

# Statement of Deficiencies

Residential Habilitation Agency

Grand Teton Service Group, Inc.  
RHA-313

325 Chamberlain  
Idaho Falls, ID 83402  
(208) 528-7443

Survey Type: Investigation

Entrance Date: 2/27/2012

Exit Date: 2/27/2012

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.704.02.a.i-v	Provider Records	Participants were moving homes along with 21 other clients on that day. Programs were not documented because the books were packed into boxes.
704.ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) i. Date and time of visit; and (3-19-07) ii. Services provided during the visit; and (3-19-07) iii. A statement of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and (3-19-07) iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced	Based on record review of 2 of 2 participant records, the agency failed to ensure documentation of the service provided as required by rule.  For example:  Participant 1 and Participant 2's records were reviewed during home visit on 02/27/12. It was confirmed that staff had not documented skill training for 02/24/12 and 02/25/12, and some of the programs were documented for 02/26/12. It was verified that the medication was documented, except for 02/27/12. The staff stated the medications had been given for the morning, but had not been documented for the morning. It was 12:40 p.m. when investigators arrived at the home.  In addition, Participant 1's documentation was reviewed. The legend used for toileting lists a "U" for urinated/wet and urinated/toilet, but it	1.Training conducted by the QMRP on programing documentation and med documentation was done on 2/29/12 and again on 3/19/12 to follow up on initial training. Additional training on this issue is scheduled for 5/2/12 and will continue at approximately 45 day intervals going forward. 2,3,4.All documentation of programing is reviewed monthly by the QMRP and supervisors to ensure proper documentation procedures are being followed. All documentation of med logs is done monthly by the nursing staff to ensure that all meds are logged correctly. If any participants are found to be affected at any time the QMRP will conduct additional training to ensure that errors do not occur.  The data sheet and program instruction was revised and training conducted on 3/19/12 to provide a clear indication of what staff were to document on the toileting program.

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by their signature on the service record. (3-19-07)  
 v. A copy of the above information will be maintained in the participant's home unless authorized to be kept elsewhere by the Department. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. (3-19-07)

was unclear how the staff determines between the two. When the staff was asked about the documentation, she stated that the supervisor trained her to put the "U" to the side of the documentation box when she wet herself. This documentation was unclear. The Program Implementation Plan states to run the toileting program every three hours (7am; 10am; etc.) and conduct a "dry pants 30 min. check." There was no documentation of toileting for 02/24/12, 02/25/12, and some documentation for 02/26/12, but not documented in accordance with the Program Implementation Plan.

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

**Date to be Corrected:** 2012-03-19

**Administrator Initials:** RB

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.705.01.a.vii</p> <p><b>705.ADLT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.</b> 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)</p> <p>01. Residential Habilitation -- Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and must be capable of supervising the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (7-1-11)T</p> <p>a. Direct service staff must meet the following minimum qualifications: (3-19-07)</p> <p>vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. (3-19-07)</p>	<p>Staff Qualifications</p> <p>Based on record review 2 of 2 participant records, documentation was included of "sensory" and "range of motion" exercises conducted by direct care staff who lacked the appropriate certification or licensure to perform tasks which require certification or licensure.</p> <p>For example:</p> <p>Participant 1's record included Program Implementation Plans addressing sensory programs and range of motion, such as: pressure brushing; prone on wedge-hip flexion; knee extension-ROM in knees; and hip abduction.</p> <p>Participant 2's record included Program Implementaton Plans addressing sensory programs such as: oral stimulation; sensory stimulation; arm massage-increase circulation in the participant's arms and hands; and signing.</p> <p>Both participant records lacked documentation of an OT/PT/SLP assessment requiring this type of program and documentation the Res Hab</p>	<p>1. PT and sensory goals being removed as formal goals and will be addressed through physical therapist and occupational therapists as needed. All plans will be revised having PT and sensory goals removed as formal goals from all participants by 4/30/12.</p> <p>2. Assessments were scheduled and conducted for both participants on 3/13/12 for PT and speech was done on 3/7/12 for both participants. All other participants are being reviewed to ensure that pt/ot/slp have been done and are included in their records. A review of all participants files and needed assesments will be done by 5/15/12.</p> <p>3. The QMRP and the Nursing staff will implement the review process for all participants and implement corrective action for those participants found to be needing PT/OT/SLP</p> <p>4. The QMRP will review quarterly recommendation made by the PT/OT/SLP to ensure that all participant needs in this area are being addressed by qualified individuals.</p>

Thursday, April 19, 2012

staff was qualified to implement OT/PT/SLP goals. On 02/28/12, the agency submitted documentation of PT assessments for Participant 1 and Participant 2. Participant 1 apparently received physical therapy two times per year and was seen in February 2011, at which time the participant was scheduled for another appointment in July 2011. The appointment was missed and was not rescheduled. Participant 2 was seen by the PT in 2007. The agency nurse stated the PT no longer needed to see her, but the assessment did not state that.

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

**Date to be Corrected:** 2012-05-15

**Administrator Initials:** RR

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Additional Terms A-5.1</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>A-5.1 A participant's implementation plan should be modified when there are changes in circumstances, abilities, or a re-assessment to ensure that public funds are expended for appropriate services in the most cost-effective manner.</p>	<p>QA Program</p> <p>Based on record review, 1 of 2 participant records (Participant 1) did not contain evidence that the agency's quality assurance program ensured Participant Implementation Plans were modified when there were changes in circumstances and abilities.</p> <p>For example:</p> <p>Participant 1 chokes on liquids and any food. The Physician's Medical Care Evaluation, dated 04/15/2011, states the participant should be seen annually or "other-PRN." There was no documentation of a medical assessment or visit since July 2011. In addition, the toileting objective was reviewed and the instructions stated to run the program starting at 7:00 a.m.; 10:00 a.m.; 1:00 p.m.; 4:00 p.m.; 7:00 p.m.; and end at 9:45 p.m. The agency documentation and discussion with staff confirmed the participant needs to be prompted to go to the toilet prior to 7:00 a.m. or the participant soils self and bed. The current program did not meet the participant's needs and had not been modified to meet current needs.</p>	<p>1. Swallow study was done. Results are still pending at this time. A followup is scheduled for 4/18/12. Staff training was done on this issue on 2.29/12 and 3/19/12. to ensure proper positioning and alignment of participant during eat/drinking. Additional training and plan revision if needed will be conducted as soon as results of swallow study are received.</p> <p>Toileting program was revised on 3/1/12 to show that prompting should begin at 6:00. QMRP noted that the applicable baseline data for this participant from the said toileting program showed that she had no wetting incidents in bed for 3 weeks after training was conducted. Additional follow up training on this issue is scheduled for 5/1/12.</p> <p>2. QMRP quarterly reviews will include any participant change in condition as well as programming needs. Changes and program revisions will occur at this time as needed by the participant.</p> <p>3,4. Data from this program will be reviewed monthly by the QMRP to determine if further revisions to the plan are necessary.</p> <p>On 2/29/12 and 3/19/12 staff training was conducted on reporting procedures for changes in client behavior and/or client needs/condition.</p>

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In addition, there was no evidence the participant's condition was addressed during the professional's quarterly visit.

Also, see IDAPA 16.04.17.302.03.

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

Date to be Corrected: 2012-05-15

Administrator Initials: BR

Administrator Signature (confirms submission of POCL):

*Alex A. Redden*

Date:

Team Leader Signature (signifies acceptance of POCL):

*Pam Lowland-Schmitt*

Date: 5/25/12