



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

<b>Agency:</b>	A New Hope	<b>Region(s):</b>	6
<b>Agency Type:</b>	Res Hab	<b>Survey Dates:</b>	06/09/15-06/11/15
<b>Certificate(s) Renewed:</b>	RHA-4865 (Office Only) RHA-5053 (Office Only)	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)</b>	<b>Date to be Corrected (mm/dd/yyyy)</b>
<p>16.04.17.203.05. 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: 05. Review of Services. A review of the</p>	<p>Two of four employee record review lacked documentation the employee received training addressing the specific services the participant receives.</p> <p>For example: Employee 1 's record lacks documentation he received training on specific services that participant 1 receives.</p> <p>Employee 2's record lacks documentation he received training on specific services that the participant 2 receives.</p>	<p><i>1. The agency will improve record keeping to reflect participant specific training for individual employees.</i></p> <p><i>2. The agency will update the recordkeeping method for all employees to to reflect participant specific training for individual employees.</i></p> <p><i>3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action.</i></p> <p><i>4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</i></p>	9/30/2015



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specific services that the participant requires. (3-20-04)			
<p>16.04.17.203.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:</p> <p>16.03.10.705.01.c.ix. Training specific to the needs of the participant. (3-19-07)</p>	<p>Two of four employee record lack documentation the employee received training specific to the needs of the participant.</p> <p>For example: Employee 1's-Med. Soc. States he has seizures and diagnosed with disruptive mood disorder. Employee 2's-Med. Soc. States she has seizures and diagnosed with four mental health diagnoses.</p> <p>Repeat deficiency from 12/02/14 survey.</p>	<p>1. The agency will improve record keeping to reflect participant specific training for individual employees. 2. The agency will update the recordkeeping method for all employees to to reflect participant specific training for individual employees. 3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</p>	<p>9/30/2015</p>
<p>16.04.17.400.02.e. 400.PARTICIPANT RECORDS.</p>	<p>One of two participant record lack documentation of names, addresses and</p>	<p>1. The agency will update participant records to reflect names, addresses and</p>	<p>9/30/2015</p>



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<p>02. Required Information. Records must include at least the following information: e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. (3-20-04)</p>	<p>current phone numbers of family.</p> <p>For example: Participant 1's record lacks documentation of his sister's address.</p> <p>Repeat deficiency from 12/02/14 survey.</p>	<p><i>current phone numbers of family.</i></p> <p><i>2. The agency will review all client records to be sure records reflect names, addresses and current phone numbers of family.</i></p> <p><i>3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring action.</i></p> <p><i>4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</i></p>	
<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) Also see IDAPA 16.04.010.22 and 011.01.</p>	<p>Two of two participant record lack documentation the plan of service including implementation plans maintained by the agency and data-based progress notes.</p> <p>For example: Participant 1's PIPs do not have a measurable component to the baseline. They simply state he "struggles" with the skill. The definition of measurable objective states it must contain quantifiable criteria for determining progress but without a</p>	<p><i>1. The agency will review participant records to be sure that all progress notes are data based, and have measurable components.</i></p> <p><i>2. The agency will review all participant records to be sure that all progress notes are data based, and have measurable components.</i></p> <p><i>3. The administrator and/or his designees will be responsible for implementing the corrective action(s). The administrator shall hold sole responsibility for ensuring</i></p>	<p>09/30/2015</p>



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	starting point "baseline", it can not be determined the participant is making progress. Participant 2's PIP's lack baselines for some of the Objectives. Also the Provider Status Review states her baseline is 92% and the goal is set below that percentage.	<i>action.</i> <i>4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.</i>	

**Agency Representative & Title:** C. Jared White

*\* By entering my name and title, I agree to implement this plan of correction as stated above.*

**Date Submitted:** 6/30/2015

**Department Representative & Title:** Pam Loveland-Schmidt, Licensing & Certification

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

**Date Approved:** 7/2/2015