



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

IDAHO DEPARTMENT OF

HEALTH & WELFARE

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
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PHONE: (208) 334-5747
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July 13, 2011

Administrator, Amy Wright
A New Leaf, Inc.
2428 Stokesberry Place
Meridian, ID 83642

Dear Amy Wright,

Thank you for submitting the Plan of Correction for A New Leaf, Inc. dated April 15, 2011, in response to the Residential Habilitation Agency compliance review conducted by the Department on January 6, 2011. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued A New Leaf, Inc. a full certificate effective July 15, 2011, unless otherwise suspended or revoked. Please note the following document stating your supporting documentation has been accepted.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at 364-1848.

Sincerely,

GREG MILES
Medical Program Specialist
DDA/RH Survey and Certification



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A New Leaf, Inc.
2428 Stokesberry Place
Meridian, ID 83642

Dear Amy Wright,

In accordance with IDAPA 16.04.17, your agency certificate was contingent upon the correction of deficiencies. The Department has received documentation to support your agency's Plan of correction. The documented corrections submitted satisfy the Plan of Correction as written. Please assure the ongoing quality assurance processes continue to implement and monitor these changes.

Thank you;

Greg Miles
Medical Program Specialist
Survey and Certification

Statement of Deficiencies

Residential Habilitation Agency

A New Leaf, Inc.

RHA-708

2428 Stokesberry Place

Meridian, ID 83642

(208) 939-3888

Survey Type: Recertification

Entrance Date: 1/3/2011

Exit Date: 1/6/2011

Initial Comments: Survey Team: Eric Brown, Program Supervisor; Greg Miles, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.010.22 010. 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)	Implementation Plan For 1 of 4 participant records reviewed ([Participant #4]), there was no documentation found to meet the rule for specifically showing on-going evaluation, data-based progress, and satisfaction from the participant with the program. Specifically, status reviews showed a need for modification and was not found to occur.	The programs for Participant #4 have been updated and their status review has been updated to reflect data and modification. In order to identify other participants, all files will be reviewed for modification and satisfaction needs. The program coordinator is responsible for assessing all data in order to evaluate for satisfaction and mastery. In order to prevent future oversight, the PC has created a spreadsheet to track monthly monitoring of programs and satisfaction. All participant's programs have been reviewed and modified when needed as of April 15, 2011.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 4-15-11**Administrator Initials:** **Rule Reference/Text**

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)

Category/Findings

Program Implementation Plan

For 3 of 4 participant records reviewed ([Participants 1, 2, and 3]), there were objectives found that could not be measurable in regards to given specific criteria to be met.

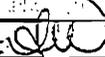
For example:

[Participant 1] had programs to have healthy dinners and to follow a cleaning schedule. Both of those areas could have multiple variables that vary from day to day.

[Participant 3] had programs to express feelings in a socialable acceptable manner, and to stay near staff. These programs did not define the parameters in which they should be accomplished.

Plan of Correction (POC)

All participant files have been reviewed for programs that needed to be modified for measurability. Complex programs have been modified so that they concentrate on a single variable when needed. The PC has also increased the strength of directions to staff during the modification. Since all files were reviewed and updated as needed, no further review is needed at this time. PC is now aware and trained on writing measurable and simple variable programs to avoid any future deficiencies. All files updated as of 4-15-11.

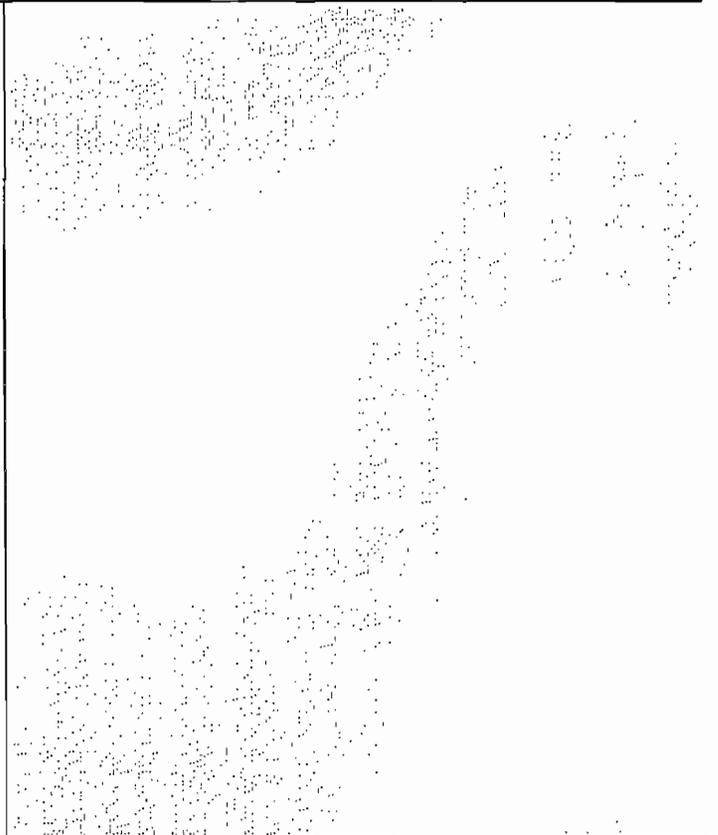
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 4-15-11**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Additional Term RH A-5.2</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. 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 been 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:</p> <p>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.</p>	<p>QA Program</p> <p>For all participants reviewed, there was no documentation found that indicated that the participants had been informed of "attendant risks".</p> <p>The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.</p>	<p>Our intake paperwork has been supplemented and modified to include attendant risks. All participants were notified and informed. For all future participants, the attendant risks will be addressed during intake. The PC will be responsible to inform the participants during intake. Completed as of 4-15-11.</p>
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 4-15-11</p> <p>Administrator Initials: <i>She</i></p>

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>QA Program</p> <p>For all participants reviewed, there was no documentation found that the provider discussed the implementation plan with the participant and provided him/her with a copy of that plan.</p> <p>The agency corrected the deficiency during the course of the survey. The agency is required to</p>	<p>All participants were provided additional/new implementation plans during survey to ensure proper documentation. We have created a column on our documentation spreadsheet so that we can document when participants have received their plans. The new documentation method will allow the PC to ensure that all current and future participants receive their own copy of the plans. Completed as of 4-15-11.</p>

A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.

answer questions 2-4 on the Plan of Correction.



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

Date to be Corrected: 4-15-11

Administrator Initials:

Administrator Signature (confirms submission of POC): *Amey S. Wright*

Date: 4-15-11

Team Leader Signature (signifies acceptance of POC): *Dy Miles*

Date: 7/13/11