IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hiline Rd. Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6277
FAX: (208) 239-6269
Email: dorand@dhw.idaho.gov
Website: www.healthandwelfare.idaho.gov

September 4, 2008

Administrator, Gordon Payton
Milestone Decisions
611 S. Main
Moscow, ID 83843

Dear Mr. Payton,

Thank you for submitting your Plan of Correction for Residential Habilitation services dated 8-28-2008. 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 Milestone Decisions a full certificate effective 9/1/2008 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 November 5, 2008. You may submit supporting documentation as follows:

Fax to:028-364-1811
Email to: fadnessr@dhw.idaho.gov
You can reach me if you have any questions at 208-239-6277.

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

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

RESIDENTIAL HABILITATION AGENCY COMPLIANCE REVIEW

AGENCY NAME: MILESTONES DECISIONS **REVIEW DATE(S):** 6/17/08

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

REVIEW TEAM MEMBERS: Rebecca Fadness, Program Supervisor
Cynthia Jonsson, Clinician
Greg Miles, Medical Program Specialist

SURVEY FINDINGS

Therapy Observation Notes: Both participants live in the same house that they rent. Staff interaction with participants is very positive. Staff was courteous and did not try to speak for the participants during the participant/survey team interactions. Primary areas of concern are that the agency had desk and office material in the participant's home. Since this is the participant's home, the agency should not be occupying space there. A staff person had installed an alarm by the back door so that the participants would be aware of staff entering the home. Staff should not be coming and going in and out of a person's private home without knocking or ringing the doorbell. The agency is removing the alarm.

Deficiencies:	Agency's Plan for Compliance:
16.03.10.705. DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. 01. Residential Habilitation. Providers of residential habilitation services must meet the following requirements: (3-19-07) **d.** Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency and include at a minimum: (3-19-07) i. Instructional techniques: Methodologies for training in a systematic and effective manner;(3-19-07) ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07) iii. Feeding; (3-19-07) iv. Communication; (3-19-07) v. Mobility; (3-19-07)	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?

vi. Activities of daily living; (3-19-07) vii. Body mechanics and lifting techniques; (3-19-07) viii. Housekeeping techniques; and (3-19-07) ix. Maintenance of a clean, safe, and healthy environment. (3-19-07) **16.04.17.202.ADMINISTRATOR.** An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority.**03. Responsibilities.** **b.** Developing and implementing policies and procedures for staff and affiliated residential habilitation provider training, quality assurance, evaluation, and supervision; **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files **lacked evidence as follows:** • Training Policy and Procedure did not reflect rules regarding the training that must be delivered within 6 months of employment or affiliation	
16.04.17.300.POLICY AND PROCEDURE MANUAL. The manual must, at a minimum, include policies and procedures reflecting the following: **06. Emergency Care**. Emergency care measures and crisis and emergency planning. **FINDINGS:** Based upon documents review and interview with Administrator the agency is not in compliance. Agency files **lacked evidence as follows:** • P & P Manual does not reflect ".06. Emergency Care."	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?
16.04.17.301.PERSONNEL.03. Personnel Records k. Evidence that the employee or affiliated residential habilitation provider has received a job description and understands his duties. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • In 4 of 6 files reviewed there were no job descriptions or other evidence that they were received. • There is no evidence of a job description for the Administrator.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?
16.03.10.705. DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. c. Prior to delivering services to a	1. What corrective action(s) will be taken?

participant, direct service staff must complete an orientation program. The orientation program must include the following subjects: **i.** Purpose and philosophy of services; **ii.** Service rules; **v.** Handling of confidential and ***emergency situations*** that involve the waiver participant **vii.** Methods of supervising participants; **viii.** Working with individuals with developmental disabilities **ix.** Training specific to the needs of the participant. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There is no evidence that staff received training in "i","ii" "vii","viii" or "ix" cited above during their orientation training. • There is no evidence that staff received training in emergency situations that involve the participant.	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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?
16.04.17.302.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. **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files **lacked evidence as follows:** • There is no evidence of quarterly participant satisfaction reviews.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?
16.04.17.400.PARTICIPANT RECORDS 02. Required Information. Records must include at least the following information: **a.** Name, address and current phone number of the participant. **c.** Gender and marital status. **n.** Daily record of the date, time, duration, and type of service provided. **16.03.10.704.DD/ISSH WAIVER SERVICES - PROCEDURAL REQUIREMENTS** **02. Provider Records**. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) **a.** Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) i. Date and time of visit; and (3-19-07) ii. Services provided during the visit; and (3-19-07) iii. A statement of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition;	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?

and (3-19-07) iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07) v. A copy of the above information will be maintained in the participant's home unless authorized to be kept elsewhere by the Department. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. (3-19-07) **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files **lacked evidence as follows:** • Address is not current on participant profile • Profile does not include marital status • Record does not include duration for Program Coordination visit. • Record in the participant's home did not include all elements in rule 16.03.10.704.02.a. as noted above.	
16.04.17. 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: 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04) c. Physical restraint. (7-1-95) **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files **lacked evidence as follows:** • Participant #1 had a behavior plan that indicated the use of CPI which allows for physical restraint which is a restrictive intervention. The file did not contain written informed consent.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?
16.04.17.011.DEFINITIONS 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	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action?

date of attainment. **16.03.10.703.DD/ISSH WAIVER SERVICES - COVERAGE AND LIMITATIONS.** **01. Residential Habilitation**. Residential habilitation services which consist of an integrated array of individually-tailored services and supports furnished to eligible participants which are designed to assist them to reside successfully in their own homes, with their families, or alternate family homes. The services and supports that may be furnished consist of the following: c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self direction, money management, socialization, mobility and other therapeutic programs. **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files **lacked evidence as follows:** • Participant 1 has a behavior program that tracks the absence of a behavior rather than a replacement behavior • Participant 1 behavior program does not include the skill to be acquired in the objective. Program must be describe a skill to be acquired, and not written to track the absence of a behavior.	4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?
16.04.17. 402.PARTICIPANT RIGHTS. **d**. Provide each participant with the opportunity for personal privacy and ensure privacy during provision of services; **16.03.10.703.DD/ISSH WAIVER SERVICES - COVERAGE AND LIMITATIONS.** 01. Residential Habilitation. Residential habilitation services which consist of an integrated array of individually-tailored services and supports furnished to eligible participants which are designed to assist them to reside successfully ***in their own homes***, with their families, or alternate family homes. **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?

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lacked evidence as follows: • Supported Living is to be delivered in the participant's own home. Agency does not protect participant's privacy. Agency uses the home of these participants for office furniture and materials. • Participants have a right to privacy in their own home. The agency installed a buzzer at the back door to warn the participants they were entering. When entering the home of others, typically a person knocks or rings a doorbell and waits for the door to be answered prior to entering.	
16.04.17. 011.DEFINITIONS **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. **FINDINGS:** Based upon documents review and interview with Administrator, the agency is not in compliance. Agency files **lacked evidence as follows:** • Program must be describe a skill to be acquired, and not written to track the absence of a behavior.	1. What corrective action(s) will be taken? 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? 3. Who will be responsible for implementing each corrective action? 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? 5. Dates for when the corrective action will be completed?

Survey report completed by: Cyndy Jonsson

Date: 7/10/2008

Agency Administrator Signature: Cliff McAlear

Date: 8-28-08

Plan of correction accepted: Rebecca Judnes

Date: 9/4/08

16.04.17.400

Program coordinator will revise participants' record forms to include the required information for all participants at this home. This required information will include name, address, current phone number, gender, marital status, date and time of visit, service provided, and comment section for any change in participants' condition and, if applicable, participants' responses.
Program coordinator will implement by filling in correct information. Administrator will monitor by reviewing records quarterly as part of quality assurance review.
Completion date: **9/27/08**

16.04.17

Program coordinator will obtain a written informed consent from the guardian for any restrictive intervention. Program coordinator will review records for all participants in this home for any other restrictive intervention.
Program coordinator will implement by entering signed document into participants' records. Administrator will monitor by reviewing participants' records quarterly for signed consent for restrictive interventions.
Completion date: **9/27/08**

16.04.17.011
16.03.10.703

Program coordinator will review all behavior programs for all participants at this home to ensure that they describe a skill to be acquired and are not written to track the absence of behavior.
Program coordinator will implement by making any necessary changes. Administrator will monitor by reviewing any new changes and reviewing any subsequent new behavior programming as part of quality assurance.
Completion date: **10/28/08**

16.04.17.402
16.03.10.703

Administrator will ensure that the office furniture, office materials, and buzzer have been removed at the home. Administrator will ensure personal privacy, and the overall concept of Residential Habilitation as it speaks to the participants' home will be included in our revised orientation and training component. Lead worker will implement this by including it in the training component and documenting on the checklist.
Administrator will monitor by reviewing staff's personal records during regular record review.
Completion date: **10/28/08**

9/4/08

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16.03.10.705
16.04.17.202

Administrator will develop a revised policy and procedure that reflects the requirements of this rule. The lead worker at this home will ensure all staff at this home receive any additional training as required by the new policy and procedure. A checklist of the training will be completed for each staff and kept in their file.
Administrator will monitor by regular review of records. Completion date: **10/24/08**

16.04.17.300

Administrator will develop an Emergency Care policy for crisis and emergency planning at this home. Lead worker will implement by staff training, regular physical drills, and documentation of drills. Administrator will monitor by reviewing documentation and quarterly meeting with lead worker.
Completion date: **10/24/08**

16.04.17.31

Administrator will ensure that there are job descriptions for administrator and direct care staff. Administrator will ensure everyone receives a copy and understands their duties. A copy will be placed in the personnel record.
Administrator will monitor by ensuring this is included in the new employee orientation packet.
Completion date: **9/27/08**

16.03.10.705

Administrator will review and revise orientation program that each direct care staff receives to ensure that the program includes subjects outlined in 16.03.10.705. Lead worker will incorporate this program into his training process and will ensure that all direct care staff at this home receive the additional training if they haven to yet received it. Lead worker will document this training by adding it to training checklist.
Administrator will monitor by regular record review.
Completion date: **10/24/08**

16.04.17.302

Administrator will develop quarterly participant satisfaction surveys. Program coordinator will implement by sending out surveys, reviewing them, and will include them in the quarterly quality assurance report. Administrator will monitor by quarterly quality assurance review.
Completion date: **9/27/08**

9/9/08