



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  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

April 5, 2011

Michael Wilson, Administrator  
Inclusion North, Inc.  
213 N. Main Street, Suite 1  
Moscow, ID 83843

Dear Mr. Wilson:

Thank you for submitting the Plan of Correction for Inclusion North, Inc. dated 3/31/11, in response to the Residential Habilitation Agency compliance review conducted by the Department on February 14<sup>th</sup>, 2011. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued Inclusion North, Inc. a full certificate effective April 5, 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 July 8, 2011. You may submit supporting documentation as follows:

- Fax: (208) 364-1811
- E-mail: [ALC@dhw.idaho.gov](mailto:ALC@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 (208) 364-1906.

Sincerely,

ERIC D BROWN  
Program Supervisor  
DDA/RH Survey and Certification

# Statement of Deficiencies

Residential Habilitation Agency

Inclusion North, Inc.

RHA-198

213 N Main St Ste 1

Moscow, ID 83843

(208) 888-1758

Survey Type: Recertification

Entrance Date: 2/14/2011

Exit Date: 2/17/2011

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; and Eric Brown, Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.301.03.j 301.PERSONNEL. 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following: (3-20-04) j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	Criminal History [Employees 2 and 4]'s files did not contain documentation that the "state only" background check was completed through the Idaho State Police. The staffs' hire dates and previous criminal history checks necessitated that, at a minimum, the "state only" check be completed as stated in IDAPA 16.05.06.300.02.a-b. Review of [Employees 1 and 3]'s files revealed that the dates between when the criminal history applications were notarized and the dates the staff were fingerprinted exceeded the 21-day requirement stated in IDAPA 16.05.06.150.	1. What corrective action(s) will be taken? Inclusion North, Inc. will ensure verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks". 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? Inclusion North, Inc. will (1) complete a comprehensive review of employee files to ensure current records are in compliance; and, will update our QA program to target verification of "state only" background checks completed through ISP on transfers; and, the 21-day requirement stated in IDAPA 16.05.06.150 is complied to. 3. Who will be responsible for implementing each corrective action? Quality Assurance Specialist and RH Program Director.

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

Quarterly QA Reviews will be completed and reviewed by Administration to ensure compliance.

5. By what date will the corrective action be completed? (A field for this question is provided on the form)

**Scope and Severity:** Pattern / No Actual Harm - Potential for More Than Minimal Harm

**Date to be Corrected:** 07/01/2011

**Administrator Initials:** Initials (Maximum 2-Character)

**Administrator Signature (confirms submission of POC):**

Michael Wilson

Digitally signed by Michael Wilson  
DN: cn=Michael Wilson, o=Inclusion, Inc., ou=Operations, email=mwilson@inclusion.org, c=US  
Date: 2011.03.31 18:52:35 -0800

**Date:** 2011-03-31

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



**Date:** 4/5/11