IDAHO DEPARTMENT OF HEALTH & WELFARE

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April 21, 2010

J. Micheal Hutchings, Administrator
Exceptional Child Center, Inc. dba
Center for Independent Living
1411 Falls Avenue East, Suite 703
Twin Falls, Idaho 83301

Dear Mr. Hutchings:

Thank you for submitting Center for Independent Living Plan of Correction for Residential Habilitation services dated April 13, 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 Center for Independent Living a full certificate effective May 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. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than May 10, 2010. . You may submit supporting documentation as follows:

Fax to:	208-239-6269
Email to:	lovelanp@dhw.idaho.gov
Mail to:	Dept. of Health & Welfare Survey & Certification 1070 Hiline, Suite 260 Pocatello, Idaho 83201
Or deliver to:	Same as above

You can reach me if you have any questions at 208-239-6267.

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

Pam Loveland-Schmidt

Pam Loveland-Schmidt, DS
Medical Program Specialist
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

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Center for Independent Living
RHA-265

158 Blake St N
Twin Falls, ID 83301
(208) 734-8973

Survey Type: Recertification

Entrance Date: 3/29/2010
Exit Date: 3/31/2010

Initial Comments: Surveyors Present: David Doran, Medical Program Specialist; and Carrie Johns, Medical Program Specialist.

NOTE: This document contains findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and review of the agency's application of IDAPA requirements. In the column labeled "Plan of Correction", the statement should reflect the agency's plan for compliance action and anticipated time for the plan to be implemented.

Observations:

[Participant 1] resides in a Certified Family Home. No observation conducted.

[Participant 2] resides in a Certified Family Home. No observation conducted.

[Participant 3] was observed on Monday, March 29, 2010, in his home. [Participant 3] and his staff were working on meal preparation and creating a shopping list for food items needed. The therapist was very casual in his approach to service delivery and the participant appeared very comfortable in the apartment. A surveyor discussed satisfaction with the participant; there were no issues that were identified. The residents of the apartment were of the same age group (21-30), and the setting was very natural for supported living services.

[Participant 4] was observed on Monday, March 29, 2010, in her home. There were materials identifying the agency throughout her home that were removed by the administrator as surveyors walked through. [Participant 4]'s therapist worked well with her and treated her with respect and dignity. [Participant 4] was engaged in her activity with her therapist, although surveyor questioned the relevance of the skill she was working on. The therapist was running a numbers program, but did not run the program as written. [Participant 4] seemed very comfortable and happy in her home and was vocal about her satisfaction with the program.

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.011.01	Program Implementation Plan	1. Training on developing functional and measurable services and objective began prior to the survey and will continue for professionals. The training entails rigorous instruction on including sufficient information to ensure compliance in service delivery. Additionally, the tabulation of baseline data and formulation of objective criteria for success is also being trained. 2. From a QA perspective, the agency will treat the citation as if it affects all reshab participants. The training currently being provided will correct deficient practices within the agency. 3. The administrator or designee and the QMRP's. 4. The corrective action will be monitored through internal quarterly QA reviews, annual professional performance appraisals, and annual training.
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)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked identification of specific skills in the objectives that were part of the training provided. For example: [Participant 3] had an objective to interact with peers "whenever opportunity arises" and to complete "all the steps" in bathing and in his laundry task. He also had an objective to "follow all the steps of the SAMS program". Another objective stated he will "work on his budget" without specifying the skill to be learned. [Participant 4] had 12 of 13 objectives that were set for 100% success. [Participant 4] also had four programs that were being met at 90%+ success for three months or more, and there was no documentation of changes.	

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

Date to be Corrected: 2010-05-01

Administrator Initials: JMH

Administrator Signature (confirms submission of POC): James M. Hurley — **Date:** 4-13-2010

Team Leader Signature (signifies acceptance of POC): Rebecca Bodhuker — **Date:** 4-15-2010