



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

Agency:	Milestone Decisions	Region(s):	1
Agency Type:	Residential Habilitation	Investigation Dates:	12/22/2015
Certificate(s):	RHA-5346	Certificate(s) Granted:	<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)
16.04.14.301. 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)	Upon receipt of a complaint of neglect due to lack of staffing documentation was requested and reviewed. Findings documented that staffing was not provided in the home to comply with the Individual Support Plans of individuals served in the home. Specifically, one participant's plan was approved to have 24 hour 1:1 staffing and documentation demonstrates that he was not provided with this.	<ol style="list-style-type: none"> 1. Staffing has been added to comply with the individual support plans, specifically 24 hours of 1:1 staffing. 2. All participants' individual support plans were audited to ensure that all participants are receiving their approved 1:1 staffing. 3. The Program Supervisor, Tammy Randazzo will be responsible for implementing and ensuring that the individuals support plans are followed appropriately. Additional oversight will be provided by the Associate Director, Emily Crook. 4. The corrective actions will be 	12/5/2015



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		<i>monitored on a weekly basis by Tammy Randazzo, by reviewing the 1:1 sheets and on a monthly basis by Emily Crook in order to ensure consistent compliance.</i>	
<p>16.04.14.302. 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." (3-20-04)</p>	<p>Upon review of complaint documentation, one participant was assisted with taking a behavior modification prescription by a UAP. This is out of compliance with IDAPA 23.01.01 Rules of the Board of Nursing.</p>	<p>1. <i>Milestones Decisions has reviewed and revised its policy for assisting with medications to be in compliance with IDAPA 23.01.01. A chemical restraint form will be added for staff to fill out after they have administered a PRN to show that the nurse has been notified prior to administering PRN. Also, a place on the MAR will be added for staff to record that the nurse was notified for administering any PRN's. Staff have been retrained to give the PRN after they have called and been given prior authorization from the nurse. The safety support plan was also reviewed and revised.</i></p> <p>2. <i>Other participants who may be affected by this deficiency were audited to ensure that no other UAP were passing PRNs without prior authorization</i></p>	<p>3/1/2016</p>



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		<p><i>from the nurse.</i></p> <p><i>3. Tammy Randazzo will be responsible for implementing the corrective action.</i></p> <p><i>4. Emily Crook will review the PRN sheet as well as chemical restraint form to ensure that nurse is always notified prior to giving PRNs.</i></p>	
<p>16.04.17.400.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.</p>	<p>In review of complaint documentation, there is no documentation of the time, duration and type of service provided for 3 of 3 residents from the hours of 11p.m. to 5a.m. of the following day.</p>	<p><i>1. During the night bed checks are being performed every 30 minutes and recorded on the bed check form. The house charge reviews the bed check log every morning Monday-Friday, then on Monday morning the house charge reviews the weekend. Emily Crook is monitoring and reviewing these on a monthly basis to ensure compliance. Additional forms (SDRs) have been updated to reflect 24 hours of documentation for the individuals.</i></p> <p><i>2. The agency will be performing bed checks and documenting this on the bed check forms for the three individuals.</i></p> <p><i>3. Tammy Randazzo and Program</i></p>	<p><i>2/1/2016</i></p>



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		<p><i>Coordinator, Sheila Mack will review the forms to ensure that they are in compliance.</i></p> <p><i>4. The corrective actions will be monitored by Emily Crook receiving the reviewed documents on a monthly basis to ensure consistent compliance with IDAPA rules.</i></p>	
<p>16.04.17.405. TREATMENT OF PARTICIPANTS. 02. No Abuse The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: 02. No Abuse. Employees or contractors of the agency must not use physical, verbal, sexual, or psychological abuse or punishment.</p>	<p>In review of a complaint of abuse, documentation identified an incident on 10/23/15 where a participant was ‘dragged by his feet’ to his room resulting in rug burns on his back. And on 11/27/15 participant was ‘pulled/ dragged against his will into the room and there was a resulting small bruise/abrasion on his left elbow’ and later documented that same incident also resulted in a bruise on participant’s small finger and arm.</p>	<p><i>1. Staff were retrained on Positive Behavioral Supports as well as MANDT or CPI training. All staff at the home also received additional training on the abuse, neglect, and mistreatment policy as well as the notification process. Supervisor Tammy Randazzo received a written reprimand for failure to follow the notification process as outline in the abuse, neglect and mistreatment policy. Also, Dan Glenn from Adult Protective Services came in and trained the staff regarding abuse, neglect, mistreatment and the notification process. The employees that were involved in the</i></p>	<p><i>12/15/2015</i></p>



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		<p><i>incident have been terminated from Milestone Decisions.</i></p> <p><i>2. Through retraining and additional training given to staff and supervisors, this will provide a safeguard that all 3 individuals in the home will not endure or be subjected to physical, verbal, sexual or psychological abuse or punishment.</i></p> <p><i>3. Cliff McAleer, Emily Crook and Tammy Randazzo will all be responsible for ensuring that all staff have been given adequate training.</i></p> <p><i>4. These corrective actions will be monitored through being documented on the new staff training orientation and training checklist.</i></p>	
<p>16.04.17.405. TREATMENT OF PARTICIPANTS. 04. Reporting Violations. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: 04. Reporting Violations. Any</p>	<p>There was 1 allegation of abuse that was not reported to Adult Protection immediately. The event occurred on 10/23/15 and was not reported until 10/28/15.</p>	<p><i>1. Refer to Plan of Correction for 16.04.17.405 as it applies to reporting violations.</i></p>	<p><i>12/15/2015</i></p>



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<p>agency employee or contractor must report immediately report all allegations of mistreatment, abuse, neglect, injuries of unknown origin, or exploitation to the administrator and to adult protection workers and law enforcement officials, as required by law under Section 39-5303, Idaho Code, or to the Idaho Commission on Aging, IDAPA 15.01.03, "Rules Governing Ombudsman for the Elderly Program," or the designated state protection and advocacy system for persons with developmental disabilities when applicable. (3-29-12)</p>			
<p>16.04.17.405. TREATMENT OF PARTICIPANTS. 08. Use of Restraint on Participants. c. Physical restraint. ii. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be</p>	<p>In review of a complaint of abuse, documentation identified that a revised behavior plan was developed that included physical restraint. There was no documentation that this revised behavior plan was developed by the participant, his service coordinator, his team and the QMRP. Only the QMRP (QIDP) is indicated on the behavior program.</p>	<p><i>1. We will implement a documentation process that shows that we have met and agreed as a team whenever we are reviewing or revising behavior or safety plan so we are all in agreement that this is the best course of action for the individual. This will include putting in a Written Informed Consent regarding the use of restraint on the participant. This will include meeting and getting</i></p>	<p><i>3/1/2016</i></p>



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<p>used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: c. Physical restraint. ii. Physical restraint may be used in a non-emergency setting when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.0310, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)</p>		<p><i>documentation that the team (the participant, guardian, Program Coordinator/QIDP, Associate Director, Program Supervisor, TSC and doctor if necessary), are all in agreement that the behavior program is developed with all the necessary individuals as part of the participant's team.</i></p> <p><i>2. Review behavior and safety plans for these three individuals in the home.</i></p> <p><i>3. The Program Coordinator/QIDP will be responsible for putting the necessary documents together and getting the signatures. The Associate Director, Emily Crook will be responsible for providing oversight to ensure that the completed plan has all of the appropriate signatures and is in compliance.</i></p> <p><i>4. Associate Director, Emily Crook, will be reviewing these corrective actions to ensure that we are in consistent compliance with IDAPA rules, agreed upon by the team and documented that</i></p>	



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		<i>we have team agreement. Would review any additional changes in behavior programs and safety plans after they are completed to ensure that we have proper consent.</i>	
<p>16.04.17.405. TREATMENT OF PARTICIPANTS. 08. Use of Restraint on Participants. d. Seclusionary Time Out. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: d. Seclusionary Time Out. Seclusionary time out may be used only when a written behavior change plan is developed by the participant, his service coordinator his team, and a QMRP or a behavior consultant/crisis management</p>	<p>In review of complaint documentation for one participant, a behavior plan was modified to include restraints and directive to spend time in his room. There is no documentation that this revised behavior plan was developed by the participant, his service coordinator or his team.</p>	<p>1. <i>Refer to plan of correction for 16.04.17.405 as it applies to use of restraints.</i></p>	<p><i>3/1/2015</i></p>



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consultant as qualified in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)			

Agency Representative & Title: Cliff McAleer, Executive Director and Emily Crook, Associate Director of Milestone Decisions <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 2/11/2016
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: 2/12/2016