



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Independent Living Specialists, LLC	Region(s):	6
Agency Type:	Res Hab	Survey Dates:	08/11/15-08/13/15
Certificate(s):	RHA-5188	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)
16.04.17.203.03. 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	<p>Two of four employee record review lacked documentation of orientation training required initially prior to accepting participants per rule requirements.</p> <p>For example: Employee 1's record lacked documentation of training specific to participant 2's needs. She utilizes a TTD system, sign language, etc. but no documentation the employee received training. (16.03.10.705.01.c.ix)</p> <p>Employee 1 and 2's record lacked documentation of. Housekeeping</p>	<ol style="list-style-type: none"> 1. Employee 1 had attended a special training which included specific training on the participant in question. Employee had signed the training roll sheet showing she was in attendance, but had failed to sign the specific participant training log. This was corrected at time of survey. 2. To prevent future issues, all participant files now contain a training log which must be signed by staff upon training to work with that participant. Before working with a participant, the staff will be required to read documents from the file, then be 	10/22/2015



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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>provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04) & 16.03.10.705.01.c.ix. Training specific to the needs of the participant. (3-19-07) 16.03.10.705.01.d.viii. Housekeeping techniques; and 16.03.10.705.01.d.ix. Maintenance of a clean, safe, and healthy environment</p>	<p>techniques (16.03.10.705.01.d.viii); and Maintenance of a clean, safe, and healthy environment (16.03.10.705.01.d.ix)</p>	<p><i>trained by a QIDP on the specific needs of the participant. Once training is complete, the staff will sign the log which will be witnessed and initialed by the training QIDP. This has already been implemented as of the date of this POC.</i></p> <p><i>3. Staff had previously received housekeeping practices and environmental safety and cleanliness training as part of the orientation process, but this training was not specifically listed on the checklist. The staff orientation & training checklist has been revised to include a specific section for this training to occur and be documented. Such training will be done by a QIDP and will be reviewed as part of agency quality assurance by the Director on at least a quarterly basis. A new schedule of quality assurance review tasks has been established for the Director to include these quarterly</i></p>	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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><i>checks, and will be implemented following an agency-wide internal QA review by 10-21-15.</i></p> <p><i>4. For existing staff, annual training/retraining on housekeeping techniques and maintaining a clean, safe and healthy environment has been added to the annual staff training calendar so that existing staff will have documentation of training, and will receive updated information and review of requirements on a yearly basis. This training will be conducted by the Director or another QIDP under the supervision of the Director. The first of these trainings is scheduled for 10-22-15.</i></p>	
<p>16.04.17.302.02. 302.SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes <u>goals and objectives specific to his plan of service</u> residential habilitation program. (3-20-04)</p>	<p>Two of two participant record lacked documentation the implementation plans includes goals and objectives specific to the participant's plan of service.</p> <p>For example: Participant 1's plan of service lists 9 goals but</p>	<p><i>1. In the case of participant 2, goals submitted to the TSC for inclusion on the plan matched the participant's identified needs, and were as discussed in the PCP meeting. However, these goals did not end up on the ISP when it</i></p>	<p><i>10/21/2015</i></p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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>the agency is only working on 3 goals specific to the plan of service.</p> <p>Participant 2's plan of service has 4 goals but the agency is working on 5 formal goals including medications, care for her health, cope with stressors, daily cleaning and organization, complete laundry tasks which are not specific to the plan of service.</p>	<p><i>was submitted and approved. Documentation of this was absent from the file at the time of survey. QIDPs from now on will submit goals to the TSC in writing, and place a copy in the file. Should a plan not match the proposed goals, QIDP will contact TSC by email to notify of the discrepancy. A copy of the email and the TSCs response will then be placed in the file.</i></p> <p><i>2. In the case of participant 1, QIDP is in the process of revising the plan due to issues of progress as well as needing to match the current ISP. This is to be accomplished no later than 9-14-15. As with the case of participant 2, some goals were different due to discrepancy between what was requested, and what made it to the final ISP. This will be reviewed by QIDP, and goals will be adjusted as appropriate. Documentation will be placed in the file for all changes, and will be</i></p>	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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><i>reviewed with the participant before being implemented.</i></p> <p><i>3. To further prevent this issue from recurring, the agency QA tool for participant files has been revised to include more careful monitoring of plans matching goals and to ensure that needed documentation exists in the file. An agency-wide quality assurance review is scheduled to be conducted by the Director for the week of 9-14-15. Professional staff will receive the results of this review on 9-21-15, and will have until 10-21-15 to complete all corrections required as a result. Corrections will be turned in by the QIDPs to the Director for review on that date.</i></p> <p><i>4. A new calendar/schedule of QA review of all agency records has been established in order to add structure to the agency QA program and more consistently assure ongoing monitoring</i></p>	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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)
		<i>of program components, including file documentation. This new schedule structure will be implemented following the agency-wide internal QA. All QA activities on the new calendar will be completed by the Director.</i>	
<p>16.04.17.302.03. 302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at <u>least quarterly</u> or more often if required by the participant's condition or program. (3-20-04)</p>	<p>One of two participant record lacked documentation of periodic review of services and participant satisfaction.</p> <p>For example: Participant 2's record lacks documentation of a periodic review of services and participant satisfaction for the 3rd quarter of last plan year.</p>	<p>1. A month-to-month task list for QIDPs has been established to include due dates for quarterly reviews. Monthly reminders are issued to QIDPs by the first of each month. Progress toward completion is monitored by the Director through weekly professional staff meetings. Reminders contain a check list to be marked off by the QIDP as each task is completed, along with documentation of the date. Once completed, the list is to be returned to the Director. This must be accomplished by the end of each month.</p> <p>2. The quality assurance protocol for Residential Habilitation has been</p>	<p>10/21/2015</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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><i>revised to more carefully monitor timely completion of quarterly reviews of services and participant satisfaction. An agency-wide internal quality assurance review is scheduled for the week of 9-14-15. Corrections from this review will be due by 10-21-15. The Director will conduct the QA and review corrections made. A calendar/schedule for QA tasks to be completed by the director has been established, and includes a schedule for reviews of the Residential Habilitation program on a quarterly basis. This schedule will be implemented following 10-21-15.</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</p>	<p>Two of two participant record lacked documentation the agency provider status review met rule requirements.</p> <p>For example: Participant 1's provider status review completed by the agency indicated the participant met the goal for scheduling and</p>	<p><i>1. Both participant plans will be reviewed by the professional and adjustments made. A deadline for this has been set for 9-14-15.</i></p> <p><i>2. The quality assurance protocol has been revised to more carefully monitor that goals are reviewed quarterly, and</i></p>	<p>10/21/2015</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

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>reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (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, and identifies a projected date of attainment. (7-1-95)</p>	<p>keeping his appointments and continued to maintain above the goal for 5 consecutive months with no changes or discontinuation of the goal.</p> <p>Participant 2's provider status review completed by the agency indicated the participant met the goal for objectives, but have not been updated or discontinued for almost a year.</p>	<p><i>adjusted as appropriate, and in a timely manner.</i></p> <p><i>3. An agency-wide internal quality assurance review is scheduled for the week of 9-14-15. Corrections from this review will be completed by the corresponding QIDPs, and will be due by 10-21-15. The Director will conduct the QA and review corrections made.</i></p> <p><i>4. A calendar/schedule for QA tasks to be completed by the director has been established, and includes a schedule for reviews of the Residential Habilitation program on a quarterly basis. This schedule will be implemented following 10-21-15. It is intended that the stricter structure of the QA process will prevent future repetition of this and other issues identified in this survey.</i></p>	



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency Representative & Title: Janet Boyce, Director  <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 9/1/2015
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <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: 9/2/2015