



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF MEDICAID

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September 28, 2009

Lisa Richards- Evans
High Road Human Development
2201 N Government Way Ste B
Coeur d'Alene Idaho 83814-3658

Dear Ms. Richards-Evans,

Thank you for submitting High Road Human Development Plan of Correction for Residential Habilitation services survey dated 7/29/2009. 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 High Road Human Development a full certificate effective October 1, 2009 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 November 7, 2009. . You may submit supporting documentation as follows:

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

Fax to: (208) 364-1811
Email to: brodhecr@dhw.idaho.gov
Mail to: Medicaid- Elder
Attn: DDA/RH Survey and Certification
PO Box 83720
Boise Idaho 83720
Or deliver to: Department of Health and Welfare
3232 Elder Street, Boise, ID 83720

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

HighRoad Human Services, Inc.
RHA-183

2201 N Government Way Ste B
Coeur d'Alene, ID 83814-3658
(208) 667-3118

Survey Type: Recertification

Entrance Date: 7/29/2009

Exit Date: 7/29/2009

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Additional Terms A-5.10</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-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.</p>	<p>Program Implementation Plan</p> <p>The agency did not have a consistent process or documentation that assured the Implementation Plan was discussed with the participant and that the participant was given a copy of the plan.</p>	<ol style="list-style-type: none"> 1. HHS had created a form that will be used anytime the implementation plan is changed for one of our participants to show that we have gone over the plan and given them a copy. It will be dated, signed by both the participant and/or guardian and the program coordinator. I have attached the form that will be used by HighRoad Human Services. 2. HighRoad Human Services will give each participant on our caseload (7 clients) a new copy of their implementation plan along with the new documentation form to be completed, signed and placed in their file at HHS. 3. The participant's Program Coordinator will be responsible to complete this action. 4. The Program Coordinator will turn in the participant documentation form to the RH Administrator who will then file in clients HHS file. The Program Coordinator will inform the RH Administrator of any implementation plan changes as they occur along with a new participant documentation form signed and dated. 5. The corrective action will be completed by October 31, 2009.

Residential Habilitation Agency

HighRoad Human Services, Inc.

7/29/2009

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

Date to be Corrected: 2009-10-31

Administrator Initials:

Administrator Signature (confirms submission of POE):

Lisa Richards Evans

Date: 9/28/09

Team Leader Signature (signifies acceptance of POE):

Shirley Brodhecker

Date: 9/28/09