



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Aspire Human Services, LLC	Region(s):	4
Agency Type:	Residential Habilitation Agency	Survey Dates:	5/27/15-5/29/15
Certificate(s) Renewed:	RHA-4075	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. 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>Review of agency documentation revealed non-compliance with training requirements as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706.</p> <p>Per IDAPA 16.03.10.705.01.c. Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-29-12)</p> <p>16.03.10.705.01.c.ix. Training specific to the needs of the participant. (3-19-07)</p> <p>Review of agency documentation revealed that 2 out of 7 staff reviewed (staff #3 and #5) did not receive training specific to the</p>	<ol style="list-style-type: none"> 1. Each staff will receive specific training and related information to each participant that they are assigned to work with prior to working with that participant. Additionally, annual training will be provided within 30 days for annual plans and/or any major changes that occur within the plan year. 2. A review will be conducted by the QIDP in order to identify any missing training and/or documentation that given staff are not in compliance with related to participant specific training. 3. The assigned QIDP will be responsible for ensuring that all client specific training is up to date for each staff on their participant caseload. 	8/31/2015



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	needs of the participant prior to delivering services.	<i>4. Monthly reviews of all staff training will occur by the QIDP to ensure that compliance is maintained. A tracking system will be created and implemented by 8/31/15</i>	
<p>16.04.17.301.03.i 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: i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>Review of agency documentation revealed that 3 out of 7 employee records reviewed lacked evidence of current CPR and First Aid certifications.</p> <p>For Example:</p> <p>Records for employee #1 revealed CPR/First Aid certification that had expired 7/2/2014. It is reported that the employee does provide direct care on an as-needed basis.</p> <p>Records for employee #2 revealed a lapse in CPR/First Aid certification from 4/20/2014-5/6/2015.</p> <p>Records for employee #4 revealed a lapse in CPR/First Aid certification from 10/25/2013-11/26/2013.</p>	<p><i>1. Prior to accepting and working with participants, each staff will be required to complete an approved CPR/FA course. Certification needs to be maintained and current at all times or staff will be removed from working with participants immediately until a new certification is completed.</i></p> <p><i>2. An audit will be conducted by the trainer and HRC by 7/15/15 to ensure that all staff are current and in compliance.</i></p> <p><i>3. Trainer, Program Supervisor and Program Manager at the location</i></p> <p><i>4. Quarterly peer reviews will be conducted by HRC and a monthly review of training requirements and expectations will be completed by the Program Supervisor, Trainer and Program Manager. This will be</i></p>	7/15/2015



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<p>16.04.17.301.03.j 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: 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 2 out 7 employee files lacked documentation reflecting verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06.</p> <p>For Example:</p> <p>Records for employee #3 and #6 revealed that the agency used a clearance from a previous agency; an ISP check was not completed for both employees.</p>	<p><i>implemented by 7/1/15.</i></p> <ol style="list-style-type: none"> <i>1. Each employee will complete a CHU application within 21 days of hire or obtain an ISP transfer request within 30 days of hire. A CHU and ISP background tracking spreadsheet will be implemented, trained and maintained by all HRC's to track each employee through compliance. If an employee misses the scheduled appointment they will be removed from the schedule until such time a new appointment can be obtained.</i> <i>2. An audit will be conducted on all CHU applications and ISP transfer requests by the HRC by 7/31/15.</i> <i>3. The HRC at the branch location will be responsible for monitoring this on a monthly basis.</i> <i>4. This will be implemented by 7/1/15</i> 	<p><i>7/31/2015</i></p>

<p>Agency Representative & Title: Sarah Scheer, Program Manager <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i></p>	<p>Date Submitted: 6/12/2015</p>
<p>Department Representative & Title: Kerrie Ann Hull, LMSW</p>	<p>Date Approved: 6/19/2015</p>



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* By entering my name and title, I approve of this plan of correction as it is written on the date identified.	
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