



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Milestone Decisions	Region(s):	1 & 2
Agency Type:	Residential Habilitation	Survey Dates:	August 15 and 16, 2016
Certificate(s):	RHA-5346 RHA-199	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input 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)
16.04.17.202.03.b. Responsibilities. The administrator, or his designee, must assume responsibility for: b. Developing and implementing policies and procedures for agency staff and provider training, quality assurance, evaluation, and supervision; (3-29-12)	In review of agency operations, it was identified that the agency administrators are not ensuring that there are policies and procedures developed for staff and provider training, quality assurance, evaluation and supervision. For example: Staff training is not in manual. And there is limited proof of trainings occurring systematically and completely to meet	1. Policy and procedure will be reviewed and revised to ensure there are policies developed for staff and provider training, quality assurance, evaluation and supervision, and participant grievance. In addition staff files will be reviewed to insure proof of training and evaluation. Staff who do not have proof of training will received re- training which will be documented on the Initial and Ongoing training checklist. Staff	11/22/16.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

	<p>rule requirements. Within the policy and procedure manual the following training policies are the only rule required trainings identified: CPR, Rights, Abuse, Restraints and items within the employee Handbook. No policies were located to address participant specific training components or participant grievance.</p> <p>In review of personnel files, there is a section in the files for employee evaluations which is consistently empty. Therefore, there is no way to determine that employees are being evaluated.</p>	<p><i>who do not have evaluations will receive a new evaluation</i></p> <p><i>2. Review of staff files will be conducted for all current employees in Moscow and Coeur d'Alene. Any staff found not to have proof of training will receive re-training which will be documented on the training checklist. Any Staff that does not have a current evaluation will receive one.</i></p> <p><i>3. The Administrator</i></p> <p><i>4. The new Quality Assurance policy will require quarterly reviews of staff files be conducted to ensure compliance with training and qualification regulations. Administrator or the Admin Designee will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</i></p>	
<p>16.04.17.202.03.c. Responsibilities. The administrator, or his designee, must assume responsibility for:</p>	<p>In review of agency operations, there was no documentation of regular staff meetings in the Moscow location by the administrator or designee. The last documented staff meeting was</p>	<p><i>1. The new quality assurance policy will include provisions for regular agency staff meetings as well as mechanisms to ensure review of program and general participant needs and planning of</i></p>	<p>10-23-16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>c. Conducting regular agency staff meetings to review program and general participant needs and plan appropriate strategies for meeting those needs; (3-29-12)</p>	<p>conducted 5/6/15. There is a communication log in the home, however, it was not consistently used by staff in this location as a methodology for meeting this criteria of reviewing program and general participant needs and strategies to meet those needs.</p>	<p><i>appropriate strategies to meet those needs.</i> <i>2. Corrective action will be for all Milestone settings and all Milestone participants. .</i> <i>3. The Administrator</i> <i>4. The new Quality Assurance policy will require an agency checklist to be completed quarterly which will document the regular staff meetings. The Administrator, or Admin Designee, will review checklist once it is completed.</i></p>	
<p>16.04.17.203.02. 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 must be completed within six (6) months of employment with a residential habilitation agency and documented in</p>	<p>3 of 5 employees lack documentation the employee received training per rule requirements. For example: Employee 1's record lacked the agency's "Initial and Ongoing Training Checklist" which includes documentation of initial and ongoing training for the needs of the participant; activities of daily living; body mechanics and lifting techniques; housekeeping techniques and maintenance of a clean, safe and</p>	<p><i>1. Employee files will be reviewed to ensure documentation of training as required under IDAPA 16.03.10, sections 700-706. Staff determined not to have documentation of training will receive re-training which will be documented on the training checklist.</i> <i>2. Corrective action will be for all Milestone Res Hab staff.</i> <i>3. The Administrator.</i> <i>4. The new Quality Assurance policy will require quarterly review of staff files to</i></p>	<p>11/22/16</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)</p>	<p>healthy environment; and on-going training specific to the needs of the participant as needed. (IDAPA <u>16.03.10.705.01.c.ix</u>; <u>16.03.10.705.01.d.vi</u> & .ix Employee 2 and 3's record included the agency's "Initial and Ongoing Training Checklist" but it was incomplete for documentation of initial and ongoing training for the needs of the participant; activities of daily living; body mechanics and lifting techniques; housekeeping techniques and maintenance of a clean, safe and healthy environment; and on-going training specific to the needs of the participant as needed. (IDAPA <u>16.03.10.705.01.c.ix</u>; <u>16.03.10.705.01.d.vi</u> & .ix)</p>	<p><i>ensure compliance with IDAPA 16.03.10, sections 700 through 706.</i></p>	
<p>16.04.17.203.03. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits,"</p>	<p>3 of 5 employees lack documentation the employee received training per rule requirements. For Example:</p>	<p><i>1. Employee files will be reviewed to ensure documentation of training as required under IDAPA 16.03.10, sections 700-706. Staff determined not to have documentation of training will receive</i></p>	<p>11-22-16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>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 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: 03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04)</p>	<p>Employee 1's record lacked the agency's "Initial and Ongoing Training Checklist" which includes which includes documentation of initial and ongoing training for the needs of the participant; activities of daily living; body mechanics and lifting techniques; housekeeping techniques and maintenance of a clean, safe and healthy environment; and on-going training specific to the needs of the participant as needed. (IDAPA <u>16.03.10.705.01.c.ix</u>; <u>16.03.10.705.01.d.vi</u> & .ix There was no other documentation of this training was produced. Employees 2 & 3: Had the agency's "initial and Ongoing Training Checklist but training in this rule area was not documented. There was no other documentation that this training was received.</p>	<p><i>re-training which will be documented on the training checklist.</i> <i>2. Corrective action will be for all Milestone Res Hab staff.</i> <i>3. The Administrator.</i> <i>4. The new Quality Assurance policy will require quarterly review of staff files to ensure compliance with IDAPA 16.03.10, sections 700 through 706.</i></p>	
<p>16.04.17.203.04. Training must include orientation and ongoing training at a minimum as</p>	<p>2 of 5 employees lack documentation the employee received training per rule</p>	<p><i>1. Employee files will be reviewed to ensure documentation of training as required under IDAPA 16.03.10, sections</i></p>	<p>11-22-16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>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 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: 04. Supervision. Appropriate methods of supervision. (7-1-95)</p>	<p>requirement of appropriate methods of supervision. For Example Employee 1's record lacked the agency's "Initial and Ongoing Training Checklist" which includes a component of training on the methods of supervising participants.</p> <p>Employee 2: The agency's "initial and Ongoing Training checklist did not indicate that this training was provided within 6 months of hire.</p>	<p>700-706. Staff determined not to have documentation of training will receive re-training which will be documented on the training checklist. 2. Corrective action will be for all Milestone Res Hab staff. 3. The Administrator. 4. The new Quality Assurance policy will require quarterly review of staff files to ensure compliance with IDAPA 16.03.10, sections 700 through 706.</p>	
<p>16.04.17.203.05. 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</p>	<p>4 of 5 employees lack documentation the employee received training per rule requirement of review of specific services the participant requires</p> <p>Employees 1 and 6's record lacked the agency's "Initial and Ongoing Training Checklist" which includes which includes</p>	<p>1. Employee files will be reviewed to ensure documentation of training as required under IDAPA 16.03.10, sections 700-706. Staff determined not to have documentation of training will receive re-training which will be documented on the training checklist.</p>	<p>11/22/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>participants. All required training 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: 05. Review of Services. A review of the specific services that the participant requires. (3-20-04)</p>	<p>documentation of initial and ongoing training for the needs of the participant; activities of daily living; body mechanics and lifting techniques; housekeeping techniques and maintenance of a clean, safe and healthy environment; and on-going training specific to the needs of the participant as needed. (IDAPA <u>16.03.10.705.01.c.ix</u>; <u>16.03.10.705.01.d.vi</u> & .ix There was no other documentation of this training was produced. Employees 2 & 3: Had the agency's "initial and Ongoing Training Checklist but training in this rule area was not documented. There was no other documentation that this training was received.</p>	<p>2. <i>Corrective action will be for all Milestone Res Hab staff.</i> 3. <i>The Administrator.</i> 4. <i>The new Quality Assurance policy will require quarterly review of staff files to ensure compliance with IDAPA 16.03.10, sections 700 through 706.</i></p>	
<p>16.04.17.300.POLICY AND PROCEDURE MANUAL. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its</p>	<p>In review of agency records and discussion with agency administrator, the policy and procedure manual is not being reviewed and revised at least annually or as necessary.</p>	<p>1. <i>A policy will be written that outlines the structure and purpose of the policy and procedure manual. The policy will stipulate the manual to be approved by the governing authority and reviewed</i></p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: (3-20-04)</p>	<p>For example: Documentation of reviews indicate that they were completed on 6/2013 then 7/2016</p>	<p><i>and revised annually by the Administrator.</i> <i>2. Once additional policies are added through the POC, the manual will be completely reviewed and revised and approved by the governing body.</i> <i>3. The Administrator.</i> <i>4. Documentation of annual review and revision will be submitted to the governing body.</i></p>	
<p>16.04.17.300.03. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: 03. Records Standards. Standards for clinical records maintained. (7-1-95)</p>	<p>In review of Policy and Procedure manual and employee handbook, there was no policy and procedure addressing the standards for clinical records maintained. For example: The Table of contents for the policy and procedure manual indicates a policy for this exists but it was not in the manual.</p>	<p><i>1. A policy will be developed addressing the standards for clinical records maintained</i> <i>2. Once additional policies are added through the POC, the manual will be reviewed and revised and approved by the governing body.</i> <i>3. The Administrator.</i> <i>4. Documentation of annual review and revision will be submitted to the governing body.</i></p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>16.04.17.300.04. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: 04. Required Services. Procedures that must be performed by each service. (7-1-95)</p>	<p>In review of Policy and Procedure manual and employee handbook, there was no policy and procedure addressing Required services (Procedures that must be performed by each service). Medicaid Enhanced Benefit Plan rules 16.03.10.703.03 provides rule direction on the required services within the Residential Habilitation service.</p>	<p><i>1. A policy will be developed addressing Required Services (Procedures that must be performed by each service).</i> <i>2.. Once additional policies are added through the POC, the manual will be reviewed and revised and approved by the governing body.</i> <i>3. The Administrator.</i> <i>4. Documentation of annual review and revision will be submitted to the governing body.</i></p>	<p>10/23/16.</p>
---	---	--	------------------



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>16.04.17.300.05. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: 05. Participant Safety. Participant safety assessment procedures. (3-20-04)</p>	<p>In review of Policy and Procedure manual and Employee handbook, there is a policy that states there are to be safety meetings, modeling of safety practices, and fire drills in the home. The policy does not address assessment procedures for participant's safety. Further, there was no documentation found for safety meetings, modeling of safety practices or fire drills in the home.</p>	<p>1. <i>The Safety policy will be reviewed and revised to include assessment procedures for participants safety and documentation requirements for safety meetings, modeling of safety practices and fire drills in the home.</i> 2.. <i>Once additional policies are added through the POC, the manual will be reviewed and revised and approved by the governing body.</i> 3. <i>The Administrator.</i> 4. <i>Documentation of annual review and revision will be submitted to the governing body.</i></p>	<p>10/23/16.</p>
<p>16.04.17.301.03.c. 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: c. Education and experience; and (7-1-95)</p>	<p>1 of 7 personnel files reviewed lacked documentation of education and experience. For example: Employee 1 did not have information providing education and experience such as an application and/or resume.</p>	<p>1. <i>The Initial Orientation and Ongoing Training Checklist will be revised to show documentation of education and experience such as an application or a resume .</i> 2. <i>All employees personnel files will be reviewed to ensure there is documentation indicating education and</i></p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

		<p><i>experience and that it is added to the checklist.</i></p> <p><i>3. Administrator.</i></p> <p><i>4. The new Quality Assurance Policy will require quarterly reviews of staff files be conducted to ensure compliance with training and qualification regulations. The Administrator, or designee, will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</i></p>	
<p>16.04.17.301.03. 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: f. Position in the agency; and (7-1-95)</p>	<p>2 of 7 personnel files reviewed lacked documentation to support the stated position within the agency. For example: Employee 1: did not have any of the following documents which may have indicated their position within the agency: application, hiring paperwork identifying position hired for, or job description. Employee 7: Did not have anything identifying her stated current position as the QIDP/Program Coordinator.</p>	<p><i>1. The Initial Orientation and Ongoing Training Checklist will be revised to show documentation of position within the agency .</i></p> <p><i>2. All employees personnel files will be reviewed to ensure there is documentation indicating position within the agency and that it is added to the checklist.</i></p> <p><i>3. Administrator.</i></p> <p><i>4. The new Quality Assurance Policy will require quarterly reviews of staff files be conducted to ensure compliance with</i></p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

		<i>training and qualification regulations. The Administrator, or designee, will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</i>	
16.04.17.301.03.h 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)	2 of 6 personnel records reviewed did not have documentation of initial and orientation training. For example: Employee 1 had no documentation of receiving initial orientation and required training. Employee 2 had no documentation of initial orientation and required training until 1 year after their hire date.	<i>1. The Initial Orientation and Ongoing Training Checklist will be completed by all employees . 2. All employees personnel files will be reviewed to ensure there is documentation indicating completion of Initial and Ongoing training. 3. Administrator. 4. The new Quality Assurance Policy will require quarterly reviews of staff files be conducted to ensure compliance with training and qualification regulations. The Administrator, or designee, will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</i>	11/22/16.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>16.04.17.301.03.i 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: i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>1 of 6 personnel records reviewed did not have evidence of current CPR and 1st Aid certification. For example Employee 1 had a lapse from 4/26/15 until 7/10/15. Employee 3 had a lapse from 6/5/16 to 7/14/16</p>	<p>1. <i>The Initial and Ongoing Checklist will be revised to show documentation of current CPR and First Aid Certification and when recertification is due .</i> 2. <i>All employees personnel files will be reviewed to ensure there is documentation indicating CPR and First Aid Certification and when recertification is due.</i> 3. <i>Administrator.</i> 4. <i>The new Quality Assurance Policy will require quarterly reviews of staff files be conducted to ensure compliance with training and qualification regulations. The Administrator, or designee, will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</i></p>	<p>10/23/16.</p>
<p>16.04.17.301.03.j 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</p>	<p>1 of 9 employee files reviewed did not have verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06 "Criminal History and Background Checks".</p>	<p>1. <i>The Initial Orientation and Ongoing Training Checklist will be revised to show documentation of completion of criminal history checks. .</i> 2. <i>All employees personnel files will be reviewed to ensure there is</i></p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>For example: Employee #9: Did not have evidence that the ISP check was sent/returned as part of accepting employee as a transfer. It has now been more than 3 years since employee's previous employment.</p>	<p><i>documentation indicating completion of criminal background check and that it is added to the checklist.</i> 3. Administrator. 4. The new Quality Assurance Policy will require quarterly reviews of staff files be conducted to ensure compliance with training and qualification regulations. The Administrator, or designee, will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</p>	
<p>16.04.17.301.03.k. 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: k. Evidence that the employee has received a job description and understands his duties. (3-29-12)</p>	<p>3 of 6 personnel files reviewed lacked evidence that the employee has received a job description and understands his duties. For example: Employee #1 and 7 did not have a signed job description on file. Employee #6 had a job description in the file but it was not signed by the employee.</p>	<p>1. The Initial Orientation and Ongoing Training Checklist will be revised to show documentation of a signed job description . 2. All employees personnel files will be reviewed to ensure there is documentation indicating a signed job description and that it is added to the checklist. 3. Administrator. 4. The new Quality Assurance Policy will require quarterly reviews of staff files be</p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

		<p><i>conducted to ensure compliance with training and qualification regulations. The Administrator, or designee, will review the Initial and Ongoing checklists quarterly to ensure consistent compliance.</i></p>	
<p>16.04.17.400.02.h. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)</p>	<p>2 of 3 participant files reviewed lacked documentation of a history and physical yet their conditions indicates that a history and physical is necessary. For example: Participants 2 and 3 did not have history and physicals in the permanent or home records.</p>	<p><i>1. Participant files will be reviewed to ensure there are results of a history and physical in place. If not, an appt. with the physician will be made. 2. This will be for all Milestone Participants. 3. Program Coordinator 4. A Required Information checklist will be created and reviewed annually by the Program Coordinator.</i></p>	<p>11/22/16</p>
<p>16.04.17.400.02.i. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information:</p>	<p>For 2 of 3 participant files reviewed there was no documentation of results of an age appropriate functional assessment. For example: Participants 2 & 3 did n</p>	<p><i>1. Participant files will be reviewed to ensure there are results of an age appropriate assessment in place. If not one will be completed. 2. This will be for all Milestone Participants. 3. Program Coordinator</i></p>	<p>11/22/16</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>		<p>4. A Required Information checklist will be created and reviewed annually by the Program Coordinator.</p>	
<p>16.04.17.400.02.j. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: j. Psychosocial information. (7-1-95)</p>	<p>For 2 of 3 participant files reviewed, there was no psychosocial information. For example: Participant 1: has a diagnosis of Autism, anxiety and possible bipolar but there was no psychological or psychosocial assessment in the record. Participant 3: The record indicates that the participant had a psychological assessment appointment on 7/28/16 and has a diagnosis of Autism, Moderate intellectual functioning and Epilepsy but no psychological assessment was in the record.</p>	<p>1.Participant files will be reviewed to ensure there is Psychosocial information in place. If not, information will be obtained or an assessment will be completed.. 2. This will be for all Milestone Participants. 3. Program Coordinator 4. A Required Information checklist will be created and reviewed annually by the Program Coordinator.</p>	<p>11/22/16</p>
<p>16.04.17.402.01. 402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the</p>	<p>For 1 of 3 participant records reviewed there was nothing that indicated that the participant had been informed of her rights as delineated in rule:</p>	<p>1 Participant files will be reviewed to ensure a signed copy of the Residents Rights is in place..</p>	<p>10-23-16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04)</p> <ul style="list-style-type: none">a. Inform each participant, or legal guardian, of the participant's rights and the rules of the agency; (3-20-04)b. Allow and encourage individual participants to exercise their rights as participants of the agency, and as citizens of the United States, including the right to file complaints, and the right to due process; (3-20-04)c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)d. Provide each participant with the opportunity for personal privacy and ensure privacy during provision of services; (3-20-04)e. Ensure that participants are not compelled to perform services for the	<p>For example: Participant 2 did not have the agency's rights form signed in the participant record.</p>	<p><i>2. This will be for all Participants receiving services from Milestone Decisions..</i></p> <p><i>3. The Program Coordinator</i></p> <p><i>4. A required information Checklist will be created and reviewed annually by the Program Coordinator..</i></p>	
---	---	--	--



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>agency, its employees, or contractors and ensure that participants who do work for the agency, its employees, or contractors, are compensated for their efforts at prevailing wages and commensurate with their abilities; (3-29-12)</p> <p>f. Ensure that participants have access to telephones, if living in a place other than their own home or the home of their family, with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their plans of service; and (3-20-04)</p> <p>g. Ensure that participants have the opportunity to participate in social, religious, and community group activities. (3-20-04)</p>			
<p>16.04.17.405.08.c.ii. 405. The residential habilitation agency must develop and implement written policies and procedures including</p>	<p>For 1 of 3 participant records reviewed, Physical restraint is being used without evidence that the behavior change plan is developed by the participant, his</p>	<p>1. <i>Participant behavior change plans will be reviewed to ensure any plan , which includes the use of physical restraint after positive behavior</i></p>	<p>10/23/16.</p>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<p>definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following:</p> <p>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:</p> <p>c. Physical restraint.</p> <p>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.</p> <p>(3-20-04)</p>	<p>service coordinator, his team and a QMRP/Behavior consultant.</p> <p>For example:</p> <p>For Participant 1, there is a behavior change plan which includes physical restraint after positive behavior interventions are unsuccessful to prevent harm to the participant. There is no evidence that the plan was developed with the service coordinator and his QIDP.</p>	<p><i>interventions are unsuccessful, has been developed by the participant's service coordinator, their team and their QIDP. Any plan that includes the use of physical restraint and has not been developed by the team will be revised and developed by the team. This revision and or development will be documented on the plan.</i></p> <p><i>3. The Program Coordinator.</i></p> <p><i>4. Behavior Change plans will reviewed initially by the team and then annually after that. .</i></p>	
---	---	--	--



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency Representative & Title: <i>Cliff McAleer, Administrator Emily Crook Administrator</i> <small>* By entering my name and title, I agree to implement this plan of correction as stated above.</small>	Date Submitted: <i>9/9/16</i>
Department Representative & Title: <i>Kimberly Deal, JSLW</i> <small>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</small>	Date Approved: <i>9/12/16</i>