IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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DIVISION OF MEDICAID
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Boise, Idaho 83720-0009
PHONE: (208) 334-5747
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July 25, 2011

Kendra Kinde, Administrator
Kinde Kare, LLC
4453 Ute Place
Boise, ID 83704

Dear Ms. Kinde:

Thank you for submitting the Plan of Correction for Kinde Kare, LLC dated June 9, 2011, in response to the Residential Habilitation Agency compliance review conducted by the Department on February 10, 2011. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued Kinde Kare, LLC a full certificate effective July 21, 2011, unless otherwise suspended or revoked.

This certificate is contingent upon correction of deficiencies cited during the compliance review. 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 for your patience and accommodating us throughout the survey process. If you have any questions, you can reach me at 364-1828.

Sincerely,

Steve Millard for

GREG MILES
Medical Program Specialist
DDA/ResHab Survey and Certification

GM/sm

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Kinde Kare, LLC
RHA-1055

4453 Ute Pl
Boise, ID 83704
(208) 830-2051

Survey Type: Recertification

Entrance Date: 2/7/2011
Exit Date: 2/10/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.d.i-ix	Training	Feeding module has been added to the employee training log. Feeding area has been added to the employee training check off list, which will require an employees signature. All employees will be trained on feeding procedures. The administrator, program coordinator and house managers will ensure training is complete, and each employee has signed the training check off list providing documentation that they have been trained in the area of feeding. All employee training check off sheets will be reviewed quarterly by the administrator.
705. DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant	There was no documentation found supporting that staff received training in the area of feeding.	

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(supported living), must be employed by a Residential Habilitation Agency. 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) 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)		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 7-7-2011 **Administrator Initials:** KK

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.02	Program Implementation Plan	Reviewed participant annual planning process. Additional training to the administrator, and program coordinator provided by the Idaho Department of Health and Welfare PIPS Module 2 completed. Reviewed annual assessments. All participants PIPS reviewed to ensure an accurate baseline percentage is established . Objectives are written to address the particular need identified for each participant, has been written in measurable terms and meets the requirements outlined in PIPS training module. Administrator, program coordinator will be responsible for all participant PIP reviews. Quality assurance check off list has been added to each participants quarterly review to ensure compliance.
302. SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04) See also... 16.04.17. 010. DEFINITIONS – A THROUGH N. For the purposes of these rules the following terms are used as defined below: 22. Implementation Plan. Written documentation of participants' needs, desires, goals and	For all the participants reviewed, baseline data often was stated at 0%. The process used that resulted in 0% baselines did not establish a measurable objective, which must be included as documentation of planning.	

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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) See also... 16.04.17. 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) See also... 16.04.17. 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) k. Habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program. (3-20-04)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 7-7-2011 | **Administrator Initials:** KK

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10 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	QA Program For all particpants reviewed, there was no documentation found that the provider discussed the implementation plan and provided the participant with a copy.	Annual Planning form modified to include an area foreach participant/guardian to sign stating they had program implementation plan discussed with them, and received a copy of the implementation plan. Review all participant files, discuss and provide all participants a copy of there implementation plans. Administrator will obtain participant/guardian signatures on annual planning form to provide appropriate documentation.

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following criteria:

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

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

Date to be Corrected: 7-7-2011

Administrator Initials: KK

Administrator Signature (confirms submission of POC): Kendra Kinde

Date: 6/9/2011

Team Leader Signature (signifies acceptance of POC): Joy Miles

Date: 7/21/11

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