



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

Agency:	Addus HomeCare	Region(s):	1 and 2
Agency Type:	Residential Habilitation	Survey Dates:	6/15,17/2015
Certificate(s) Renewed:	Region 1: RHA-186 Region 2: RHA-354	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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)
16.04.17.101.04 101.CERTIFICATION - ISSUANCE OF CERTIFICATES. 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)	A request for recertification was not received.	<ol style="list-style-type: none"> 1. <i>The Agency Director as well as the Regional Quality Assurance Manager will now both be responsible for tracking the date of the Request for Certification Renewal.</i> 2. <i>The Regional Director will be informed when the request has been sent.</i> 3. <i>The Agency Director/Administrator is responsible for ensuring that the request for Recertification is sent.</i> 4. <i>Compliance will be monitored annually in the date the request is due</i> 	7/1/2015
16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required	Employee 2's record has documentation of some orientation training on 06/15/15, but not completed prior to working with participant 02/22/15. There was no documentation of these required	<ol style="list-style-type: none"> 1. <i>The Regional Quality Assurance Manager will be on site at the Lewiston ID branch to evaluate the Res Hab Program. As part of the evaluation of the Training Program, it will be redesigned to</i> 	8/1/2015



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<p>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) Refer also to 16.03.10.705.01.c.i. Purpose and philosophy of services; (3-19-07) 16.03.10.705.01.c.ii. Service rules; (3-19-07) 16.03.10.705.01.c.iii. Policies and procedures; 16.03.10.705.01.c.iv. Proper conduct in relating to waiver participants; (3-19-07) 16.03.10.705.01.c.v. Handling of confidential and emergency situations that involve the waiver participant; (3-19-07) 16.03.10.705.01.c.vii. Methods of supervising participants; (3-19-07) 16.03.10.705.01.c.viii. Working with</p>	<p>components of orientation.</p>	<p><i>meet the requirements of the program including policies, procedures, training materials and ongoing evaluation of effectiveness. All existing employees will be put through this new training program.</i> <i>2. This Training Program will be implemented state-wide at all branches approved to support Res Hab Clients. The Agency Director will be responsible for ongoing oversight for compliance. All new employees who work with res hab clients, regardless if they complete the Idaho Matrix for PCS services, will also be expected to attend the Res Hab training Program</i> <i>3. The Agency Director/Administrator will be responsible for ongoing oversight for compliance</i> <i>4. The Training program will be reviewed annually by the Regional Quality Assurance Manager to ensure it remains current, effective, and meets state requirements.</i></p>	



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<p>individuals with developmental disabilities; and (3-19-07) 16.03.10.705.01.c.ix. Training specific to the needs of the participant. (3-19-07)</p>			
<p>16.04.17.203.02. 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: 02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04). Refer also to 16.03.10.17.705.01.d 16.03.10.705.01.d.i.</p>	<p>For Employee #2, record lacked documentation of additional skill training commensurate to the participant served in the areas of instructional techniques and managing behaviors within 6 months provided by a QIDP prior to accepting participants.</p>	<p><i>1. The Regional Quality Assurance Manager will be on site at the Lewiston ID branch to evaluate the Res Hab Program. As part of the evaluation of the Training Program, it will be redesigned to meet the requirements of the program including policies, procedures, training materials and ongoing evaluation of effectiveness. All existing employees will be put through this new training program..</i> <i>2. This Training Program will be implemented state-wide at all branches approved to support Res Hab Clients. The Agency Director will be responsible for ongoing oversight for compliance. All new employees who work with res hab clients, regardless if they complete the Idaho Matrix for PCS services, will also be expected to attend the Res Hab training Program.</i></p>	<p>8/1/2015</p>



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<p>Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07) and 16.03.10.705.01.d.ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07) and 16.03.10.705.01.b: All skill training for agency direct service staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)</p>		<p>3. <i>The Agency Director/Administrator will be responsible for ongoing oversight for compliance</i></p> <p>4. <i>The Training program will be reviewed annually by the Regional Quality Assurance Manager to ensure it remains current, effective, and meets state requirements</i></p>	
<p>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</p>	<p>Employee 2's record lacks documentation of this training.</p>	<p>1. <i>The Regional Quality Assurance Manager will be on site at the Lewiston ID branch to evaluate the Res Hab Program. As part of the evaluation of the Training Program, it will be redesigned to meet the requirements of the program including policies, procedures, training materials and ongoing evaluation of effectiveness. All existing employees will be put through this new training program..</i></p> <p>2. <i>This Training Program will be implemented state-wide at all branches approved to support Res Hab Clients.</i></p>	<p>8/1/2015</p>



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<p>agency must ensure that all employees and contractors receive orientation training in the following areas: 04. Supervision. Appropriate methods of supervision. (7-1-95)</p>		<p><i>The Agency Director will be responsible for ongoing oversight for compliance. All new employees who work with res hab clients, regardless if they complete the Idaho Matrix for PCS services, will also be expected to attend the Res Hab training Program.</i></p> <p><i>3. The Agency Director/Administrator will be responsible for ongoing oversight for compliance.</i></p> <p><i>4. The Training program will be reviewed annually by the Regional Quality Assurance Manager to ensure it remains current, effective, and meets state requirements</i></p>	
<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: d. Other qualifications (if licensed in Idaho, the original license number and the date the</p>	<p>Employee 2's record lacks documentation of medication assistance. The application for employment states she is an RN, but no documentation of a license.</p>	<p><i>1. The Agency Director will obtain the nursing license for Employee 2. If the license is not valid, the employee will attend training on medication assistance.</i></p> <p><i>2. All other Res Hab employees will have their files audited to ensure there is documentation present to validate correct certification and/or licenses as applicable</i></p> <p><i>3. The Agency Director is responsible</i></p>	<p>7/15/2015</p>



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current registration expires, or if certificated, a copy of the certificate); and (7-1-95)		<p><i>for reviewing all employee files to ensure there is documentation present to validate current certification and/or licenses as applicable.</i></p> <p><i>4. The Res Hab QA/QI Program will be expanded upon to include specific auditing of Res Hab Employee Files to ensure ongoing compliance with all requirements. The results of the audits will be shared with the Regional Quality Manager and Regional Director for assurance of compliance and development of corrective action as warranted.</i></p>	
<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>Employee 2's record lacks documentation received CPR/1st aid certification prior to working with participants. CPR/1st Aid 02/25/15-02/28/17, worked with Participant 2 02/23/15-02.24/15 prior to CPR/1ST AID certification</p>	<p><i>1. The Agency Director will be required to sign off on the Res Hab employee file validating all requirements are met prior to the employee being assigned to work with a client.</i></p> <p><i>2. All other Res Hab employees will have their files audited to ensure there is documentation present to validate correct certification and/or licenses as applicable. All those that are found to not have a current valid CPR/FA</i></p>	<p><i>7/15/2015</i></p>



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		<p><i>certification will be suspended pending completion of the certification process.</i></p> <p><i>3. The Agency Director is responsible for reviewing all employee files to ensure there is documentation present to validate current certification and/or licenses as applicable.</i></p> <p><i>4. The Res Hab QA/QI Program will be expanded upon to include specific auditing of Res Hab Employee Files to ensure ongoing compliance with all requirements. The results of the audits will be shared with the Regional Quality Manager and Regional Director for assurance of compliance and development of corrective action as warranted. Additional monitoring will be done through running the expiring licenses report on a monthly basis.</i></p>	
<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</p>	<p>Employees 1 & 2 record lacks documentation the agency followed CHC rule requirements. No documentation of a CHC clearance letter in the record. DOH: 02/13/15;SD-02/13/15; SD notarized 02/13/15. No documentation of clearance</p>	<p><i>1. Clearance letters were obtained for Employees 1 and 2. The new Service Coordination was re-oriented to CHC requirements.</i></p> <p><i>2. All other Res Hab employees will have their files audited to ensure there is</i></p>	<p>7/2/2015</p>



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<p>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>letter.</p>	<p><i>documentation present to validate compliance with CHC requirements. All those that are found not to be in compliance with CHC requirements will immediately be removed from working with clients until the CHC clearance is obtained.</i></p> <p><i>3. The Agency Director is responsible for reviewing all employee files to ensure there is documentation present to validate current certification and/or licenses as applicable.</i></p> <p><i>4. The Res Hab QA/QI Program will be expanded upon to include specific auditing of Res Hab Employee Files to ensure ongoing compliance with all requirements. The results of the audits will be shared with the Regional Quality Manager and Regional Director for assurance of compliance and development of corrective action as warranted. Additional monitoring will be done through running the expiring licenses report on a monthly basis.</i></p>	
<p>16.04.17.302.02.</p>	<p>Participant 1 & 2 record lack documentation</p>	<p><i>1. The RN/QIDP will redo the IP to meet</i></p>	<p><i>8/1/2015</i></p>



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<p>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)</p>	<p>the implementation plans address the goals authorized on the ISP. This is a repeat deficiency.</p>	<p><i>requirements. The RN/QIDP will be retrained on the requirements for completing an IP.</i></p> <p><i>2. During the on-site audit by the Regional Quality Assurance Manager, all IPs will be reviewed for compliance and revised as necessary.</i></p> <p><i>3. The Agency Director/Administrator is responsible for implementation of the corrective Action Plan.</i></p> <p><i>4. The Agency Director/Administer will review all new ISPs and IPs to ensure that all items are addressed per requirements prior to implementation..</i></p>	
<p>16.04.17.302.05. 302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)</p>	<p>For Participant #1 there were no provider status reviews on file.</p>	<p><i>1. Participant 1 will have a status review conducted. A tracking system has been developed to monitor all annual and semi-annual reviews to ensure timely completion.</i></p> <p><i>2. All Res Hab participant files will be reviewed to ensure compliance with this requirement. All files found to be out of compliance will be brought into compliance by the RN/QIDP.</i></p> <p><i>3. The Agency Director/Administrator is</i></p>	<p>8/1/2015</p>



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		<p><i>responsible for supervising the RN/QIDP maintaining the status review schedule.</i></p> <p><i>4. The RN/QIDP will be responsible for tracking all annual and semi-annual reviews and submitting the documentation to the Agency Director/Administrator for validation.</i></p>	
<p>16.04.17.400.02.f. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: f. Physician, dentist, and other health care providers. (7-1-95)</p>	<p>For participants 1 & 2 dentist is not addressed.</p>	<p><i>1. The QIDP will get information on participant 1 and 2's dentist for inclusion in the record</i></p> <p><i>2. All Res Hab files will be audited to ensure there is information on participant's dentist. Additionally, all files will organized in a consistent manner with a table of contents identifying all required information. The Agency Director/Administer will be responsible for signing off on the client's record upon creation verifying completion.</i></p> <p><i>3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participoant record.</i></p> <p><i>4. The QA/QI program for Res Hab to be revised to include participant record</i></p>	<p>8/1/2015</p>



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		<p><i>audits to ensure compliance with all requirements. These results are shared with the Regional Director and Regional Quality Assurance Manager for validation of compliance and development of a corrective action plan as warranted.</i></p>	
<p>16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)</p>	<p>For participants 1 and 2 there was not a history and physical</p>	<p><i>1. The QIDP will get information on participant 1 and 2's H&P for inclusion in the record</i> <i>2. All Res Hab files will be audited to ensure there is a H&P. Additionally, all files will organized in a consistent manner with a table of contents identifying all required information. The Agency Director/Administer will be responsible for signing off on the client's record upon creation verifying completion.</i> <i>3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participoant record.</i> <i>4. The QA/QI program for Res Hab to be revised to include participant record audits to ensure compliance with all</i></p>	<p>8/1/2015</p>



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		<i>requirements. These results are shared with the Regional Director and Regional Quality Assurance Manager for validation of compliance and development of a corrective action plan as warranted.</i>	
<p>16.04.17.400.02.i. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>	<p>For Participant #1 there is no functional assessment.</p>	<p><i>1. The RN/QIDP will obtain a functional assessment for Participant 1 for inclusion in the record</i> <i>2. All Res Hab files will be audited to ensure there is a functional assessment. Additionally, all files will be organized in a consistent manner with a table of contents identifying all required information. The Agency Director/Administer will be responsible for signing off on the client's record upon creation verifying completion.</i> <i>3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participant record.</i> <i>4. The QA/QI program for Res Hab to be revised to include participant record audits to ensure compliance with all requirements. These results are shared</i></p>	<p>8/1/2015</p>



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		<i>with the Regional Director and Regional Quality Assurance Manager for validation of compliance and development of a corrective action plan as warranted.</i>	
<p>16.04.17.400.02.j. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: j. Psychosocial information. (7-1-95)</p>	<p>participant #1 meets criteria where psychosocial information must be on file and it was not located.</p>	<p><i>1. The QIDP will get information on participant 1's psychosocial information for inclusion in the record</i> <i>2. All Res Hab files will be audited to ensure there is psychosocial information in the record for participants this is appropriate for. Additionally, all files will be organized in a consistent manner with a table of contents identifying all required information. The Agency Director/Administer will be responsible for signing off on the client's record upon creation verifying completion.</i> <i>3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participant record.</i> <i>4. The QA/QI program for Res Hab to be revised to include participant record audits to ensure compliance with all requirements. These results are shared</i></p>	<p><i>8/1/2015</i></p>



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		<i>with the Regional Director and Regional Quality Assurance Manager for validation of compliance and development of a corrective action plan as warranted.</i>	
<p>16.04.17.400.02.m. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: m. Daily medication log when applicable. (7-1-95)</p>	<p>For Participants #1 and 2 there is documentation and statement by staff of assisting participants with medications and there were no documentation of daily medication logs.</p>	<p><i>1. The RN/QIDP will implement a MAR for participant 1 and 2 for inclusion in the record</i> <i>2. All ISPs will be reviewed for the need to assist the participant with medications. In cases where this is the case, a MAR will be implemented. The RN/QIDP and Agency Director/Administrator will be retrained on the requirements for medication assistance.</i> <i>3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participoant record.</i> <i>4. The QA/QI program for Res Hab to be revised to include participant record audits to ensure compliance with all requirements. These results are shared with the Regional Director and Regional Quality Assurance Manager for validation of compliance and</i></p>	<p><i>7/15/2015</i></p>



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		<i>development of a corrective action plan as warranted.</i>	
<p>16.04.17.400.02.o. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: o. The plan of service including implementation plans maintained by the agency and data-based progress notes. (3-20-04) 16.04.17.010.22. Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04) 16.04.17.011.01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill,</p>	<p>For Participants 1 and 2: Implementation Plans do not address a base line, unable to determine progress towards the goal.</p>	<p><i>1. The RN/QIDP will collect baseline data in the identified goals for participant 1 and 2 and include the baseline in the IP to monitor progress toward the identified goal. 2. All Res Hab IPs will reviewed for meeting plan requirements. The RN/QIDP and Agency Director/Administrator will be retrained on the person centered planning process as well as how to write IPs. 3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participoant record. 4. The QA/QI program for Res Hab to be revised to include participant record audits to ensure compliance with all requirements. These results are shared with the Regional Director and Regional Quality Assurance Manager for validation of compliance and development of a corrective action plan as warranted.</i></p>	<p><i>8/1/2015</i></p>



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and identifies a projected date of attainment.			
<p>16.04.17.402.01.c. 402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04).</p>	<p>For participant #1 not signed by participant/guardian indicating informed</p>	<p><i>1. The RN/QIDP will obtain informed consent for participant's record. 2. All Res Hab files will be audited to ensure there is written informed consent for services. Additionally, all files will be organized in a consistent manner with a table of contents identifying all required information. The Agency Director/Administer will be responsible for signing off on the client's record upon creation verifying completion including signatures where required. 3. The Agency Director/Administrator is responsible for supervising the RN/QIDP maintaining the participant record. 4. The QA/QI program for Res Hab to be revised to include participant record audits to ensure compliance with all requirements. These results are shared with the Regional Director and Regional Quality Assurance Manager for validation of compliance and development of a corrective action plan</i></p>	<p>7/15/2015</p>



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<p>16.04.17.405. 405. 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>There is no policy and procedure that is developed and implemented.</p>	<p><i>as warranted.</i></p> <ol style="list-style-type: none"> 1. <i>The policy for abuse, neglect, exploitation, and mistreatment will be revised to meet requirement.</i> 2. <i>All Idaho rules and regulations will be reviewed to ensure the Res Hab program is in compliance. Additionally, a separate P&P manual will be developed that is separate from the PCS manual so that all policies are clearly defined and specific to the Res Hab Program.</i> 3. <i>The Regional Quality Assurance Manager is responsible for writing, implementing and training Res Hab program staff on all policies and procedures.</i> 4. <i>The Policy and Procedure Manual for Res Hab will be reviewed annually at minimum to ensure it remains complaint with current rules and regulations.</i> 	<p>8/1/2015</p>
<p>16.04.17.405.01. 405. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of</p>	<p>There is no policy and procedure that is developed and implemented.</p>	<ol style="list-style-type: none"> 1. <i>A policy and procedure will be developed specifically addressing Addus' philosophy on using positive behavior supports.</i> 2. <i>All Idaho rules and regulations will be</i> 	<p>8/1/2015</p>



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<p>the participant to include at least the following: 01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any restrictive intervention. (3-20-04)</p>		<p><i>reviewed to ensure the Res Hab program is in compliance. Additionally, a separate P&P manual will be developed that is separate from the PCS manual so that all policies are clearly defined and specific to the Res Hab Program.</i></p> <p><i>3. The Regional Quality Assurance Manager is responsible for writing, implementing and training Res Hab program staff on all policies and procedures.</i></p> <p><i>4. The Policy and Procedure Manual for Res Hab will be reviewed annually at minimum to ensure it remains complaint with current rules and regulations.</i></p>	
<p>16.04.17.405.04. 405. 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: 04. Reporting Violations. Any agency employee or contractor must report immediately report all allegations of</p>	<p>There is no policy developed and implemented to address this rule.</p>	<p><i>1. The policy for abuse, neglect, exploitation, and mistreatment will be revised to meet reporting requirements.</i></p> <p><i>2. All Idaho rules and regulations will be reviewed to ensure the Res Hab program is in compliance. Additionally, a separate P&P manual will be developed that is separate from the PCS manual so that all policies are clearly defined and specific to the Res Hab Program.</i></p>	<p>8/1/2015</p>



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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)
<p>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>3. <i>The Regional Quality Assurance Manager is responsible for writing, implementing and training Res Hab program staff on all policies and procedures.</i></p> <p>4. <i>The Policy and Procedure Manual for Res Hab will be reviewed annually at minimum to ensure it remains complaint with current rules and regulations.</i></p>	
<p>16.04.17.405.08.b.ii. 405. 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: 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:</p>	<p>There is no policy developed and implemented to address this rule</p>	<p>1. <i>A policy will be developed addressing the use of restraint on participants. As Addus does not use physical restraint, this will be stated. In cases where a mechanical restraint may be used, the policy will address informed consent, use, and discontinuation of the need for the restraint as well as periodic review of its appropriateness and effectiveness to ensure east restrictive care.</i></p> <p>2. <i>All Idaho rules and regulations will be reviewed to ensure the Res Hab program is in compliance. Additionally, a separate</i></p>	<p>8/1/2015</p>



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<p>b. Mechanical restraint. ii. Mechanical restraint for non-medical purposes may be used only 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 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)</p>		<p><i>P&P manual will be developed that is separate from the PCS manual so that all policies are clearly defined and specific to the Res Hab Program.</i> <i>3. The Regional Quality Assurance Manager is responsible for writing, implementing and training Res Hab program staff on all policies and procedures.</i> <i>4. The Policy and Procedure Manual for Res Hab will be reviewed annually at minimum to ensure it remains complaint with current rules and regulations.</i></p>	

<p>Agency Representative & Title: Kristen Roberts, Agency Director <small>* By entering my name and title, I agree to implement this plan of correction as stated above.</small></p>	<p>Date Submitted: 7/10/2015</p>
<p>Department Representative & Title: Kimberly D Cole, LSW <small>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</small></p>	<p>Date Approved: 7/10/2015</p>