IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 5, 2010

Shelly Brubaker, Administrator
S.L. Start and Associates
10118 West Overland Road
Boise, ID 83709

Dear Ms. Brubaker:

Thank you for submitting S.L. Start & Associates Plan of Correction for Residential Habilitation services dated June 21, 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 S.L. Start & Associates a full certificate effective September 15, 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 findings listed on the Statement of Deficiencies (NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation). Documentation must be submitted within seven days of the date of completion listed on your agency's plan of correction and no later than **November 15, 2010**. You may submit supporting documentation as follows:

Fax:	(208) 364-1811
Email:	MilesG@dhw.idaho.gov
Mail:	Attn: Greg Miles Division of Medicaid PO Box 83720 Boise, ID 83720-009
Deliver:	3232 Elder Street, Boise, Idaho, 83705

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1828.

Sincerely,

Steve Millard for

GREG MILES
Medical Program Specialist
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

S.L. Start & Associates, Inc. -- Boise
RHA-222

10118 W Overland Rd
Boise, ID 83709-1428
(208) 323-9940

Survey Type: Recertification

Entrance Date: 4/12/2010

Exit Date: 4/16/2010

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist.

Observations:

[Participant 1] was observed in his home. It became evident that his programs do not accurately reflect his current level of functioning. He wants to be able to flex his menu and splurge occasionally. He would like to carry his own Qwest card and learn how to manage his food stamp dollars. He is also interested in culinary school, getting his license to drive, and getting a gym membership. He had concerns about his spending money and the policy and procedure of "having his water temperature checked" for liquids he utilizes. He was also preparing to move to a new home so he can "mentor" a new group of men.

[Participant 3] was observed in her home. She was assisting with cooking dinner. She readily showed the observer around her home. She seemed very content and happy about her living arrangements. It was noted that alarms were on the doors. Documentation indicated that it was for behavioral concerns.

[Participant 4] was observed in her home. She was involved in a group activity to enhance relationships with those that live with her and assist her. She later talked of how she enjoyed her living arrangements and seemed very proud of her interior belongings. There was no indication of agency presence in the environment.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.514.04.b	Provider Reimbursement	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) 04. Residential Habilitation - Supported Living	For one of one participants reviewed for this issue ([Participant 3]), staff interview and documentation indicated that less than 1:1 staffing was being provided without a safety plan in place.	The Program Coordinator will work in conjunction with the PCP team to identify needs and develop a safety plan for individuals who have intense support. This plan will include identified

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. (3-19-07) 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		levels of 1:1 as well. This corrective action applies to all individuals receiving support from SL Start. Clint Harrington - Program Coordinator (QMRP) and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action. Corrective Action completed on 4/27/10.

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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 nursing. Verification of the complex medical condition and the need for this level of service requires medical documentation. (3-19-07)		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-04-27 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.001.02	Policies and Procedures	In accordance with IDAPA 16.03.10 Medicaid Enhanced Plan Benefits, sections 507 through 515- SL Start will provide Person Centered services as they relate to the regulation of water and food and beverage temperatures. Each person's needs will be met with goals that safely encourage community living. To this end, a "Water and Food/Beverage Temperature Compentcy Review" will be conducted with each individual during their Person Centered Planning Meeting process to determine the level of support, if any required to maintain a healthy and safe person-centered environment. SL Start if currently consulting with a number of states and the developers of the Supports Intensity Scale to determine best practice in water and food/beverage competency assessment. Meanwhile, SL Start will have written guardian consent with approved amendments to the Implementation Plan by the Targeted Service Coordinator during implementation of our new least restrictive standard. Each amendment will occur within the next ninety days and no later than September 15, 2010. This corrective action applies to all individuals receiving support
TITLE AND SCOPE. 02. Scope. These rules contain and establish standards and minimum requirements for 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	For all participants reviewed, documentation showed the agency had a policy and procedure to check water temperatures of bath water and hot drinks before a participant utilizes those liquids.	

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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)		from SL Start.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-09-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.011.01	Program Documentation (data/progress)	All baseline statements for each individual identified in the survey will be rewritten to ensure that they are measurable and applicable to the individual. All programs will include clear staff instructions pertaining to each objective outlined in the individual Implementation plan. 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. This corrective action applies to all individuals receiving support from SL Start. Clint Harrington - Program Coordinator (QMRP) and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action. Corrective Action implemented on 6/1/10.
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, program objectives were not measurable. For example, [Participant 1] had a program that stated he would "brush, floss, and rinse his mouth at the appropriate time." Another program stated that every two hours on each day, for 15 minutes a session, he will participate with multiple types of sensory tools and activities that are readily available to him in order to stimulate his mind so that he will not feel the urge to inappropriately invade other's space, causing them discomfort. Both objectives contained multiple componets that could be intrepreted differently by those working with him.	

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 2010-06-01	**Administrator Initials:**
Rule Reference/Text	**Category/Findings**	**Plan of Correction (POC)**	
Scope and Severity:		**Date to be Corrected:**	**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.04	Medication	To meet the requirements of IDAPA 23.01.01 "Rules of the Board of Nursing" SL Start will contract with a psychiatrist to do quarterly psychoactive medication reviews for each individuals receive PRN psychoactive medications. The psychiatrist will be contracted to provide detailed protocols for our staff to use under their direction as authorized by Section 54-1804 (g) of the Idaho Code. Protocols will include nursing oversight as determined by the contracted psychiatrist. Additionally, SL Start will have a Registered Nurse available to provide nursing oversight as may be ordered by the psychiatrist. This corrective action applies to all individuals receiving support from SL Start. Diana Klagas, RN - Nursing Services Director and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action This corrective action will occur no later than 9/15/2010.
302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system forhandling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	For two of four participants reviewed ([Participants 3 and 4]), documentation indicated the use of PRNs for anxiety and agitation (xanax and clonazepam). Description read "as necessary." Staff indicated they do follow a behavior support plan before they assist. However, since direct care staff do assist with the procedure it would be considered beyond the scope of their credentials. There was no documentation found of nursing oversight. Board of nursing references: IDAPA 23.01.01.490.UNLICENSED ASSISTIVE PERSONNEL (UAP). The term unlicensed assistive personnel, also referred to as "UAP," is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term unlicensed assistive personnel also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. (5-3-03) 06. Prohibitions and Limitations. Unlicensed assistive personnel are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. (3-30-07) a. Unlicensed assistive personnel may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills or techniques. (5-3-03) b. Examples of procedures that should not be	

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	delegated to unlicensed assistive personnel include, but are not limited to: viii. Assisting with either preparation or administration of non-routine medications; and (5-3-03)	

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2010-09-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.405.01	Treatment of Participants	SL Start will provide Person Centered Planning services as they relate to identified needs for each person. SL Start will use and/ or develop a Risk Assessment and Safety Plan in conjunction with a Positive Behavior Support plan as it relates to each person. Staff will be trained on each person's needs and protocol that is to be followed in order to meet those needs. SL Start will not utilize restrictive measures without written and approved consent from the individual, guardian, and or department. This corrective action applies to all individuals receiving support from SL Start. Clint Harrington - Program Coordinator (QMRP) and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action. Corrective Action completed on 4/27/10.
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 one of four participants reviewed ([Participant 3]), observation and documentation showed that the participant's home had been equipped with alarms to notify the agency if an individual was leaving. This is considered restrictive in nature. There was no programming found that would indicate a positive component being used with the restriction.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-04-27 | **Administrator Initials:**

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.1	Program Documentation (data/progress)	Each person's data will be reviewed on a monthly basis to determine whether or not criteria is being met. If after a period of 3 months criteria is either above or below the minimum baseline, changes will be made to the goal in order to create opportunity for success. If it is determined by the PCP team that the goal is not appropriate for the individual it may be discontinued as well. Data will be tracked on the Provider Status Review on a monthly basis. This corrective action applies to all individuals receiving support from SL Start. Clint Harrington - Program Coordinator (QMRP) and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action. Corrective Action completed on 6/1/10.
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 four of four participants reviewed, objective data indicated needed changes to programming and there was no documentation that this occurred. For example, [Participant 2] had a social interaction skills program (A) in which data showed percentages of 79%, 75% and 71%. The criteria was 60% for three consecutive months. There was no documentation of changes made. [Participant 2] also had a program for accessing the community in which data percentages were 59%, 27%, 39% and 18%. The baseline for this program was 60%. Success rates for several months below criteria would indicate needed changes. There was no documentation found that changes occurred.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-06-01 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	QA Program	SL Start will develop and implement a formal process of sitting down with the person once their plan has been developed and approved by the department and reviewing the goals, in addition giving them a copy of their plan. At this time, they will also sign a receipt of plan that will remain their permanent file. This corrective action applies to all individuals receiving support from SL Start.
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:	There was no documentation found that indicated that the provider discussed implementation plans with participants and provided them with a copy.	

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A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.		Clint Harrington - Program Coordinator (QMRP) and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action. Corrective Action completed on 4/16/10.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-04-16 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-7.4	Additional Terms	Not only will SL Start notify APS and conduct an internal investigation into all reports of potential abuse, SL Start's administrator and/or designee will ensure that all reports of potential abuse will be reported to the department within the required 48 hour time frame from this point forward. This will be through the use of the Incident Report Form and/or verbal communication. This corrective action applies to all individuals receiving support from SL Start.
A-7.4. Inform the Department within forty-eight (48) hours of any criminal conduct, any accusation of fraudulent, negligent or abusive conduct, and any termination for poor performance by any employee, subcontractor, or agent.	Records indicated abusive conduct by a staff member. The agency did conduct their own internal investigation to resolve the matter, but there was no documentation found that the agency notified the Department within the 48-hour timeframe.	

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		Clint Harrington - Program Coordinator (QMRP) and Shelly Brubaker - Administrator will be responsible for implementation of this corrective action. Corrective Action completed on 4/05/10.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 2010-04-05	**Administrator Initials:**
Administrator Signature (confirms submission of POC): Shelly Brubaker		**Date:** 6-21-10
Team Leader Signature (signifies acceptance of POC): Day Miles		**Date:** 10-5-10

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