



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 23, 2011

Rex Redden, Administrator
Mary Whitaker, Program Manager
Grand Teton Services Group
P.O. Box 50457
Idaho Falls, Idaho 83405

Dear Mr. Redden & Ms. Whitaker:

Thank you for submitting Grand Teton Services Group's Plan of Correction for Residential Habilitation services dated May 5, 2011. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Grand Teton Service Group a full certificate effective April 1, 2011 unless otherwise suspended or revoked.

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. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than **June 10, 2011**. You may submit supporting documentation as follows:

Fax to: 208-239-6269
Email to: lovelanp@dhw.idaho.gov
Mail to: Dept. of Health & Welfare
Medicaid-Licensing & Certification
1070 Hiline, Suite 260
Pocatello, Idaho 83201
Attn: Pam Loveland-Schmidt
Or deliver to: Above address

You can reach me if you have any questions at lovelanp@dhw.idaho.gov or 208-239-6267.

Thank you for your patience and accommodating us through the survey process.

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
DDA/RH Licensing and Certification

Statement of Deficiencies

Residential Habilitation Agency

Grand Teton Service Group, Inc. RHA-313	325 Chamberlain Idaho Falls, ID 83402- (208) 528-7443
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Survey Type: Recertification **Entrance Date:** 3/22/2011
Exit Date: 3/23/2011

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

Observations:

[Participant 1] was observed in the home with [Employee 3]. The participant was in his bedroom in bed when the surveyor arrived. The employee informed the supervisor that the participant stated that he did not feel good and his throat hurt. The supervisor informed the employee to get him into the doctor. No skill training was observed due to the participant not feeling well. This was discussed with the QMRP and she informed the surveyor that they were working with his physicians and family to adjust his medications.

[Participant 2] was observed in the home with [Employee 2]. No formal goals were worked on during the observation.

[Participant 3] was observed in the home with [Employee 4]. The participant had locked himself in his room when the surveyor arrived for the observation. The staff member was sitting outside the door attempting to get the participant to open the door. The participant was displaying behaviors and the supervisor was able to de-escalate the situation. The participant then let us into his room to talk to him. The participant calmed down and was willing to talk to the surveyor and employee. The situation was handled well by the supervisor and the employees. It was noted that the participant had bought the supervisor a drink and gave it to her. This was discussed with the QMRP.

[Participant 4] was observed in the home with [Employee 5]. It was unclear what objectives were worked on due to [Participant 3]'s behaviors. This participant and the employee went to his bedroom until the situation was de-escalated.

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	Implementation Plan Four of four participant records reviewed ((Participants 1, 2, 3, and 4)) lacked evidence the program implementation plans were measurable.	1. All plans will be reviewed correct components that enable said plan objectives to be measurable. 2. Any plans of said participants that are found to be lacking in this component will be revised to provide for measurement of said objective.



Friday, April 15, 2011

Residential Habilitation Agency		Grand Teton Service Group, Inc.	3/23/2011
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)	<p>For example:</p> <p>For [Participant 1]'s objective "wake up and take his medication", there was an inability to determine how the agency measured this objective as it was unclear whether this was a behavior or whether this was an issue of medications causing him to not wake up. The objective was not measurable as written.</p> <p>[Participant 2]'s objective to track the number of hours he sleeps each night was not measurable as written.</p> <p>For [Participant 3]'s objective regarding stealing, "will not take others' belongings or money with an average of 0 episodes of stealing", there was an inability to determine what replacement skill was being taught.</p> <p>[Participant 4]'s objective regarding inappropriate words/comments, "will not say swear words or make inappropriate comments", needed to be in the positive tone and teach a skill to replace the behavior. This objective was not measurable as there was an inability to determine whether he made the decision to not swear or just did not think about swearing.</p> <p>Also see IDAPA 16.04.17.011.01</p>	<p>3.The QMRP will correct any plans found to have said errors and implement the new corrected plans through the supervisors and direct care staff.</p> <p>4. After revision each plan will be reviewed by the administrative team and each new plan will be reviewed as developed to ensure that correct components for appropriate measurement are included.</p> <p>5. Corrective action will be effective no later than May 20, 2011.</p>	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.203.06	Training	1. CPR, first aid, and universal precautions will be taught weekly to all new employees as part of the orientation training process.	
203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required	Two of five employee records reviewed ((Employees 1 and 6)) lacked documentation of training in First Aid, CPR and universal precautions.	2. This Infraction could be a potential danger to all participants due to lack of training of said employees, therefore proper training procedures have been implemented to correct this deficiency.	
	For example:	3. The supervisors are responsible for scheduling the orientation for all new hires where they will be taught first aid and cpr by a	



Residential Habilitation Agency	Grand Teton Service Group, Inc.	3/23/2011
<p>initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive orientation training in the following areas: (3-20-04)</p> <p>06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)</p>	<p>[Employee 1]'s record lacked documentation of current First Aid, CPR, and universal precautions training.</p> <p>[Employee 6]'s record lacked documentation of universal precautions training.</p> <p>Also see IDAPA 16.04.17.301.02.i and IDAPA 16.03.10.705.01.a.iii.</p> <p>(REPEAT DEFICIENCY FROM 2009 SURVEY)</p>	<p>certified first aid/ cpr instructor and universal precautions will covered in orientation by our LPN.</p> <p>4. All employee files will be reviewed on a quarterly basis by the Quality Assurance Staff to ensure that no employees lack the correct training or documentation of said training.</p> <p>5. All corrective action will be implemented by 5/20/2011</p>

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.301.03.j</p> <p>301.PERSONNEL</p> <p>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)</p> <p>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)</p>	<p>Criminal History</p> <p>Two of five employee records reviewed ([Employees 1 and 2]) lacked documentation the agency verified satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks" for employees.</p> <p>For example:</p> <p>[Employee 1]'s record lacked documentation that his DHW criminal history background check was completed within 21 days once the agency</p>	<p>1. All employee files will be reviewed for completion that the proper background check process was completed and in addition that said employees will have in each file a copy of the appropriate clearance letter from the correct agencies.</p> <p>2. This deficiency has the potential to affect all of said participants. Any employee found to be lacking the proper clearance letter(s) in their files will be suspended until said clearance is obtained. In addition no new employees will be allowed to begin employment until said agencies give clearance and list the employee(s) status as available to work.</p> <p>3. Supervisors will be responsible for scheduling all background checks during the orientation process. The Quality Assurance Staff will be conducting quarterly reviews of all current staff to</p>

Friday, April 15, 2011



Residential Habilitation Agency	Grand Teton Service Group, Inc.	3/23/2011
	<p>had reviewed and notarized the self-declaration.</p> <p>[Employee 2]'s record lacked documentation of a DHW criminal history background check.</p> <p>(Agency corrected during survey)</p> <p>See also 16.03.10.705.01.a.vi.</p>	<p>ensure background checks exist and are current for all employees. The QA staff will also double check that all new employees are in available status before allowing said employees to work with said participants.</p> <p>5. All new and corrective actions will be implemented by 5/20/2011.</p>
Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm		Date to be Corrected:
		Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.03	Service Provision Procedures	
302. SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)	<p>Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked evidence the agency conducted a review of services at least quarterly or more often if required by the participant's condition or program.</p> <p>For example:</p> <p>[Participants 1, 2, 3, and 4]'s records included evidence of quarterly participant satisfaction but no documentation of a quarterly review of services by the Program Coordinator.</p> <p>Also see Provider Handbook 3.11.4.</p>	<ol style="list-style-type: none"> 1. Quarterly review documentation will be implemented in order to document reviews done by QMRP. 2. Said deficiencies have the potential to harm all participants. QMRP will perform quarterly reviews. 3. QMRP will perform reviews quarterly at a minimum. Additional reviews will performed as deemed necessary. 4. Client files will be reviewed quarterly by QA staff. 5. May 20, 2011.



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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.400.02.i</p> <p>400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>	<p>Participant Records</p> <p>Four of four participant records reviewed ((Participants 1, 2, 3, and 4)) lacked evidence the records included results of age appropriate functional assessments.</p> <p>For example, [Participants 1, 2, 3, and 4]'s records included SIB-Rs, but no functional assessments.</p>	<p>1. Annual functional assessment will be implemented by the QMRP. 2. Said deficiencies have the potential to harm all participants. QMRP will perform annual functional assessments. 3. QMRP will complete age appropriate functional assessment annually, and revisions will be made to the assessment(s) as necessary. 4. Client files will be reviewed quarterly by QA staff to ensure assessments are in place. 5. May 20, 2011.</p>



Friday, April 15, 2011

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.408.08.c.ii</p> <p>405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04)</p> <p>08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04)</p> <p>c. Physical restraint. (7-1-95)</p> <p>ii. Physical restraint may be used in a non-emergency setting when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.0310, "Medicaid"</p>	<p>Treatment of Participants</p> <p>Two of four participant records reviewed - ([Participants 1 and 2]) lacked documentation of rule-compliant behavior plans.</p> <p>For example:</p> <p>[Participant 1]'s record included restrictive interventions and, per the QMRP, they have had to utilize restraints. However, the behavior plan was not signed by the previous QMRP for the Behavior Consultation.</p> <p>[Participant 2]'s record did not include a behavior plan for aversives/restrictives, but the plan stated Behavior Consultation was authorized. There were notes, but they did not address which behaviors were worked on during consultation.</p>	<p>1. All restrictive program interventions will be reviewed.</p> <p>2. Participants will identified as program interventions are reviewed and corrective action will be taken at that time by adding additional information to the plans and additional training with said staff.</p> <p>3. QMRP will be responsible for the restrictive program intervention review and change implementation, and supervisor will be responsible for additional training with direct care staff.</p> <p>4. Administrative team will review all restrictive programs quarterly and ongoing training will be documented and reviewed by the QMRP on a monthly basis.</p> <p>5. May 20, 2011</p>



Friday, April 15, 2011

Residential Habilitation Agency	Grand Teton Service Group, Inc.	3/23/2011
Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required.		

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<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>A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.</p>	<p>QA Program</p> <p>Four of four participant records reviewed ((Participants 1, 2, 3, and 4)) lacked documentation that the provider discussed the implementation plans with the participants and provided him/her with a copy of each plan.</p>	<p>1. Documentation will be generated showing revisions to plans have been reviewed with participants and each participants will receive a copy of said revisions.</p> <p>2. Said deficiencies have the potential to harm all participants. QMRP will complete documentation upon review of said participants plans and revisions to plans.</p> <p>3. QMRP will perform reviews with said participants when new plans or revisions are implemented. Additional reviews will be performed as deemed necessary.</p> <p>4. Client files will be reviewed quarterly by QA staff to ensure reviews are in place.</p> <p>5. May 20, 2011.</p>



