



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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April 27, 2011

Katherine Hansen, Administrator
Community Partnerships of Idaho
3076 N. Five Mile Road
Boise, ID 83713

Dear Katherine,

Thank you for submitting the Community Partnerships of Idaho, Inc. Plan of Correction dated April 21, 2011. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Community Partnerships of Idaho, Inc. a full three (3) year certificate effective from *April 2, 2011* through April 1, 2014. *jm*

According to IDAPA 16.04.11.203.01, 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 within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than July 8, 2011. 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: ALC@dhw.idaho.gov
Mail to: Medicaid- Elder
Attn: DDA/RH Survey and Certification
PO Box 83720
Boise Idaho 83720
Or deliver to: Department of Health and Welfare
3232 Elder Street, Boise, ID 83720

Thank you for your patience and accommodating us through the survey process. You can reach me if you have any questions at (208) 364-1906.

Eric Brown
Program Supervisor
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Community Partnerships of Idaho, Inc. -- Regions 3 and 4
4COMPRT012-2

3076 N Five Mile Rd
Boise, ID 83713-
(208) 376-4999

Survey Type: Recertification

Entrance Date: 2/22/2011

Exit Date: 2/25/2011

Initial Comments: Survey Team: Noralee Fitch, FACS; Sarah Czaja, FACS; Heather Olsen, FACS; Melissa Woods, FACS; Greg Miles, Medicaid; and Eric Brown, Medicaid.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.03.f 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) 03. Fire and Safety Standards. (7-1-06) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)	Facility Standards During review of the agency's Mountain Home facility, an open can of Comet cleanser was found in a restroom unsecured. This was corrected immediately. 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.	2. How will the agency do to identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? This does not apply to individual participants but a quarterly safety inspection checklist will be completed to ensure compliance. 3. Who will be responsible for implementing each corrective action? Safety Committee Representative, Safety Committee Director, Program Director, and Developmental Executive Director. 4. How will the corrective action(s) be monitored to ensure the consistent compliance with IDAPA Rules? This will be added to the Safety Committee June Quarterly meeting agenda and has been added to the safety inspection checklist that is completed quarterly in order to ensure that all hazardous or toxic materials are locked up.

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

Date to be Corrected: 2/20/11 **Administrator Initials:** TR

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.500.03.h</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>h. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (7-1-06)</p>	<p>Facility Standards</p> <p>During the review of the agency's Emmett location, emergency phone numbers were not found in the area of the phone. This issue was corrected immediately.</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>2. How will the agency do to identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? This does not apply to individual participants but a quarterly safety inspection checklist will be completed to ensure compliance.</p> <p>3. Who will be responsible for implementing each corrective action? Safety Committee Representative, Safety Committee Director, Program Director, and Developmental Executive Director.</p> <p>4. How will the corrective action(s) be monitored to ensure the consistent compliance with IDAPA Rules? This will be added to the Safety Committee June Quarterly meeting agenda and has been added to the safety inspection checklist that is completed quarterly in order to ensure that all emergency phone numbers are posted on phones.</p>

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

Date to be Corrected: 2/20/11 **Administrator Initials:** TR

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.500.04</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)</p>	<p>Facility Standards</p> <p>During the review of the agency's Mountain Home and Emmett facilities, it was noted that not all of the evacuation plans identified each location of the facility's fire extinguishers. The evacuation plans were corrected immediately.</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>2. How will the agency do to identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? This does not apply to individual participants but a quarterly safety inspection checklist will be completed to ensure compliance.</p> <p>3. Who will be responsible for implementing each corrective action? Safety Committee Representative, Safety Committee Director, Program Director, and Developmental Executive Director.</p> <p>4. How will the corrective action(s) be monitored to ensure the consistent compliance with IDAPA Rules? This will be added to the Safety Committee June Quarterly meeting agenda and has been added to the safety inspection checklist that is completed quarterly in order to ensure that all evacuation plans have the location of the fire extinguishers identified.</p>

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

Date to be Corrected: 2/20/11

Administrator Initials: TR

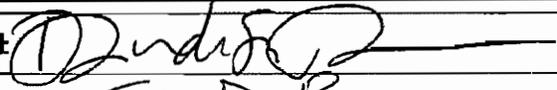
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.02</p> <p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All</p>	<p>Implementation Plan</p> <p>Review of participant files revealed that 6 of 7 original baselines for [Participant D] were set at 0% and 10 of 12 original baselines for [Participant F] were set at 0%. Baselines of 0% do not adequately address the participant's skill</p>	<p>1. What corrective action will be taken? A review of all baseline statements will be completed to ensure that they address the participant's skill level and abilities related to the specific skill to be learned.</p>

Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)
 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)

level and abilities and does not tell the developmental specialist where to start the intervention, but only indicates what the child cannot do, not what the child can do.

2. How will the agency do to identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? All files pulled in the sample will be corrected and submitted by July 1, 2011 All other files will be updated by October 1, 2011.
3. Who will be responsible for implementing each corrective action? DS's, Program Director, and Developmental Executive Director.
4. How will the corrective action(s) be monitored to ensure the consistent compliance with IDAPA Rules? Training for all DS's and Program Directors will be held to ensure that all baseline statements will be completed and corrected to ensure that they address the participant's skill level and abilities related to the specific skill to be learned. This will be added to our QA form for file review. The QA's are required annually for each file to ensure compliance with IDAPA rules.
5. By what date will the corrective action will be completed? All files pulled in the sample will be corrected and submitted by July 1, 2011. All other files will be updated by October 1, 2011.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 7/1/2011 **Administrator Initials:** TR

Administrator Signature (confirms submission of POC):  **Date:** 4/27/2011

Team Leader Signature (signifies acceptance of POC):  **Date:** 4/27/11