



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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April 6, 2010

Administrator, Christopher Crowder
SL Start and Associates
579 W Hayden Ave
Hayden Lake, Idaho 83835

Dear Mr Crowder,

Thank you for submitting the Plan of Correction for Residential Habilitation services dated March 26,2010. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. You have indicated a final correction date of 5-3-2010. As a result, the Department will complete a follow-up review of your agency in August to determine if the agency has implemented and maintained the correction. At that time your certification renewal will be considered.

You can reach me if you have any questions at 208-364-1906

Thank you for your patience and accommodating us through the survey process.

Rebecca Brodhecker
Program Supervisor
DDA/RH Survey and Certification

Statement of Deficiencies

Residential Habilitation Agency

S.L. Start & Associates, Inc. -- Coeur d'Alene
RHA-188

280 W Prairie Ave Ste 4
Coeur d'Alene, ID 83814
(208) 772-4639

Survey Type: Recertification

Entrance Date: 2/8/2010

Exit Date: 2/11/2010

Initial Comments: Review Team: Rebecca Brodhecker, Program Supervisor; Greg Miles, Medical Program Specialist; and Carrie Johns, Medical Program Specialist. The survey included a follow-up review of substantiated complaints in 2009.

Observations were completed in six (6) separate participant homes including 16 participants. Six (6) participants lived in a duplex. Observation was completed during the early evening when all participants were home. [Participants 1, 2, and 3]'s home was chaotic and understaffed to manage the behaviors occurring during the observation. Surveyors identified the potential risk to the agency. Surveyors returned the following day and identified the continued lack of adequate staffing

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.514.04.b	Residential Habilitation	All individuals receiving intense support will have their required 1:1 staffing. An authorized safety plan will be in place for all individuals as required and authorized by the department.
514. BEHAVIORAL HEALTH PRIOR AUTHORIZATION - PROVIDER REIMBURSEMENT. Providers are reimbursed on a fee for service basis based on a participant budget. (3-19-07)	Two of two participants receiving intense support (Participants 1 and 4) did not receive the required 1:1 staff according to the written plan over the last three months. [Participant 1] did not have a current authorized safety plan approved by the Department.	We will ensure that a back-up plan exists to provide this 1:1 staffing in times when staffing shortages exist (i.e. staff resigning without notice) as was the case during the time period evaluated. We will update the plan according to rule and resubmit the plan to the Regional Care Manager for approval.
04. Residential Habilitation - Supported Living Acuity-Based Levels of Support. Reimbursement for residential habilitation - supported living is based on the participant's assessed level of support need. All plans of service that include supported living must include community integration goals that provide for maintained or enhanced independence, quality of life, and self-determination. As a participant's independence increases and he is less dependent on supports, he must transition to less intense supports. (3-	[Participant 1]'s implementation plan specifically states she needs 1:1 staff to maintain her health and safety. On February 8, 2010, an observation was conducted. There was not adequate staff on the 3:00-11:00 p.m. shift. A follow-up visit was completed on February 9, 2010, and the agency did not provide adequate staffing after Department advice. Review of documentation submitted by the agency	We will ensure that this 1:1 coverage exists by way of back-up coverage when the 1:1 staff attend training sessions. The gap in 1:1 coverage during the survey observations was as a result of training that the staff were attending.

19-07)
 b. Intense support is for those exceptional participants who require intense, twenty-four (24) hour per day supports and supervision. This support level typically requires one-on-one staffing, but requests for a blend of one-on-one and group staffing will be reviewed on a case-by-case basis. Participants authorized at the intense support daily rate will not be authorized to receive developmental therapy services, adult day care, or non-medical transportation. These services are included in the intense support daily rate. To qualify for this level of support, participants must be evaluated to meet one or more of the following criteria: (3-19-07)
 i. Recent felony convictions or charges for offenses related to the serious injury or harm of another person. These participants must have been placed in a supported living setting directly from incarceration or directly after being diverted from incarceration. (3-19-07)
 ii. History of predatory sexual offenses and are at high risk to re-offend based on a sexual offender risk assessment completed by an appropriate professional. (3-19-07)
 iii. Documented, sustained history of serious aggressive behavior showing a pattern of causing harm to themselves or others. The serious aggressive behavior must be such that the threat or use of force on another person makes that person reasonably fear bodily harm. The participant must also have the capability to carry out such a threat. The frequency and intensity of this type of aggressive behavior must require continuous monitoring to prevent injury to themselves or others. (3-19-07)
 iv. Chronic or acute medical conditions that are so complex or unstable that one-to-one staffing is required to provide frequent interventions and constant monitoring. Without this intervention and monitoring the participant would require placement in a nursing facility, hospital, or ICF/MR with twenty-four (24) hour on-site

comparative to the home schedules from November 1, 2009, through January 24, 2010, revealed that for 29 days the agency did not provide supervision according to the authorized plan and service. Additionally, according to IDAPA 16.04.17.100.07, the agency did not comply with all applicable rules of the Department.

For [Participant 4], an observation was conducted on February 9, 2010. There was not adequate staff on the 3:00-11:00 p.m. shift, as his 1:1 staff was not present. Review was completed of documentation submitted by the agency comparative to the home schedules from November 1, 2009, through January 24, 2010. The participant did not receive a minimum of eight hours per day, five days per week (2010 Safety plan) 1:1 supervision for 12 of 13 weeks. From December 13, 2009, through January 24, 2010, the participant only received 27% of approved safety plan hours.

SL Start acknowledges that the Safety Plan for Participant 1 was not updated in March 2009 (the previous plan was dated March 2008); the 1:1 staffing for Participant 1 was scheduled in accordance with the March 2008 plan. This plan called for 1:1 staffing at home between school and when she goes to bed and on non-school days, no less than 8 hrs per day. We will update the plan according to rule and resubmit the plan to the Regional Care Manager for approval.

For Participant 4, we will ensure a back-up staffing plan is in place to provide this 1:1 staffing when unusual situations arise (such as the 1:1 staff for Participant 4 going on paternity leave in December 2009 and then deciding to apply and transfer to a Home Support Specialist.) We will update the plan according to rule and resubmit the plan to the Regional Care Manager for approval.

We will ensure that the 1:1 coverage exists for all participants when staff shortages or call offs occur by way of back-up coverage.

This corrective action applies to all individuals receiving support from SL Start.

The same corrective action indicated will be taken for each individual identified.

Heather O'Keefe, Tony Farr and Bill Morris will be responsible for this corrective action.

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nursing. Verification of the complex medical condition and the need for this level of service requires medical documentation. (3-19-07)		The schedules will reflect all required 1:1 staffing as outlined in the individual's plan and authorized and approved by the Department.	
Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected: 2010-02-12	Administrator Initials: <i>ll</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.03.10.703.01.a.iv 703.DD/ISSH WAIVER SERVICES - COVERAGE AND LIMITATIONS. 01. Residential Habilitation. Residential habilitation services which consist of an integrated array of individually-tailored services and supports furnished to eligible participants which are designed to assist them to reside successfully in their own homes, with their families, or alternate family homes. The services and supports that may be furnished consist of the following: (3-19-07) a. Habilitation services aimed at assisting the individual to acquire, retain or improve his ability to reside as independently as possible in the community or maintain family unity. Habilitation services include training in one (1) or more of the following areas: (3-19-07) iv. Socialization including training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to his community. (Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in non-therapeutic activities which are merely	Residential Habilitation Community Access. Based on observation and documentation, the agency is not maintaining community integration in accordance with the service provisions. The staff schedule does not consistently indicate the availability of more than one staff to provide individualized community access.	Community access is a key component of our Supported Living / Residential Habilitation services. We currently have taken significant steps to document our efforts at community integration. We have implemented a new tracking and follow-up tracking system. Each individual has a calendar of community events as well as an "Activity Tag" which tracks the valued outcomes identified in the individual's Implementation Plan in order to effectively track their community integration. Staffing will appropriately support this commitment to integration, and be reflected in our staffing and support schedules. Our Team Coordinator position is instrumental in coordinating and providing community access to the individuals in our program. These Team Coordinators provide additional staffing and support in the home in addition to the Community Support Specialist working in the home. SL Start will review each and everyone's community integration calendar to ensure that the community integration activities identified in the Implementation Plan are accurately being recorded in their record. This is an issue across the program and involves each individual supported. Heather O'Keefe, Tony Farr and Bill Morris will be responsible for implementing this corrective action.	

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diversional or recreational in nature); (3-19-07)			The "Activity Tag" summary form and staffing schedules will support the community integration effort.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2010-05-03	Administrator Initials: CLK
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
18.03.10.704.02.a.iv 704.DD/ISSH WAIVER SERVICES - PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07)	Provider Records The quarterly QA form completed by the QMRP does not include the time and date of quarterly/monthly visit as required.	The quarterly QA form completed by the QMRP will include the time and date of each Program Coordinator (QMRP) quarterly and monthly visits as required. This correction applies to all individuals supported by SL Start. The same corrective action indicated will be taken for each individual identified. Wendy Cheesebrough, QMRP will be responsible for completing this corrective action.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2010-05-03	Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.705.01.b</p> <p>705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07)</p> <p>01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07)</p> <p>b. All skill training for direct service staff must be provided by a Qualified Mental Retardation Professional (QMRP) who has demonstrated experience in writing skill training programs. (3-19-07)</p>	<p>Training</p> <p>Interview with administrative staff and review of written documentation found that orientation and required training within six months of hire was not conducted by a qualified professional (QMRP).</p> <p>The agency indicated that the orientation training was completed by a paraprofessional. Staff indicated that home staff were training new staff on implementation plans.</p>	<p>SL Start's Program Coordinator (QMRP) will provide all Implementation Plan training including general and specific training as outlined in the rule. This training will be documented in the SL Start electronic data base.</p> <p>SL Start does provide a significant amount of additional training to our staff beyond the required training by the QMRP on the implementation plan. SL Start's Program Coordinator (QMRP) will provide all Implementation Plan training including general and specific training as outlined in the rule.</p> <p>This corrective action applies to all individuals supported by SL Start.</p> <p>The same corrective action indicated will be taken for each individual identified.</p> <p>Wendy Cheesebrough, QMRP with oversight from Heather O'Keefe, Tony Fair and Bill Morris will be responsible for completing this corrective action.</p> <p>The outcome will be monitored through the SL Start training data base and documented monthly through our SL Start Quality Review Process.</p> <p>To begin immediately and finished no later than May 3, 2010</p>

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 2010-05-03 Administrator Initials: *CLL*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.001.02</p> <p>TITLE AND SCOPE.</p> <p>02. Scope. These rules contain and establish standards and minimum requirements for</p>	<p>Scope</p> <p>Each home had a "No Solicitations" sign on the front door, as well as evacuation plans. Some homes had fire drills. S.L. Start's policy ID-4.15 "</p>	<p>SL Start will remove the "No Soliciting" signs from each of the homes rented by individuals we support.</p>

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<p>residential habilitation agencies which provide services to persons with developmental disabilities under agreement and in connection with programs funded in any part by the Department of Health and Welfare. The provisions are intended to regulate agencies so that services to participants will optimize participant opportunities for independence and self-determination while assuring adequate supports, services, participant satisfaction and health and safety. As a component of the service delivery system in Idaho for persons with developmental disabilities, residential habilitation agencies will provide individualized services and supports encouraging participant choice, providing the greatest degree of independence possible, enhancing the quality of life, and maintaining community integration and participation. Services provided by such agencies are intended to be person-centered and participant-driven, and based on a person-centered plan to meet each participant's needs for self-sufficiency, medical care and personal development with goals that safely encourage each participant to become a productive member of the community in which he lives. Access to these services must be prior authorized in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. (3-20-04)</p>	<p>No Soliciting" violates participants right to free choice. There was no documentation that the participant chose to have a no solicitation sign posted to their front door, or evacuation plans posted.</p> <p>Staff utilized a participant's phone for work purposes and answered the participant's door. Services as provided are not individualized, nor encourage participant choice, nor increase independence and do not enhance the participant's quality of life.</p>	<p>We will also remove the "No Soliciting" policy from our policy and procedures manual</p> <p>All Team Members will receive training at their regular staff meetings about phone and door answering protocols and the importance of individual rights as they relate to the nature of a person's own home. Individual choice will be a primary feature of this training.</p> <p>This corrective action applies to all individuals supported by SL Start.</p> <p>The same corrective action indicated will be taken for each individual identified.</p> <p>Wendy Cheesebrough, QMRP and Tony Farr will conduct the training and be responsible for completing this corrective action.</p> <p>The outcome will be monitored through the SL Start training data base and documented monthly through our SL Start Quality Review Process.</p> <p>Beginning immediately and ending no later than April 23, 2010</p>	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2010-04-23	Administrator Initials: <i>llc</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.010.01	Abuse	The individual's privacy is paramount and every effort will be made through our planning processes to guarantee to the highest extent possible the privacy of the individual. Both Participant 1 and Participant 3's Positive Behavior Support Plan outlines redirection of the individual to their bedrooms	
Definitions.01. Abuse. Any conduct of an employee, affiliated residential habilitation provider or contractor of an agency as a result of which a person suffers verbal aggression or humiliation, skin bruising, bleeding, malnutrition,	The agency did not assure that [Participant 3] does not suffer humiliation. Several incidents/behaviors were documented of [Participant 3] displaying himself in front of an open window and [Participants 1 and 3] running		

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<p>sexual molestation, burns, fracture of any bone, subdural hematoma, soft tissue swelling, failure to thrive or death, or mental injury, and such condition or death is not justifiably explained, or where the history given concerning such condition or death, or the circumstances indicate that such condition or death, may not be the product of accidental occurrence under Section 39-5202, Idaho Code. (3-20-04)</p>	<p>into the backyard naked. According to a regional staff substantiated complaint and neighbor and staff reports, these incidents occur regularly. Several police reports were filed by neighbors of which the agency was apprised. This behavior was observed by a surveyor during observation. Following Department recommendations and findings, the agency did not assure reasonable accommodations were made to assure the participants' privacy.</p>	<p>When disrobing occurs. Disrobing is a current behavior for both of these individuals. SL Start had taken measures to cover the windows in Participant 3's bedroom to prevent viewing of activities inside his bedroom from outside the house.</p> <p>This individual Positive Behavior Support Plan which will be reviewed with the person's Person Centered Planning team to include SL Start, the Targeted Service Coordinator, the individual, the guardian and other allies. Very specifically this individuals plan will be revised and approved by their team.</p> <p>All Positive Behavior Support Plans will be reviewed by SL Start's Positive Behavior Support Coordinator to ensure that SL Start is doing all that it is capable of to protect individual's integrity. Concerning participant 3, all behavioral data will be reviewed to ensure the best intervention possible. Consultation will occur with the Targeted Service Coordinator and the Department to determine the best course of action. If and/or when the behavior does occur and these meetings will be documented in the individual's case file.</p> <p>Wendy Cheesbrough, QMRP and Quinanna Robbins, MA will be responsible for this corrective action. The individual's case file will contain documentation of the Person Centered Planning meeting along with the teams recommendations.</p>
Scope and Severity: Isolated / Actual Harm - Not Immediate		Date to be Corrected: 2010-04-23 Administrator Initials: <i>CS</i>
<p>Rule Reference/Text 16.04.17.011.01</p> <p>011 DEFINITIONS – M THROUGH Z. For the purposes of these rules the following terms are used as defined below: (3-20-04)</p> <p>01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of</p>	<p>Category/Findings Program Implementation Plan</p> <p>Also refer to 16.04.17.010.22, Implementation Plans.</p> <p>For five of five participant files reviewed, objectives were not measurable. For example:</p> <ul style="list-style-type: none"> • [Participant 1] had 0% baselines for eight of 11 programs. 	<p>Plan of Correction (POC)</p> <p>All baseline statements for each individual identified in the survey will be rewritten to ensure that they are measurable and applicable to the individual.</p> <p>All programs will include clear staff instructions pertaining to each objective outlined in the individual Implementation Plan.</p>

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attainment. (7-1-95)		<ul style="list-style-type: none"> [Participants 2 and 4] did not have baseline information. [Participant 3] had 0% baselines for eight of 13 programs. [Participant 5] had 0% baselines for 10 of 11 programs. Prompt levels for [Participant 5] were not measurable as she had gestural and modeling prompting. The participant is blind. All programs were lacking instructions, which do not assure measurability. [Participant 5]'s Implementation Plans do not have any instruction on what to do when she refuses, which is a regular behavior. Parts of her plans are not defined, such as "healthy eating" or "pick a meal to prepare" programs. 	<p>In addition to the individuals identified in the sample, all persons supported by SL Start will be reviewed to ensure that their Implementation Plans contain observable and measurable objectives, appropriate cueing levels and appropriate baseline statements.</p> <p>Each person identified will have their plans modified to include observable and measurable objectives with appropriate instructions to Team Members and clear baseline statements.</p> <p>Wendy Cheesebrough, QMRP will be responsible for implementation of this corrective action.</p> <p>The outcome will be monitored through SL Start's monthly Quality Review Process.</p>		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2010-04-23		Administrator Initials: <i>lll</i>	
Rule Reference/Text	Category/Findings	Plan of Correction (POC)			
16.04.17.201	Administrator	<p>The policy and procedures manual will be reviewed and approved by SL Start and a copy provided to the department.</p> <p>SL Start's current policy and procedures manual will be revised to include a stronger emphasis on the specifics of habilitation including objective writing and implementation and training of people we support. The manual will include a Program Coordinator (QMRP) section which outlines in specific detail IDAPA requirements of Habilitation and active treatment.</p> <p>The manual will also reemphasize individual rights and delineate SL Start's responsibilities within those rights.</p>			
ADMINISTRATION. 01. Scope. Each residential habilitation agency must be organized and administered under one authority. If other than a single owner or partnership, the agency must have a governing board which assumes full legal responsibility for the overall conduct of the agency. (3-20-04)	<p>The administrator did not assure appropriate training and services occurred to carry out staff responsibilities.</p> <p>The Department received 58 complaints in the past year. Of the 58 complaints, 30 were found to have substantial information to support that the event/incident or accident occurred. Eight complaints are currently pending.</p> <p>Also refer to 16.04.17.300.</p>				
02. Structure. The administrative responsibilities of the agency must be documented by means of a current organizational chart. (3-20-04)					
03. Responsibilities. The governing authority	A policy and procedure manual must be				

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must assume responsibility for: (3-20-04) a. Adopting appropriate organizational bylaws and policies and procedures; and (7-1-95) b. Appointing an administrator qualified to carry out the agency's overall responsibilities in relation to written policies and procedures and applicable state and federal laws. The administrator must participate in deliberation of policy decisions concerning all services; and (3-20-04) c. Providing a continuing and annual program of overall agency evaluation; and (7-1-95) d. Assuring that appropriate training, space requirements, support services, and equipment for staff or affiliated residential habilitation providers are provided to carry out assigned responsibilities; and (7-1-95) e. Cooperating in participating in a system by which to coordinate with other service providers continuity of the delivery of residential habilitation services in the plan of service. (3-20-04)		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. With the number of identified issues over the past year, the agency must revise their policies and procedures to assure adequate implementation. Without substantial revision, the agency does not meet the requirements for certification.	This corrective action applies to all individuals supported by SL Start. The same corrective action indicated will be taken for each individual identified. Heather O'Keefe, Tony Fair and Bill Morris will be responsible for implementing this corrective action. All revisions to the policy and procedure will be reviewed and approved by SL Start. New policy and procedure training will be developed and implemented with all Team Members. Documentation of Team Members training will occur in the SL Start electronic training database. Continual review of this training will be monitored and documented through the monthly Quality Review Process.
Score and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected: 2010-05-03	Administrator Initials: <i>CL</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.300.04 300.POLICY AND PROCEDURE MANUAL. 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: (3-20-04) 04. Required Services. Procedures that must be performed by each service. (7-1-95)	Required Services The agency is driving participant moves. The agency policies state that a team meeting will occur prior to a participant move. Multiple moves have occurred in the past 90 days. There is no documentation for the necessity of the move, or the planning process. No documentation was found that the participant was given any other option other than moves to homes in which S.L. Start currently serves participants.	It is neither the intent nor desire of SL Start to drive individual moves without the consent of the team supporting an individual including the TSC and guardian. All moves that occurred during this period were the result of the individual's needs or changes in compatibility of the room mates. In the future, our move policy will be strictly adhered to with planning occurring with the Individuals Person Centered Planning team to include the person, the Department, the person's allies and Targeted Service Coordinator. The policy will further emphasize that all moves are person-centered and driven.	

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		<p>This applies to all people supported by SL Start.</p> <p>The same corrective action indicated will be taken for each individual identified.</p> <p>Heather O'Keefe, Tony Farr and Bill Morris will be responsible for the implementation of this corrective action.</p> <p>Documentation of all Person Centered Planning meetings will include any discussion of upcoming moves or individual driven changes.</p>	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2010-04-05	Administrator Initials: <i>CU</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.301.02	Staffing	<p>All plans will be implemented as written and agreed to by the Person Centered Planning team. This includes 1:1 supervision and community integration as indicated on the plan.</p> <p>SL Start will utilize on call staffing and supervisors for all 1:1 back up coverage needed.</p> <p>This applies to all people supported by SL Start.</p> <p>The same corrective action indicated will be taken for each individual identified.</p> <p>Heather O'Keefe, Tony Farr and Bill Morris will be responsible for implementing this corrective action.</p> <p>1:1 will be documented in the Supported Living Start scheduling database.</p> <p>Due immediately and no later than April 5, 2010</p>	
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)	Interview with staff, observation, and record review found that staff coverage was not provided to assure 1:1 supervision and community integration as indicated on the plan and according to the services authorized. The agency did not implement provisions to assure back-up coverage for lacking staff.		

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.402.01.a 402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the 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) a. Inform each participant, or legal guardian, of the participant's rights and the rules of the agency; (3-20-04)	Participant Rights The agency violated (Participant K)'s rights by moving a participant into his home against his will.	<p>SL Start will follow its own move policy and not move anyone at anytime without the consent of all involved parties.</p> <p>This appears to be isolated to Participant K.</p> <p>A meeting was held on Friday March 5 with the Targeted Service Coordinator who will meet with the guardians and Individuals from Participant K's home to develop a plan that works for everyone.</p> <p>Heather O'Keefe, Tony Farr and Bill Morris working in conjunction with the individuals Person Centered Planning team to include the person, their allies, the Department and the Targeted Service Coordinator.</p> <p>Documentation of the Person Centered Planning meeting held on March 19th will be included in the individual's case file.</p> <p>We hope to have the issue resolved by March 19, 2010.</p>	

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Score and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** 2010-04-05 **Administrator Initials:** *UC*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.405.01</p> <p>405. TREATMENT OF PARTICIPANTS. 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: (3-20-04)</p> <p>01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any restrictive intervention. (3-20-04)</p>	<p>Behavior Programming</p> <p>Replacement behavior and positive intervention strategies.</p> <p>[Participant 1]'s clothes are being locked in the garage. There was informed consent, but the Implementation Plan did not contain training to replace the maladaptive behavior to assist the participant to learn skills to move clothing back into her bedroom.</p>	<p>New strategies will be developed for this individual to include clear replacement behaviors and teaching strategies. These strategies will comprise the incorporation of clothing access into the individual's behavioral repertoire.</p> <p>This is isolated to one individual.</p> <p>The person's Positive Behavior Support Plan will be revised.</p> <p>Wendy Cheesebrough, OMRP and Quinanna Robbins, MA will be responsible for completing this corrective action.</p> <p>The new plan will be submitted to the Person Centered Planning team to include the individual, their allies, the Department and the Targeted Service Coordinator.</p>

Residential Habilitation Agency		S.L. Start & Associates, Inc. - Coeur d'Alene	2/11/2010
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2010-04-05	Administrator Initials: <i>UC</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
<p>Additional Terms A-5.1</p> <p>A-5. Quality Improvement. The Provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. At a minimum quality of services shall be evaluated according to the following criteria:</p> <p>A-5.1 A participant's implementation plan should be modified when there are changes in circumstances, abilities, or a re-assessment to ensure that public funds are expended for appropriate services in the most cost-effective manner.</p>	<p>Program Implementation Plan</p> <p>Provider Status Review does not contain information to address progression, regression, or low implementation.</p> <p>For example, [Participant 1]'s objective 1A1 showed no progress for 12 months with no revisions (the objective measures modeling; actual documentation was verbal and physical prompting). The training did not address the actual modeling cue in the objective.</p> <p>Objectives track a percentage of time for a three month period. The percentages documented were based on a 100% scale for success. Data was summarized such as 1000% and 650%, which is not statistically valid. The Provider Status Review cannot accurately support progress.</p>	<p>All PSR's for each individual identified in the survey will be rewritten to ensure that they contain information concerning progression and regression and corrective action and or intervention plans for each.</p> <p>All programs will include a clear measurement of progress as defined by a percentile based upon 100 possible points.</p> <p>Each individual identified will undergo a plan review in which progression and or regression is updated with a corrective action plan or intervention plan as indicated with individual scores reflecting a percentile based upon a 100 point scale.</p> <p>Wendy Cheesebrough, QMRP will be responsible for completing this corrective action.</p> <p>The outcome will be monitored through SL Start's monthly Quality Review Process.</p>	

Residential Habilitation Agency

S.L. Start & Associates, Inc. - Coeur d'Alene

2/11/2010

Beginning immediately and ending no later than April 23, 2010

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2010-04-23

Administrator Initials: *ll*

Administrator Signature (confirms submission of POC):

Date: 3-26-2010

Team Leader Signature (signifies acceptance of POC):

Debecca Broelueker

Date: 4-6-2010