



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	SL Start and Associates	<b>Region(s):</b>	1 and 2
<b>Agency Type:</b>	Residential Habilitation	<b>Survey Dates:</b>	8/08-12/16
<b>Certificate(s):</b>	RHA-188 RHA-5076 RHA-363	<b>Certificate(s) Granted:</b>	<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)
<p>16.04.17.203.05. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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 the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas:</p>	<p>In 1 of 5 employee records reviewed, there was no documentation of review of services specific to the needs of the participant provided by the QIDP. 16.03.10.705.01.b. All skill training for agency direct service staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)</p> <p>For example: Employee #2's record lacks documentation of review of services for Participant #2's specific services when participant started with the agency 08/03/15. The agency has completed the training as of 06/27/16 with the QIDP.</p>	<ol style="list-style-type: none"> <li>1. All newly hired staff will be trained on individual plans prior to providing direct services to the individuals by the QIDP. This training will occur during the New Hire Orientation and New employee shadowing process. Once completed the documentation of training will be reviewed by the SL Start Administrator and the staff will be approved at that time for direct service with the participants.</li> <li>2. A review of all staff training will be completed to ensure all new and current staff are in compliance with IDAPA 16.03.10.705.01b.</li> <li>3. The agency Administrator will ensure</li> </ol>	11/1/2016



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05. Review of Services. A review of the specific services that the participant requires. (3-20-04)		<p><i>all citations are corrected.</i></p> <p><i>4. SL Start will receive 1 internal QA each year to ensure regulatory compliance.</i></p>	
<p>16.04.17.400.02.f. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: f. Physician, dentist, and other health care providers. (7-1-95)</p>	<p>In review of participant files, in 1 of 4 files reviewed there was no documentation of dentist in the file. The information was added. THIS CITATION IS CORRECTED DURING SURVEY.</p>	<p><i>1. All participant summary sheets will be reviewed to ensure that all required information is present.</i></p> <p><i>2. An audit of all participants summary sheets will be conducted to ensure compliance.</i></p> <p><i>3. The agency Administrator will ensure all citations are corrected.</i></p> <p><i>4. SL Start will receive 1 internal QA each year to ensure regulatory compliance.</i></p>	<p>11/1/2016</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>In 1 of 4 participant files reviewed, there was a psychological assessment indicated which could not be located in the file. For example, Participant #1 had information indicating formal psychiatric diagnosis but this assessment was not found in the file at time of survey. After exit, this assessment was provided. THIS</p>	<p><i>1. A review of all participants files will be completed to ensure all needed and required documentation is present.</i></p> <p><i>2. All SL Start participant files will be reviewed.</i></p> <p><i>3. SL Start Administrator will ensure all citations are corrected.</i></p> <p><i>4. SL Start will receive 1 internal QA each year to ensure regulatory compliance.</i></p>	<p>11/1/2016</p>



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	CITATION WAS CORRECTED DURING SURVEY.		

<b>Agency Representative &amp; Title:</b> Chris L. Crowder- Agency Administrator  <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	<b>Date Submitted:</b> 9/8/2016
<b>Department Representative &amp; Title:</b> 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>	<b>Date Approved:</b> 9/12/2016