IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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DIVISION OF MEDICAID
Post Office Box 83720
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PHONE: (208) 334-5747
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January 6, 2011

Mr. Crowder, Administrator
S.L. Start and Associates
280 West Prairie Avenue, Suite 4
Coeur d'Alene, ID 83814

Dear Mr. Crowder,

Thank you for submitting the Plan of Correction for S.L. Start and Associates dated January 3, 2011, in response to the Residential Habilitation Agency compliance review conducted by the Department on August 18, 2010. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued a full certificate effective January 15, 2011, unless otherwise suspended or revoked.

This certificate is contingent upon correction of deficiencies cited during the compliance review. Your agency is required to submit documentation to substantiate that your Plan of Correction has been implemented. Please submit these documents in the order of citation 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 February 28, 2011. You may submit supporting documentation as follows:

- Fax: (208) 364-1811
  E-mail: milesg@dhw.idaho.gov
- Mail: Attn: DDA/RHA Survey and Certification
  Division of Medicaid - DHW
  P.O. Box 83720
  Boise, ID 83720-0009
- Deliver: Division of Medicaid – DHW
  3232 Elder Street, Boise, ID 83705

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

Sincerely,

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. -- Coeur d'Alene
RHA-188

280 W Prairie Ave Ste 4
Coeur d'Alene, ID 83814
(208) 772-4639

Survey Type: Follow-up

Entrance Date: 8/18/2010

Exit Date: 8/20/2010

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

Follow-up survey from January 2010.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.011.01	Program Implementation Plan	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. Robert Jones - Program Coordinator (QMRP) and Chris Crowder - Administrator will be responsible for implementation of this corrective action. Corrective action completed 8/18/2010
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 all participants reviewed, objectives were not measurable. This was due to systems issue where baseline percentages were being conducted on the independence level. This process did not allow for an actual determination of where the participant's actual skill level was at and, therefore, where the professional should have developed programming needs at the necessary functioning level. This is a REPEAT DEFICIENCY and failure to comply. It is noted the agency is starting the correction process.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 8/18/2010 | **Administrator Initials:** CL

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 individual who receives 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 if ordered by the psychiatrist. This corrective action applies to all individuals receiving support from SL Start. Diana Klagas, RN - Nursing Services Director and Chris Crowder - Administrator will be responsible for implementation of this Corrective action is currently on going as we are looking for a qualified doctor to review and monitor psychotropic prn medications.
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 all participants reviewed for taking PRNs for behavioral issues, documentation showed that direct care staff were asissting with those medications. This was beyond their scope of expertise. Further, directions to take those medications lacked specific protocols as to when the participant should warrant that assistance. Board of nursing references: 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)
01. Not a Substitute for the Licensed Nurse. Unlicensed assistive personnel may complement the
licensed nurse in the performance of nursing functions, but may not substitute for the licensed nurse; unlicensed
assistive personnel may not redelegate a delegated act. (5-3-03)
02. Delegation. The nursing care tasks that may be delegated to unlicensed assistive personnel shall be
stated in writing in the practice setting. Decisions concerning delegation will be determined in accordance with the provisions of Section 400 of these rules. (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 delegated to unlicensed assistive personnel include, but
are not limited to: (5-3-03)
viii. Assisting with either preparation or administration of non-routine medications; and (5-3-03)

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** on going | **Administrator Initials:** CLC

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Provider Agreement A-5.1	Program Implementation Plan	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you
A.5. Quality Improvement. The provider is	The provider status review did not contain	

responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. Results of individual quality improvement reviews conducted by IDHW shall be transmitted to the provider within 45 days of a review being completed. If deficiencies have bee identified by the review, the provider shall submit to IDHW a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to IDHW within 45 days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to IDHW the results of any implemented corrective action plan. 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.	information to address progression, regression, or low implementation. Documentation showed that since the objectives and baselines were not actually concurrent with the prompt level that the participant was working on, it did not reflect "modifications" needed to represent the participant's 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. Robert Jones - Program Coordinator (QMRP) and Chris Crowder - Administrator will be responsible for implementation of this corrective action. Corrective action completed 8/18/2010

Scope and Severity:	Widespread / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 8/18/2010	**Administrator Initials:** LC
Administrator Signature (confirms submission of POC):			**Date:** 1/3/2010
Team Leader Signature (signifies acceptance of POC):	Day Miles		**Date:** 1/4/2010