



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Back to Basic Living	<b>Region(s):</b>	5
<b>Agency Type:</b>	Res Hab	<b>Survey Dates:</b>	10/15/15
<b>Certificate(s):</b>	RHA-223	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full <input checked="" type="checkbox"/> N/A-Complaint

<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Agency's Plan of Correction</b> (Please refer to the Statement of Deficiencies cover letter for guidance)	<b>Date to be Corrected</b> (mm/dd/yyyy)
16.04.17.202.01.c. 202.ADMINISTRATOR. 01. Administrator Qualifications. Each agency must have a designated administrator who: c. Has a minimum of three (3) years of experience in service delivery to persons with developmental disabilities with at least one (1) year having been in an administrative role.	The agency lacked documentation the administrator has a minimum of three years' experience in service delivery to persons with developmental disabilities.	<ol style="list-style-type: none"> <li>1. Agency has hired the administrator that has been with the company 15 years and has been in the field for over 20 yrs. Karen Smith will work directly with Robin York the program manager.</li> <li>2. The agency will insure that any future administration will have the needed experience to insure proper service to all participants.</li> <li>3. Owner and current administrator will insure upon hire all professional staff will have the needed experience and training.</li> <li>4. Agency will review regulations by looking online and or communication with the Department for any changes or questions regarding regulations.</li> </ol> Correction made and in place 10/22/15	<i>10/22/2015</i>



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<p>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.</p>	<p>The agency lacked documentation work schedules were covered to meet the individual's plan.</p> <p>For example: Participant 1, 2 and 3 are roommates and participant 1 and 2 are high support and participant 3 is intense support which requires 1 to 1 staffing. The staffing ratio was 1 to 3 from 11pm-7am for all three participants for dates reviewed: 09/28/15-10/03/15.</p>	<ol style="list-style-type: none"> <li>1. Agency has hired 2 staff members whose responsibility will include that all participants are receiving the individual service needed.</li> <li>2. The QIDP will insure that all serviced are provided to all participants and provide training to review each individual hours are met.</li> <li>3. Agency Administrator and QIDP will supervise and ensure this is occurring weekly.</li> <li>4. The House Manager will revise the schedule to include which staff is assigned to each participant for their individual hours. At no time will a participant requiring 24 hour one on one staff will work alone if other participants are present in the home.</li> <li>5. A new documentation system will be in place by January 15 2016</li> </ol>	<p>1/15/2016</p>
<p>16.04.17.302.04. 302.SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing."</p>	<p>Five of six participant records lack documentation the agency followed the agency's medication policy.</p> <p>For example: Participant 2's medication log states for her Depakote 2.5 mg's in the PM and the start date was 09/08/15 has three different medication logs, with one blank/no documentation was given</p>	<ol style="list-style-type: none"> <li>1. Agency contracted RN nurse will be notified of all changes in medication and will review MARS sheets and make any changes that occur. Agency has PRN and OTC in place for all clients. Nurse will assure these are current and relevant.</li> <li>2. Agency will insure that the prior system is in place for all clients to ensure medical services are meeting each ones individual needs.</li> <li>3. Agency administrator and Program Manager will ensure this procedure is being utilized agency wide.</li> <li>4. Contracted RN will oversee all Changes of any medication and ensure each is accompanied by Dr. Orders. Staff will receive training on when to call for refill for</li> </ol>	<p>2/22/2016</p>



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	<p>09/08/15-09/22/15, the second sheet is scratched out for the month with handwritten changes and an additional medication written on the page and the third medication log states for the Depakote she was at Nana's from 09/01/15-09/09/15 and then no documentation for 09/23/15-09/24/15 and 09/28/15. This is the same for multiple other medications and no documentation stating why these medications were not given.</p> <p>Participant 3's medication log states her fluticasone nasal spray was to be taken 1 time daily, but no documentation it was taken from 09/01/15-10/15/15. The staff reports that the participant was out of this medication and reported to the medical supervisor, but no evidence the medication was ordered or given for over one month.</p> <p>Participant 4's medication log for October lack documentation all</p>	<p>medication. 5. the changes will be made after a meeting can occur between agency RN, Administrator and program Manager.  This will occur by February 22, 2016.</p>	



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	<p>medications such as Seroquel 09/06, 10/05, 10/09, 10/10; Divalproex 09/25; Benztropine 09/25, 09/28, 09/29; Haloperidal 09/25, 09/26, 09/28, 10/05, 10/09 and 10/10 with no explanation why the medications were not given. Participant 5's medication log lacks documentation his Senna was given as prescribed for 09/14; 09/22; 09/29; this is the same for his other medications. Participant 6's medication log lacks documentation his lorazepam was given 09/16 and 09/29 with no documentation why the medication was not given.</p>		
<p>16.04.17.203.06. 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</p>	<p>Two of three Direct Care employee records reviewed lacked documentation the employee received CPR and First Aid certification prior to accepting participants and maintained.</p> <p>For example: Employee 2's date of hire was 09/03/15 and the record lacked documentation of</p>	<p>1 Agency has located a CPR Trainer who is willing to conduct CPR and First Aid more frequently to accommodate compliance and to ensure that CPR and First Aid certification is current and documentation is placed in employee file. 2. Program Manager will review employee files and keep a list of expiration dates of each staff member and schedule recertification classes as needed. 3 Robin York will review all personnel files and create documentation to assist in scheduling certification and recertification for each employee 4 Periodic reviews of employee files will</p>	<p>1/29/2016</p>



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<p>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: 06. First Aid and CPR. First aid, CPR, and universal precautions.</p> <p>Also, see IDAPA 16.04.17.301.03.i</p>	<p>CPR/1<sup>st</sup> Aid certification prior to working with participants. The agency submitted a receipt that CPR/1<sup>st</sup> Aid training was paid for, but no documentation of the certification. Employee 4's record lacked documentation of a current CPR/1<sup>st</sup> certification. The employee's CPR/1<sup>st</sup> Aid certification expired 03/15 and was working with participants 10/15/15.</p> <p>Repeat Deficiency from 09/09/13 survey.</p>	<p>be conducted to insure the proper documentation is contained within. These reviews will be conducted monthly. 5. All employees will be current on CPR 'First Aid by 1-29-16</p>	
<p>16.04.17.402.01.d. 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: d. Provide each participant with the opportunity for personal privacy and ensure privacy during provision of services;</p>	<p>One of four participant's rights was not protected per agency policy and rule requirements.</p> <p>For example: Participant 2's seizure protocol is posted on the communal refrigerator for all staff and two roommates to read. The protocol includes private information such as her diagnosis and the removal of clothes.</p>	<p>1. Any personal information regarding participants will be placed in the participant's personal binder. This includes goals, medical information and any other documentation. 2. Agency Program Manager will perform periodic checks in each participant home to insure that such information is regarded as private. This will safe guard all participants and insure their information and privacy is held in highest regard. 3. Agency administrator will insure this procedure is conducted and will provide this information at monthly staff meetings as a reminder. 4. Program managed will conduct regular visits to participants' homes to monitor this regulation and enforce by providing on the spot training with staff</p>	<p>1/15/2016</p>



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		<p>members. 5. This will be implemented immediately and first staff meeting training will occur on January 8 2016..</p>	
<p>16.04.17.403.02. 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: 02. No Commingling of Funds. Precludes any commingling of participant funds with agency funds.</p>	<p>The agency lacked documentation it ensures no commingling of funds.</p> <p>For example: Participant 2's financial records lack documentation that the agency ensures on commingling of funds. The participant per agency documents kicked a hole in the wall and Back to Basic Living maintenance fixed the damage and charged her for supplies required. The agency payee wrote a check for the receipt of \$45.92, which included the supplies and a 16 ounce Monster drink for \$2.42. In addition, per agency documentation the utility bill (Cable One Phone) was lost, shut off and then the</p>	<p>1. Agency will reinvent client/payee policies. This will include a better defined policy in regards to client money and how it is overseen by payee. No staff will be allowed to make ANY personal purchases with client money. If they purchase personal items they will be instructed to have it rung up separately and purchased with their own money. 2. Agency will ensure that no checks from client account will be made to ANY staff member and Administrative assistant will ensure that all bills are paid on time each month. 3. A meeting will be held that includes payee, owner, Administrator and Program manager to define and tighten up policy and procedure for this area. 4. Payee and/or Administrator will review accounting information from each client to ensure compliance is met. 5. Due to the intensity of this revision The Agency will have the policy and supporting documentation by February 29<sup>th</sup> 2016</p>	<p>2/29/2016</p>



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	agency paid with agency funds to turn back on and reimbursed the agency for the cost.		

<b>Agency Representative &amp; Title:</b> Karen Smith Agency Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 12/17/2015
<b>Department Representative &amp; Title:</b> 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>	<b>Date Approved:</b> 12/23/2015