an application for a background check with notarized copy on file or completed one before putting on the schedule.</p>	<p>5/31/2015</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.k</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>k. Evidence that the employee has received a job description and understands his duties. (3-29-12)</p>	<p>Review of agency documentation revealed that 3 out of 7 employee records (Employee's 1, 2, & 7) lacked documentation that the employee received a job description and understand their duties.</p>	<p>1-2. A review of files has been made to ensure all files include a job description in their file.</p> <p>3-4. The Office manager will make sure a job description is included in each employees file when making a new file for the employee.</p>	<p>4/10/2015</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.02</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>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)</p>	<p>Review of agency documentation revealed that implementation plans for 2 out of 4 participants (participant's 1 & 4) did not include goals and objectives specific to the plan of service.</p>	<p>1. The Program Coordinator will write implementation plans using the Individual Support Plan as a guide for goals and programs.</p> <p>2-3. The Program Coordinator will review support plans to ensure goal are being addressed.</p> <p>4. A review of all individual supports plans will be made to make sure all areas of goals have an implementation plan.</p>	<p>4/10/2015</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.04</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>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>Review of agency documentation revealed that the agency failed to maintain their medication policy that describes the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." The agency have identified within their medication policy that all employees that have medication oversight will have completed a med class with a certified instructor. It was found during the review process that 3 out of 4 participants (participants 1, 3, & 4) required assistance with medications; however the respective staff did not have assistance with medication certification.</p>	<p>1-2. A review of participants files has been made to determine who will need to have assistance with medications and the providers who work with these clients have set up a time to take the required 8 hour class through CWI.</p> <p>3. Upon initial intake of a new client or the change in conditions of an existing client the Program Coordinator will take note of who may need the assistance with medication.</p> <p>4. All clients who has the need of help with medications will have a provider who has been through the assistance with medication course.</p>	<p>5/15/2015</p>
<p>16.04.17.400.01</p> <p>400. PARTICIPANT RECORDS.</p> <p>01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination</p>	<p>Review of agency documentation revealed that the agency have failed to maintain their policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records.</p> <p>For example: Records reviewed indicated that 1 out of 4 participants (participant 1) lacked</p>	<p>1-2. Upon review of missing paperwork in clients file paperwork was collected the next visit and included in the clients file. The entire staff of The Res Hab Provider Agency has had a review of how to complete paperwork, and the area of signatures and dates were discussed.</p> <p>3. The Program Coordinator will evaluate for completion of paperwork before returning paperwork to office.</p>	<p>4/10/2015</p>

Residential Habilitation Agency	Res/Hab Provider Agency (The)	3/20/2015	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)</p>	<p>documentation of services provided from 12/24/14-1/19/15. Records reviewed also indicated that 2 out of 4 participants (participant's 3 & 4) lacked documentation reflecting the date of service and the signature of the staff providing the service.</p>	<p>4. The Administrator upon review of paperwork will review for completion.</p>	
<p>16.04.17.400.02.b 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) b. Social Security and Medical ID numbers. (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 4 participant records (participant's 1 & 2) lacked information identifying social security number. Corrected during survey.</p>	<p>1-2. The Agency upon receiving a new client will obtain required information needed to be included in the client's file. A review of files has been made to ensure no other client had missing information such as a social security number missing from their file. 3. The Program Coordinator will obtain necessary information to be included in client's file. 4. The Administrator will review new client's file to make sure necessary information is there.</p>	<p>4/10/2015</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.i</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>	<p>Review of agency documentation revealed that 1 out of 4 participants (participant 3) lacked an age appropriate functional assessment.</p>	<p>1. A functional assessment will be given by the Res Hab Provider Agency on each client.</p> <p>2-3. The Program Coordinator will perform a functional assessment on each client and put in client's file.</p> <p>4. The Administrator will review files to make sure assessment is in file.</p>	<p>5/15/2015</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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>Review of agency documentation revealed that 2 out of 4 participants (participant's 3 & 4) lacked psychosocial information within the participant record.</p>	<p>1. A request of information has been made to obtain psychosocial information.</p> <p>Any client who has a diagnosis of any psychosocial disorder will have information included in their file.</p> <p>2. A review of files has been made to obtain any information needed to complete file.</p> <p>3-4. At annual ISP meetings a request of any information needed to complete clients file information will be made by Program Coordinator.</p>	<p>4/10/2015</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.n</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>n. Daily record of the date, time, duration, and type of service provided. (7-1-95)</p>	<p>Review of agency documentation revealed that daily records for 3 out of 4 participants (participant's 2, 3 & 4) lacked the year component of the date of service provided.</p> <p>Daily records also revealed that 1 out of 4 participants (participant 4) lacked the time component (time in/out) of service provided. Repeat Deficiency.</p>	<p>1. All employees have been through a review of proper paperwork completion.</p> <p>2. A review of all clients files has been made to ensure that missing data has been completed.</p> <p>3. The Program Coordinator will ensure paperwork is completed correctly before returning paperwork to office.</p> <p>4. The Administrator will also review paperwork for completion.</p>	<p>4/10/2015</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.01</p> <p>405. TREATMENT OF PARTICIPANTS.</p> <p>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)</p> <p>01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any</p>	<p>Review of agency documentation revealed that the agency lacked documentation of a written policy that addresses the use of positive behavior interventions prior to and in conjunction with the implementation of any restrictive intervention.</p>	<p>1. A new policy has been developed to include positive behavior interventions.</p> <p>2. The Res Hab Provider Agency encourages the use of positive praise for clients in completing tasks or doing things well.</p> <p>3. The provider working with the client will encourage the client to help make proper decisions, solve problems, and encourage the learning of skills in a positive way and only resort to restrictive interventions when necessary.</p> <p>4. The policy has been implemented and reviewed</p>	<p>4/10/2015</p>

restrictive intervention. (3-20-04)

with employees

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.04</p> <p>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)</p> <p>04. Reporting Violations. Any agency employee or contractor must report immediately report all allegations of mistreatment, abuse, neglect, injuries of unknown origin, or exploitation to the administrator and to adult protection workers and law enforcement officials, as required by law under Section 39-5202, Idaho Code, or to the Idaho Commission on Aging, IDAPA 15.01.03, "Rules Governing Ombudsman for the Elderly Program," or the designated state protection and advocacy system for persons with developmental disabilities when applicable. (3-29-12)</p>	<p>Review of agency documentation revealed that the agency lacked documentation of a written policy that addresses the requirement to report all allegations of mistreatment, abuse, neglect, injuries of unknown origin, or exploitation to the administrator and to adult protection workers and law enforcement officials as required by law.</p>	<p>1. A policy has been included in the Res Hab Provider's policies and procedures book outlining requirements of reporting abuse. 2. Employees are required to report abuse to proper authorities. 3-4. Any report of abuse will immediately be report to proper authorities.</p>	<p>4/10/2015</p>
<p>16.04.17.501.06.b</p> <p>501. ENFORCEMENT PROCESS. The</p>	<p>A review of agency records has determined that the agency failed to correct deficiencies</p>	<p>1-2. The Res Hab Provider Agency has reviewed past deficiencies and have tried to correct them so</p>	<p>4/10/2015</p>

Residential Habilitation Agency	Res/Hab Provider Agency (The)	3/20/2015
<p>Department may impose a remedy or remedies when it determines a residential habilitation agency is not in compliance with these rules. (3-29-12)</p> <p>06. Failure to Comply. The Department may impose one (1) or more of the remedies specified in Subsection 501.02 of this rule if: (3-29-12)</p> <p>b. The residential habilitation agency has failed to correct the deficiencies stated in the agency's accepted plan of correction and as verified by the Department, via resurveys. (3-29-12)</p>	<p>found during the agency's previous 2012 survey. See Repeat Deficiencies.</p>	<p>they are no longer a deficiency. 3-4. The Administrator has tried to address such deficiencies and is trying to ensure they no longer will exist.</p>

Administrator/Provider Signature: <i>[Handwritten Signature]</i>	Date: 4/10/2015
Department POC Approval Signature: <i>Kerrie Ann Hill, LMSW</i>	Date: 5/18/15

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