IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 8, 2010

Katherine Hansen, Administrator
Jackie Hansen, Program Administrator
Community Partnerships of Idaho –Twin Falls
3076 N. Five Mile Road
Boise, Idaho 83713

Dear Ms. Hansen & Ms. Hansen:

Thank you for submitting Community Partnerships of Idaho –Twin Falls Plan of Correction for Residential Habilitation services dated June 30, 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 Community Partnerships of Idaho –Twin Falls a full certificate effective August 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 July 26, 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 Medicaid-Survey & Certification 1070 Hiline, Suite 260 Pocatello, Idaho 83201
Or deliver to:	Above address

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, Adult & Child DS
Medical Program Specialist
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Community Partnerships of Idaho, Inc. -- Twin Falls
RHA-268

1201 Falls Ave E #34
Twin Falls, ID 83301-
(208) 735-2134

Survey Type: Recertification

Entrance Date: 5/3/2010
Exit Date: 5/4/2010

Initial Comments: Surveyor Present: Pam Loveland-Schmidt, Medical Program Specialist, Survey & Certification.

No observations conducted - Certified Family Home affiliate only.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.a.ii	Provider Records	2. Participant/employee has already been identified. (As a note of correction, it was employee/affiliate #4, not #3). 3. Program Coordinator will be responsible for implementing the corrective action. 4. All files have been checked to ensure this component of rule has been completed. The document is a permanent document that will be kept in each affiliates file.
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) 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.	One of five employee/CFH records reviewed ([Employee 3]) lacked evidence the employee/CFH was a high school graduate or had a GED or demonstrated the ability to provide services according to a plan of service. (The agency corrected the deficiency during survey. The agency must complete questions 2-4 on the Plan of Correction)	

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) a. Direct service staff must meet the following minimum qualifications: (3-19-07) ii. Be a high school graduate or have a GED or demonstrate the ability to provide services according to an plan of service; (3-19-07)		

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.010.22	Program Implementation Plan	1. Implementation Plans and their baselines will be modified to meet criteria set in rule. 2. Implementation Plans for participant files identified during survey will be corrected first. All other participant files will be QA'd to ensure baselines and criteria meet criteria set in rule. 3. Program Coordinator working with each participant will be responsible for implementing these changes. 4. All Program Coordinators in the agency will receive training regarding requirements for implementation plans in rule with documentation of this training being placed in the employee file 5. Participant files identified during survey will be corrected by July 15th. All other participant program plans will be updated during their annual planning meeting, or by October 1, 2010, whichever occurs first.
010.DEFINITIONS – A THROUGH N. For the purposes of these rules the following terms are used as defined below: (3-20-04) 22. Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. (3-20-04)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked implementation plans with measurable objectives, which specifically described the skill to be acquired or service/support to be provided including quantifiable criteria for determining progress towards and attainment of the service, support, or skill and identified a projected date of attainment. For example: [Participant 1]'s baseline for his objective "will complete all items on a checklist" stated he did not utilize a checklist. This baseline did not measure his skill level for this task. [Participant 2]'s baselines for his objectives "help plan a meal"; "take out garbage"; "when laundry is finished, he will put items away"; "wash and rinse dishes" were at 100%, which did not address the level he was at and were not measurable. In addition, his baseline for the objective "will shave his face" was yet to be established, and the objective was started in September 2009. His provider status review for	

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	the objectives "help plan a meal"; "take out garbage"; "when laundry is finished, he will put items away"; "wash and rinse dishes" stated he had made 0% progress from September 2009 through February 2010 with no change or discontinuation of the objective. It appeared as though he was working at a physical prompt; the baseline stated he was at a verbal prompt 100%. The objective was to work at a verbal prompt. [Participant 3]'s baselines for objectives "rinse and load dishwasher" and "choose a healthy snack" were yet to be established, and the objectives were started in November 2009. [Participant 4]'s baseline for the objective "will measure detergent" was yet to be established, and the objective was started in February 2010. Also, see IDAPA 16.04.17.010.22.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:**	**Administrator Initials:** KLP
Administrator Signature (confirms submission of POC): KLP		**Date:** 6/30/10
Team Leader Signature (signifies acceptance of POC): Pam Kaufmann-Schmidt		**Date:** 7/8/10

KLP

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