



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 2, 2009

Administrator, Melanie Scott
Scott Community Care
PO Box 307
Deary, Idaho 83823

Dear Mrs. Scott,

Thank you for submitting your Plan of Correction for Residential Habilitation services dated December 2, 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 Scott Community Care a full certificate effective December 3, 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 for the sample participants within 7 days of the date of completion listed on your agency's plan of correction and no later than April 7, 2010. 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: DDAR/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

DDAR/RH Survey and Certification

Submit by Email

Print Form

Statement of Deficiencies

Residential Habilitation Agency

Scott Community Care
RHA-204

119 New 6th St
Lewiston, ID 83501-2132
(208) 877-1444

Survey Type: Recertification

Entrance Date: 9/29/2009

Exit Date: 9/29/2009

Initial Comments: Surveyor: Rebecca Brodhecker, Program Supervisor.
Agency provides affiliation services only.

Rule Referenced/Text	Category/Findings	Plan of Correction (POC)
16.04, 17.011.01 011 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)	Program Implementation Plan Four of four participant files ((Participants 1, 2, 3, and 4)) Implementation Plans only contained an objective (all objectives set at 100%), but did not contain instructions to staff/providers to include program implementation strategies, data collection, and reinforcement to assure the measurability of those objectives.	All skills building programs will be rewritten and will have instructions for the provider on how to implement and collect data for each skills building program. All formal skills building programs will have a measurable objective, baseline information and program implementation procedures specifically outlined for the provider to insure that skills building programs are ran consistently to increase the validity of data, enhance skill development and retention. SCC has started to implement this process and will have the skills building programs rewritten by no later than 3/31/10.

Residential Habitation Agency

Scott Community Care

9/29/2009

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

Date to be Corrected:

Administrator Initials:

Rule References/Text

Additional Term RH A-5.2

Residential Habitation A-5.2 The Provider informs each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse services, and alternative forms of services available.

Category/Findings

Agency Requirements

Four of four participant files ([Participants 1, 2, 3, and 4]) did not contain documentation that the participant or guardian were informed of benefits, risks, or alternative forms of services available.

Plan of Correction (POC)

All clients will sign an informed consent form, that outlines risks, benefits and alternative options. Proposed form was shared with Rebecca at time of site visit. The process has already started and will be completed for all participants by 1/31/10. All SCC clients prior to this site visit have signed resident rights forms and their service coordinators have shared with them alternative service options. This form will formalize this process.

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Residential Habitation Agency

Scott Community Care

9/29/2009

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

Date to be Corrected:

Administrator Initials:

Administrator Signature (Confirms submission of POE):

Melanie J Scott 20W-I

Date: 11-28-09

Team Leader Signature (Signifies acceptance of POE):

Johnnie Budhecker

Date: 12-2-09