



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

<b>Agency:</b>	Back to Basic Living	<b>Region(s):</b>	5
<b>Agency Type:</b>	Res Hab	<b>Investigation Dates:</b>	February 4, 2016
<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

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)
16.04.17.404. 04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file.	<p>Two of two participant record review lacked documentation the agency through a Department approved process, the agency notified the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file.</p> <p>For example:            Participant 1 on 12/16/15 was taken to ER for evaluation due to behaviors and threatening to kill her staff. On 12/28/15 law enforcement was called and responded to the agency's call regarding participant hitting staff. 01/15/16 the</p>	<p><b>What corrective action(s) will be taken?</b>  <i>The agency has appointed a single employee to be responsible for reporting significant incidents affecting health and safety of each participant involved with the agency.</i></p> <p><b>What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?</b>  <i>Administrator and Program Manager will meet each morning to insure that all incidents occurring the day prior are evaluated and reported as stated in IDAPA 16.04.17.404</i></p> <p><b>Who will be responsible for implementing each corrective action?</b>  <i>Program Manager will insure that all significant incidents are reported to the Department within</i></p>	2/10/2016



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	<p>participant was at an appointment at Behavioral Health with employee 1 and was taken to the ER due to her unresponsiveness. On 12/31/15, 01/06/16 and 01/08/16 the participant was taken via ambulance to the ER.</p> <p>Participant 2 on 01/14/16 was transported to the ER via ambulance due to a fall, then hospitalized and hip replacement. The incident was not reported until 02/02/16.</p> <p><b>Repeat deficiency from 02/11/14 Investigation.</b></p>	<p><i>24 hours of occurrence.</i></p> <p><b><i>How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA rules?</i></b></p> <p><i>All significant events and response to the event will be documented in each participants file. If significant events occur during weekends or holidays the Program Manager or Administrator will complete the required report and submit it within the 24-hour rule.</i></p> <p><b><i>By what date will the corrective action(s) be completed?</i></b></p> <p><i>The corrective action was implemented on 2/10/2016 .</i></p>	

<p><b>Agency Representative &amp; Title:</b> Karen Smith * By entering my name and title, I agree to implement this plan of correction as stated above.</p>	<p><b>Date Submitted:</b> 3/15/2016</p>
<p><b>Department Representative &amp; Title:</b> Pam Loveland-Schmidt * By entering my name and title, I approve of this plan of correction as it is written on the date identified.</p>	<p><b>Date Approved:</b> 3/25/2016</p>