



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Kinde Kare, LLC	Region(s):	4
Agency Type:	Residential Habilitation Agency	Survey Dates:	11/17/15-11/19/15
Certificate(s):	RHA-1055	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)
16.04.17.202. 202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)	Through review of agency documentation it was determined that the administrator failed to implement the policies and procedures approved by the governing authority.	<ol style="list-style-type: none"> 1. In order to maintain compliance with policies and procedures administrator will complete quarterly agency review. During the review the program director will be responsible to provide proof to the administrator that all policies and procedures have been followed and at the quarterly review the documents will be verified by the administrator. 2. N/A 3. Administrator, program director 4. The quarterly agency review document will be utilized to ensure all policies and procedures area monitored. 	1/15/2016
16.04.17.301.03.j 301. PERSONNEL.	Review of agency documentation revealed that 3 out of 8 employees	<ol style="list-style-type: none"> 1. Kinde Kare will no longer be using the ISP system for background checks. All 	1/15/2016



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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:</p> <p>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>lacked verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06., "Criminal History and Background Checks".</p> <p>For example: Documentation revealed that Idaho State Police checks were not initiated within thirty (30) days for employee's 5, 7 & 8. Documentation also revealed that employee 5 provided direct care services before having been added to the employer's criminal history record.</p> <p>Repeat deficiency from June 2014 survey.</p>	<p><i>incoming staff members will be required to complete the DHW finger printing and background check process. The documentation will be completed together with staff during initial orientation and a notarized copy will be placed in their file until the clearance letter is received. Any billing for the staff that worked before being cleared will be reversed. Documentation of this reversal will be submitted to you upon completion.</i></p> <p><i>2. Each current employee file will be reviewed for compliance. Any issues found will be rectified by reversing the portion of the billing of the time the staff member spent with the client before being cleared. Documentation of any reversal will be submitted to you at that time.</i></p> <p><i>3. Administrator, Program director</i></p> <p><i>4. An employee file quality assurance document will be used to ensure that all</i></p>	



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		<i>required documents are in the file prior working with clients.</i>	
<p>16.04.17.400.02.g. 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: g. A list of medications, diet, and all other treatments prescribed for the participant. (3-20-04)</p>	<p>Review of agency documentation revealed that 2 out of 3 participant records (participant's 2 & 3) lacked a list of medications prescribed for the participant.</p> <p>Repeat deficiency from June 2014 survey.</p>	<p><i>1. All medication lists have been removed from participant profile sheets. They now and from here forward will refer the reader directly to the MAR or medication administration record. 2. A QA review was completed by the program director to ensure that all profiles are corrected. 3. Program director 4. The program director will monitor this document moving forward to ensure this corrective action remains in place.</i></p>	<p>12/10/2015</p>
<p>16.04.17.400.02.n. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: n. Daily record of the date, time, duration, and type of service provided (7-1-95)</p>	<p>Review of agency documentation revealed that 3 out of 3 participant records lacked daily record of the date, time, duration, and type of service provided.</p> <p>For example: Records for participant 1 lacked</p>	<p><i>1. Training has been completed on daily service logs, how to complete them, and the disciplinary action surrounding them. 2. A QA review was completed of current DSLs and a review of them will be done each week to ensure that all areas are filled out correctly by staff. 3. Administrator, program director 4. Weekly DSL reviews will be completed</i></p>	<p>12/10/2015</p>



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	<p>documentation of the time and duration of the service that was provided on 8/1/2015 and 8/27/2015.</p> <p>Records for participant 2 lacked documentation of the time and duration of the service provided from 9/22/2015-9/24/2015 and 10/7/2015-10/13/2015.</p> <p>Records for participant 3 lacked documentation of time and duration of the service provided on 8/31/2015 and 10/11/2015-10/13/2015.</p> <p>Repeat deficiency from June 2014 survey.</p>	<p><i>by the program director and administrator to ensure compliance.</i></p>	
<p>16.04.17.403.01 403. PARTICIPANT FINANCES. When the residential habilitation agency or its employees or contractors are designated as the payee on behalf of the participants, the agency must establish and maintain an accounting system that:</p>	<p>Review of agency documentation revealed that the agency failed to assure a complete accounting of the participant's personal funds entrusted to the agency on behalf of the participant.</p> <p>For example:</p>	<p><i>1. Kinde Kare will no longer provide representative payee services to participants. These services will be outsourced to a specialist in this area. 2. All participants who are currently represented in this area by Kinde Kare will be transferred to a specialist in this</i></p>	<p><i>1/15/2016</i></p>



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01. Participant's Personal Finance Records. Assures a full and complete accounting of participants' personal funds entrusted to the agency, its employees, or contractors on behalf of participants. Records of financial transactions must be sufficient to allow a thorough audit of the participant's funds. (3-29-12)	Records for participant 1 revealed that the agency are acting representative payee for participant 1. Review of documentation revealed that the agency failed to assure a full and complete accounting of the participant's funds.	<i>area.</i> <i>3. administrator</i> <i>4. Documentation of the change will be submitted to you upon receipt</i>	

Agency Representative & Title: Kinde Kare, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 12/22/2015
Department Representative & Title: Kerrie Ann hull, LMSW <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: 12/22/2015