



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Innovative Health Care Concepts, Inc.	Region(s):	5 & 7
Agency Type:	Res Hab	Survey Dates:	06/20/16-06/22/16
Certificate(s):	RHA-5000 304 2 ND Ave E, Twin Falls RHA-316 790 S Holmes Ave, Idaho Falls	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)
16.04.17.302.04. 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." (3-20-04)	Three of four participant records lack documentation the employees followed the agency medication standard policy. For example: Participant 1's medication log lacked documentation medications were given for several dates with no explanation as to why these were left blank. Participant 2's medication log lacked documentation medications were given for several dates with no explanation as to why these were left blank. Participant 3's medication log for May had an entry on the back dated 06/06/16 that states all PM meds were not given	<i>1. For Participant 1 & 2: Certified staff in question forgot to initial MARS that medications were given on each day. Employees have been reeducated on 6/23/16 on the importance of completing medication documentation according to policy and if necessary received disciplinary action consistent with IHCC's medication policy. For Participant 3: Efforts to have UAP certified staff on shift at medication times is of highest priority, however it does happen on that an employee on shift at the time medications must be taken is not certified to assist. IHCC's protocol for such times includes an</i>	6/28/2016



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	due to no medication certified staff.	<p><i>assigned staff on the schedule that is required to go and assist with medications to participants/homes where there isn't a certified staff. It is also a requirement that the staff on shift at the home must make efforts to ensure that someone is coming to assist with medications at the appropriate times if they themselves are uncertified or to contact the crisis line to obtain help regarding assisting with medications. This information was sent out on 6/23/16 to staff and will be given with on-going housekeeping information as part of their continued training each month.</i></p> <p><i>2. For Participants 1 and 2: IHCC has a current policy and procedure in place where medication logs are reviewed daily and missing initials or other errors are tracked and employees who are delinquent on completing documentation for MARS are contacted and asked to</i></p>	



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		<p><i>review their mistakes and make corrections if appropriate. This information is tracked by the Program Director monthly to see trends in medication documentation and to prevent future errors in charting. This system will stay in place and redoubled efforts to contact employees in a timely manner and have charting errors corrected quickly will be the emphasis. For Participant 3: As stated above efforts to remind staff of the current protocol to ensure that all participants receive their medications by a certified staff and in the time allowed have been made effective 6/23/16 and that continued efforts will be made to continuously educate staff on the existing protocol to ensure that happens.</i></p> <p><i>3. For Participants 1,2 and 3: Program Coordinators delegate the daily review of the MARS to House Supervisors. Program Coordination staff also review</i></p>	



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		<p><i>the documentation each month for completion before its submission to the file.</i></p> <p><i>4. For Participants 1 and 2: The current Res-Hab Quality Assurance Monitor #4 outlines policy and procedure for ensuring medication accuracy. This monitor will stay in place with emphasis placed on more timely contact of certified employees to ensure that all medications logs are accurate and complete each week. For Participant 3: the protocol that ensures that medications are handled by a certified staff and that medications are not missed due to lack of certified staff being present will also be continued at this time with emphasis on educating staff continually to ensure that participants do not go without medications.</i></p>	
<p>16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must</p>	<p>Four of four participant records lack results of a history and physical.</p>	<p><i>1. Effective immediately, all participant files will be reviewed to ensure there is a current history and physical from the</i></p>	<p><i>6/28/2016</i></p>



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include at least the following information: h. Results of a history and physical when necessary. (7-1-95)	For example: Participant 1, 2, 3 and 4 records include Med. Care Evaluation only.	<i>primary care physician. If no documentation is found on file it will be requested.</i> <i>2. Going forward, the History and Physical will be requested at the time that a Healthy Connection is obtained for each participant initially and then H&P's will be requested prior to the date they expire thereafter.</i> <i>3. History and Physicals will be requested by the program coordinator (QIDP) responsible for the participant. Monitoring to ensure that it is received will also be completed by the program coordinator. Final assurance that the documentation is filed correctly will be completed by the IHCC Communications Director and reviewed routinely by the Program Director for internal audits.</i> <i>4. IHCC's Res-Hab Quality Assurance Monitor #2 will now include History and Physical as necessary documentation for the participant file and will be reviewed</i>	



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		<i>as stated in the monitor. If H&P is not found in the file at the time of internal audit(s) it will be requested immediately.</i>	
<p>16.04.17.404.04. 404.COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and 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</p>	<p>One of four participant record lack documentation the agency reported to the Department within 24 hours per rule requirement.</p> <p>For example: Participant 1's record included an incident that was reported to Adult Protection on 01/27/16 but not reported to the Department until 02/01/16.</p> <p>Repeat deficiency from 07/09/13 survey.</p>	<p>1. <i>Reemphasis and education from Program Director on the importance of reporting incidents to the proper authorities within 24 hours involving participant exploitation, abuse, neglect, etc will be discussed with Program Coordination (QIDP) staff on 6/30/16 in their regularly scheduled meeting.</i></p> <p>2. <i>Res-Hab Program Director will continue to monitor and review all reports sent to APS, RMU, Law Enforcement, etc and keep on file in Incident Binder. Program Director will continue to review each incident for clarity and to ensure that incidents are being reported as directed.</i></p> <p>3. <i>Program Coordinators make reports to the necessary officials regarding incidents and will continue to be the point of contact and communication for</i></p>	<p>6/28/2016</p>



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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. (3-29-12)		<i>these entities.</i> <i>4. Reeducation on this matter will be addressed on 6/30/16 with all program coordination staff.</i>	

Agency Representative & Title: Jennifer Steinman BS, HI, QIDP <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/28/2016
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: 6/28/2016