



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	ResCare HomeCare	Region(s):	1
Agency Type:	ResHab	Survey Dates:	July 14, 2015
Certificate(s):	RHA-715	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)
16.04.17.301.02. 301. PERSONNEL.02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)	For Participant #1 there was no documentation of authorized 56 hours/wk in accordance with the Individual Support Plan have been provided or that the participant chose to not receive them..	<ol style="list-style-type: none"> 1. Documentation will be present in POC and or the Participant record for any differential in hours authorized verses participant schedule. 2. All participants will be included in our corrective process to ensure participant choice of schedules and that backup coverage complies with the ISP 3. QIDP, Customer Service Supervisor and PA. 4. Agency will monitor by reviewing weekly progress notes, ongoing communication and on-site visits. 	9/10/2015
16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of	For 1 of 5 staff files reviewed, Staff #1 did not have documentation of satisfactory completing the criminal history checks in	<ol style="list-style-type: none"> 1. Agency has added a column to the tickler (tracker) that will have the date received. This tickler will be reviewed 	9/10/2015



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<p>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>accordance with IDAPA 16.05.06. DOH:04/24/15; NOTICE OF CLEAR. FOR ANOTHER AGENCY AS OF 01/05/15; NOT ATTACHED TO THIS AGENCY; THEN AGENCY COMPLETED THE ISP FORM BUT NOT COMPLETED BY THE ISP, NO DOCUMENTATION CLEARED. Agency checked on with ISP and they did not receive the fax.</p>	<p><i>daily and after ten days, Quality Assurance Manager will contact Criminal History for follow up. Quality Assurance Manager will also initial the fax confirmation to ensure it sent successfully.</i></p> <p><i>2. All Providers will be included in our corrective process to ensure documentation of satisfactorily completing the Criminal History Check in accordance with IDAPA.</i></p> <p><i>3. Quality Assurance Manager and PA.</i></p> <p><i>4. Refer to process indicated in process number 1.</i></p>	
<p>16.04.17.302.02. .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>For 2 of 2 participant files reviewed, there was no baseline data and objectives were not measurable. Per definition of Implementation plans found in 16.04.17.22. Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction</p>	<p><i>1. Agency will introduce a new functional assessment tool, research establishing base line data and measurable objectives by education materials to include Dr. Robert Morgan's Advancing Skills of Developmental Specialists.</i></p> <p><i>2. Agency will review all current ISP's and ensure baselines and measurable</i></p>	<p>9/10/2015</p>



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	of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04) see also 16.04.17.400.02.o. This is a repeat deficiency.	<i>outcomes are adequately addressed.</i> 3. QIDP 4. QIDP and PA will perform random quarterly audits of participants ISPs.	
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)	For 2 of 2 participant files reviewed, there was no history and physical.	1. Agency will request participant history and physical from MD for each participant. 2. Agency will review all participants' files to ensure that all H&P documentation has been received. 3. QIDP 4. QIDP and PA will perform random quarterly audits.	9/10/2015
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)	For 1 of 2 participant files reviewed, there is a mental health diagnosis on record but no corresponding psychosocial information.	1. Agency will request psychosocial information from psychologist, psychiatrist, medical professional and or Service Coordinator if the participant has a mental health diagnosis. 2. Agency will review all participants' files to ensure all psychosocial documentation is received.	9/10/2015



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		3. QIDP 4. QIDP and PA will perform random quarterly audits.	

Agency Representative & Title: Heather Estes Program Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 7/28/2015
Department Representative & Title: Kimberly D. Cole, LSW <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 7/28/2015