IDAHO DEPARTMENT OF HEALTH & WELFARE

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DIVISION OF MEDICAID

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April 28, 2010

Administrator, Valerie Cutshall
C and R, Inc.
1007 S.Logan Street
Moscow, Idaho 83814

Dear Valerie,

Thank you for submitting your Plan of Correction for Residential Habilitation services dated 4/27/2010. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued C&R, Inc. a full certificate effective 5/1/2010. unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Please submit these documents in order of citation, following the plan of correction findings. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and **no later than August 7, 2010**. You may submit supporting documentation as follows:

NOTE: Pease assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to:208-364-1811
Email to: fadnessr@dhw.idaho.gov
Mail to: Survey and Certification
Attn: Rebecca Fadness
PO Box 83720
Boise Idaho 83720
Or deliver to: 3232 Elder Street, Boise

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 Fadness

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

C & R, Inc.
RHA-194

1107 S Logan St
Moscow, ID 83843-3124
(208) 882-8040

Survey Type: Recertification

Entrance Date: 3/30/2010
Exit Date: 3/30/2010

Initial Comments: Surveyor: Greg Miles, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (PoC)
16.04.17.011.01	Program Implementation Plan	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. 1 PC's have updated programs to include criteria for objectives for participants. Trained with PC's to include all aspects of writing developmental objectives including identifying criteria for acceptable performance. 2. Review all current objectives for all consumers 3. PC's and Administrator. 4. Part of ongoing quarterly File QA process and training on objectives will be required as part of the annual continuing education. 5. This will be completed by 7/30/10.
011 DEFINITIONS – M THROUGH Z. For the purposes of these rules the following terms are used as defined below: (3-20-04) 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 attainment. (7-1-95)	For four of four participants reviewed ([Participants 1, 2, 3, and 4]), programs were not measurable. For example: [Participant 1]'s toothbrushing program lacked criteria; assisstance with medications program does not define assisstance. [Participant 2]'s programs to complete requested task does not define for how long, which could vary; program to do everything he is able to do would be subjective to what staff thinks he can do. [Participant 3]'s programs to tell staff while driving how to get from one place to another would vary greatly; staying on task program does not state for how long. [Participant 4]'s programs to choose three daily	

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	activities has a criteria for a whole year; making a healthy meal would be subjective from staff's views; disrespecting roomates program does not define "disrespectful", which could be subjective. {REPEAT DEFICIENCY. FAILURE TO COMPLY.}	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 7/30/10 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.03	Service Provision Procedures	
302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)	For four of four participants reviewed ([Participants 1, 2, 3, and 4]), the agency did not have documentation to support that satisfaction was assessed on a quarterly basis. {REPEAT DEFICIENCY. FAILURE TO COMPLY.}	1. What corrective action(s) will be taken? New system developed to ensure that if satisfaction surveys do not come back within 30 days,, Administrator will call participant and perform phone interview quarterly. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? N/A 3. Who will be responsible for implementing each corrective action? Administrator 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Monitored and followed up on quarterly. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10.

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

Date to be Corrected: 5/30/10 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.05	Provider Records	
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 planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	For four of four participants reviewed ([Participants 1, 2, 3, and 4]), there was no documentation that the status review was submitted to the Plan Developer.	1. What corrective action(s) will be taken? PC's will write and highlight in their progress notes when a copy of the status review is given to the plan developer. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? This is a deficiency for all RH participants, so PC's will place this in all files. 3. Who will be responsible for implementing each corrective action? PC's and QA supervisor. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA--will incorporate this specifically into the quarterly QA sheet to ensure it is sought out, addressed and highlighted. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** W

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.405.01	Treatment of Participants	1. Training with PC's for every maladaptive behavior tracked, PC's must introduce a plan for replacement behaviors. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Administrator will QA current maladaptive programs to ensure all are identified. 3. Who will be responsible for implementing each corrective action? Administrator will identify, PC's will develop new programs and implement. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly QA. 5. By what date will the corrective action be completed? 9/30/10
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) 01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any restrictive intervention. (3-20-04)	For two of two participants with behavior programming ([Participants 1 and 4]), the programming addressed and measured the negative behavior without teaching/measuring the participants' positive training skills to relace the maladaptive behavior.	

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 9/30/10 | **Administrator Initials:** W

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.1	QA Program	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. 1. What corrective action(s) will be taken? Will monitor a random sampling of programs monthly for 6 months to ensure updates are occurring in a timely manner. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will QA all status reviews to identifying any other participants who have not had timely revisions or documentation. Training with PC's and will update immediately. 3. Who will be responsible for implementing each corrective action? QA specialist and PC's. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will monitor a random sampling of programs monthly for 6 months to ensure updates are occurring in a timely manner. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 9/30/10
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: 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.	For two of four participants ([Participants 1 and 4]), data review indicated performance below baseline. No documentation was found to address the declining data nor were the implementation plans revised. There was clear evidence that refusals effected the decline, but no documentation was found to address this.	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 9/30/10 **Administrator Initials:** G

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	QA Program	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field.
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	For four of four participants ([Participants 1, 2, 3, and 4]), files did not contain documentation that the plan was provided and explained to the participant.	

following criteria: A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.		1. What corrective action(s) will be taken? PC's will write and highlight in their progress notes when a copy of the plan is given to all team members, and identify all team members who were given a copy of the plan, including participants. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? This is a deficiency for all RH participants, so PC's will place this in all files after ensuring that each participant has a copy of the IP. 3. Who will be responsible for implementing each corrective action? PC's and QA supervisor. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA--will incorporate this specifically into the quarterly QA sheet to ensure it is sought out and addressed with the date and the participant. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10.

Scope and Severity:	Widespread / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 5/30/10	**Administrator Initials:**
Administrator Signature (confirms submission of POC):			**Date:** 4/27/10
Team Leader Signature (signifies acceptance of POC):	Debbie Gudnes		**Date:** 4/27/10