



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies - Recertification

<b>Agency:</b>	Seubert's Quality Home Care (SQHC)	<b>Region(s):</b>	2
<b>Agency Type:</b>	ResHab	<b>Survey Dates:</b>	06/18/2015
<b>Certificate(s) Renewed:</b>	RHA-732 RHA-206* RHA-731	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" 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>
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 90 days prior to expiration of certificate.	<ol style="list-style-type: none"> <li>1. <i>Seubert's Quality Home Care will set a reminder task on the Outlook Calendar to request renewal of our certificate. We will make this Calendar reminder occur on March, 1, 2018. We will use this date as we are unaware of any certificate expiration date and so will use the audit date as expiration date.</i></li> <li>2. <i>No participant, staff, or system is affected by this deficiency.</i></li> <li>3. <i>The Agency Administrator and the Agency Manager will be responsible for implementing this corrective action.</i></li> <li>4. <i>The Agency Administrator and the Agency Manager will monitor the Outlook Calendar to ensure when the task reminder comes up that the request</i></li> </ol>	6/18/2018



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		<i>for renewal is sent at least 90 days before expiration of the certificate.</i>	
<p>16.04.17.202.03.g. 202.ADMINISTRATOR. 03. Responsibilities. The administrator, or his designee, must assume responsibility for: g. Ensuring that agency personnel, including those providing services under arrangement, practice within the bounds set forth by the applicable state licensure boards. (3-29-12)</p>	<p>There was no degree or current license on file for the Program coordinator to provide documentation that she qualifies as a nurse for nursing oversight visits or for QIDP for skill training and program supervision.</p>	<p><i>1. A copy of the Program Coordinator's current Resume and Nursing License have been added to the file to provide documentation that the Program Coordinator has worked for SQHC for the last 15 years as a nurse and Program Coordinator for ResHab clients. 2. All Program Coordinators who currently work with ResHab clients have had their files audited to confirm that current licensure is present in the file. 3. The Agency Administrator and Agency Manager were responsible for the corrective action. 4. Quarterly audits of ResHab client files and the associated Program Coordinators will be performed to ensure compliance.</i></p>	<p><i>6/30/2015</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</p>	<p>2 of 5 employee files reviewed, this was not met. Employee 2's record lacks documentation of current CPR/1st aid from 11/01/14-present. Employee 3's record lacks documentation of</p>	<p><i>1. All employees who currently work with ResHab clients have current CPR/First Aid on file. An electronic task was added to ensure compliance. 2. Any future employees who are trained</i></p>	<p><i>6/30/2015</i></p>



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<p>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>CPR/1st Aid.</p>	<p><i>to work with ResHab clients will have current CPR/First Aid on file with Seubert's before they start working with ResHab clients.</i> <i>3. The Agency Manager and Agency Administrator will be responsible for implementation of the corrective action.</i> <i>4. Quarterly audits of ResHab client files and the associated caregiver files will be performed to ensure compliance.</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 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>For 1 of 5 employee files reviewed, this was not met. Employee's record lacks documentation the agency followed CHC rules. Her DOH: 11/13/14; DHW SD notarized 11/14/14; DHW CLEARED 12/23/15. SCHEDULED 12/03/14 for FP&amp; NOT FP UNTIL 12/23/14. This was beyond the 21 day requirement.</p>	<p><i>1. Seubert's Quality Home Care will take corrective action in the following ways; 1. Re-training of coordinators in new hire procedures reviewing the Criminal History Background check and the 21 day requirement.</i> <i>2. Quarterly QA/QI reviews with emphasis on the 21 day requirement of the Criminal History Background Check.</i> <i>3. The QA/QI specialist and the Agency Manager will be responsible for the implementation of the corrective action.</i></p>	<p>7/31/2015</p>
<p>16.04.17.301.03.k. 301. PERSONNEL.</p>	<p>For 2 of 5 employee files reviewed there was no evidence that the employee received and</p>	<p><i>1. Direct care staff receive a job description with their application when</i></p>	<p>7/1/2015</p>



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<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: k. Evidence that the employee has received a job description and understands his duties. (3-29-12)</p>	<p>understood their job description for the position reviewed. Employee 2's record lacks documentation of job description for PC/QIDP only Supervisory RN. The Handbook states PC job description. Employee 3's record lacks documentation of job description for direct care staff. Employment agreement states will follow rules, etc. but does not address her job duties.</p>	<p><i>they apply and then again in their new hire packet along with their employee handbook. The job description and the job duties are different though because each client has an individualized plan of care that is specific to that client's needs. Before providing care, direct care staff are oriented to the plan of care for the specific clients that they work with and the associated job duties they will perform while working with that client. Direct care staff sign the orientation sheet and the plan of care for each client they work with stating that they understand the needs of the client and the associated duties to meet those needs.</i></p> <p><i>2. Direct care staff will be given a copy of the job description when they apply to work for SQHC, and will be given a copy of the job description upon hire in their new hire paperwork packet along with their employee manual. Direct care staff will be oriented to the needs of each client that they will work with and the associated job duties required to meet</i></p>	



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		<p><i>those needs. Staff will sign the plan of care and the orientation sheet to verify that they understand the needs of the client and the associated job duties required to meet those needs.</i></p> <p><i>3. The Client Care Coordinator and Agency Manager will be responsible for ensuring compliance of this corrective action.</i></p> <p><i>4. Direct care staff will be given a copy of the job description when they apply to work for SQHC, and will be given a copy of the job description upon hire in their new hire paperwork packet along with their employee manual. Staff will be oriented to the needs of each client that they will work with and the associated job duties required to meet those needs. All direct care staff will sign the plan of care and the orientation sheet to verify that they understand the needs of the client and the associated job duties required to meet those needs.</i></p>	
16.04.17.302.05. 302.SERVICE PROVISION PROCEDURES.	For 1 of 1 participant records reviewed, the provider status reviews could not be located	1. <i>Semiannual and annual status reviews were completed and turned in but were</i>	7/31/2015



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<p>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 the current plan year.</p>	<p><i>lost from the file. SQHC will ensure that current and future ResHab clients have status reviews completed annually and semiannually and that the reviews are properly placed in the Reshab clients file.</i></p> <p><i>2. Quarterly QA/QI audits will be completed to ensure that semiannual and annual Status Reviews are completed and filed for all ResHab clients.</i></p> <p><i>3. The Agency Manager and the Agency Administrator will be responsible for the implementation of the corrective action.</i></p> <p><i>4. Quarterly QA/QI audits will be completed to ensure that semiannual and annual Status Reviews are completed and filed for all ResHab clients.</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 1 of 1 participant files reviewed, there was no record to include the participant's dentist.</p>	<p><i>1. SQHC will add the name of the client's dentist to the client's plan of care. In the future we will ensure that all ResHab clients have a dentist listed along with their regular physician on their plan of care.</i></p> <p><i>2. Quarterly QA/QI audits will be performed on all ResHab client files to verify that clients have a dentist listed on</i></p>	<p>7/31/2015</p>



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		<p><i>their plan of care.</i></p> <p><i>3. The QA/QI specialist and the Agency Manager will be responsible for the implementation of the corrective action.</i></p> <p><i>4. Quarterly QA/QI audits will be performed on all ResHab client files to verify that clients have a dentist listed on their plan of care.</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 1 of 1 participant files reviewed, there was no record of the results of a history and physical.</p>	<p><i>1. In order to have Medicaid authorize the ResHab plan of care SQHC had to present a History and Physical along with the plan information. Our agency did not keep a copy of the History and Physical for the client's file. In the future, we will keep a copy of the client's History and Physical for the file instead of turning the only copy in to Medicaid.</i></p> <p><i>2. SQHC will audit all active ResHab client files annually to ensure that a History and Physical is on file.</i></p> <p><i>3. The Agency Manager and the Agency Administrator will be responsible for the implementation of this corrective action.</i></p> <p><i>4. Annual QA/QI audits will be performed on all active ResHab clients to</i></p>	<p>7/31/2015</p>



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		<i>ensure that a History and Physical is on file.</i>	
<p>16.04.17.402.01.e. 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: e. Ensure that participants are not compelled to perform services for the agency, its employees, or contractors and ensure that participants who do work for the agency, its employees, or contractors, are compensated for their efforts at prevailing wages and commensurate with their abilities; (3-29-12)</p>	<p>For 1 of 1 participant records reviewed, this right was not addressed.</p>	<p><i>1. SQHC will add to it's Policy and Procedure Manual, language that specifies that participants are not compelled to perform services for the agency, its employees, or contractors. 2. No participant, staff, or system is affected by this deficiency. 3. The Agency Administrator and Agency Manager will be responsible for the implementation of this corrective action. .</i></p>	<p><i>7/31/2015</i></p>

<p><b>Agency Representative &amp; Title:</b> Karen McKinley, Administrator * By entering my name and title, I agree to implement this plan of correction as stated above.</p>	<p><b>Date Submitted:</b> 7/6/2015</p>
<p><b>Department Representative &amp; Title:</b> Kimberly D. Cole, LSW, MPS</p>	<p><b>Date Approved:</b> 7/8/2015</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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