



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	The ResHab Provider Agency	Region(s):	3
Agency Type:	ResHab	Survey Dates:	8/30/2016 – 9/1/2016
Certificate(s):	RHA-215	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)
16.04.17.301.03.h 301. PERSONNEL. 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: h. Documentation of initial orientation and required training; and (7-1-95)	Review of agency documentation revealed the agency's orientation training log does not list each of the rule required training topics. Survey staff was unable to verify that staff received initial orientation training on each required topic.	1. <i>The Orientation Log has been updated to include the areas of orientation for required training.</i> 2-3. <i>The QMRP will have each staff member sign that the orientation training has occurred in all the areas needed.</i> 4. <i>The training of orientation topics will be included in each staff members file.</i>	9/15/2016
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	Review of agency documentation revealed that the agency does not have a policy for medication standards in their policy and procedure manual. Survey staff was unable to locate a medication policy.	1. <i>A policy will be included in the Res Hab Policy and Procedure manual that addresses medication standards consistent to IDAPA 23.01.01: Rules of the Board of Nursing"</i>	9/15/2016



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<p>compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing" (3-20-04)</p>	<p>Review of agency documentation revealed that the agency does not record the submission of the semiannual and annual status reviews to the plan monitor. Survey staff was unable to verify that semiannual and annual status reviews were being submitted to the plan monitor.</p>	<p>2 -3. The administrator has developed a policy and procedure to be included in the company Policy and Procedure manual. Staff will be given a copy of the medication policy and acknowledge their training and understanding of the policy by signing the bottom of the policy. A copy will be included in the staff's personal file.</p> <p>4. The Policy and Procedure manual will be updated yearly-or as needed- to include policies that are relevant to follow IDAPA rules.</p> <p>1. A review of procedures has been addressed to indicate on the status review when it has been sent to the Plan monitor.</p> <p>2-3. The office manager and program coordinator will be responsible for indicating the status review has been sent by mail, fax, etc.</p>	<p>9/15/2016</p>
<p>16.04.17.302.05. 302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain</p>			



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<p>In participant file and annual status reviews must be attached to annual plan of service. (3-20-04)</p> <p>16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)</p>	<p>3 out of the 4 participant files (participants 1, 3, 4) reviewed did not contain a history and physical.</p>	<p>4. By recording a date and time information has been sent it will be in compliance with IDAPA rules.</p> <p>1. A review of all client files will be conducted for evidence of a copy of history and physical of client and a request will be made for a copy if a client is missing one. A copy will be filed in each client's file when received.</p> <p>2. A request for a copy of history and physical will be made so it can be included in the client file at the time of a Healthy Connection is obtained.</p> <p>3. The Program Coordinator will request a copy of the history and physical to be sent to the office during the annual Individual Support meeting if a copy hasn't been obtained before then.</p> <p>4. The files will be reviewed to make sure a copy is included in the client file per IDAPA rules.</p>	<p>10/1/2016</p>
<p>16.04.17.400.02.n. 400.PARTICIPANT RECORDS.</p>	<p>Review of agency's documentation revealed that the daily records did not</p>	<p>1. A review of the programs forms has taken place to revise forms to include a</p>	<p>9/15/2016</p>



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<p>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>contain days of the month, time, and duration. Survey staff was unable to verify the actual day the service was provided. Survey staff was unable to verify the time the service was provided. Survey staff was unable to verify the duration of the service provided.</p>	<p>space to record information such as date, time and duration of services. 2-3. The program Coordinator will review with staff the changes in the forms and how to record data to indicate the necessary information. The Program Coordinator will document the updated record training on the client's Q.A. form during the next monthly visit. Staff will acknowledge training has taken place by signing the Q.A. form. 4. The administrator will review data collected to ensure the necessary information is being recorded.</p>	

Agency Representative & Title: Beverly Teichert-Administrator

Date Submitted: 9/14/2016

* By entering my name and title, I agree to implement this plan of correction as stated above.
Department Representative & Title: *Click here to enter text.*

Date Approved : 29 September 2016

* By entering my name and title, I approve of this plan of correction as it is written on the date identified.