IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hiline Rd. Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6267
FAX: (208) 239-6269
Email: lovelanp@dhw.idaho.gov
Website: www.ddacertification.dhw..idaho.gov

August 22, 2011

Thana Singarajah, Ph.D., Administrator
Pearl Group Homes-Res Hab
1740 E. 17th, Suite A
Idaho Falls, Idaho 83404

Dear Dr. Singarajah:

Thank you for submitting Pearl Group Homes's Plan of Correction for Residential Habilitation services dated August 22, 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 Pearl Group a full certificate effective September 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 **September 9, 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.

Sincerely,

Pam Loveland-Schmidt

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

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Pearl Group Homes
RHA-2498

1740 E 17th St Ste A
Idaho Falls, ID 83404-6375
(208) 346-7500

Survey Type: Initial

Entrance Date: 4/18/2011
Exit Date: 4/19/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.a.v	Training	1. What corrective action(s) will be taken? The 3 employees listed on the findings had not yet taken the assisting with medications class and had not been assisting the participants with their medications. Each employee will participate in the assistance with medication class prior to assisting participants with medications. A copy of each certificate will be placed in each employee's file prior to the employee assisting with medications. 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? All participants who take medications have the potential to be affected. Employees will participate in assisting with medications class prior to assisting those participants who take medications. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will not schedule an employee to assist with medications unless they have participated in the class and a copy of the certificate is in the employee file.
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	Three of eight employee records reviewed ([Employees 3, 6, and 8]) lacked documentation that direct service staff met the minimum rule qualifications of assisting with medications.	

(supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07) a. Direct service staff must meet the following minimum qualifications: (3-19-07) v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other department-approved training. Staff previously trained on assistance with medications by a licensed nurse but who have not completed this course must meet this requirement by July 1, 2007. (3-19-07)		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review employee file upon being hired and quarterly for documentation to meet the rules.

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** ZW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.b	Qualified Professional	1. What corrective action(s) will be taken? All training will be completed by the QIDP/program director.
705.DD 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.	Eight of eight employee records records reviewed ([Employees 2, 3, 4, 5, 6, 8, and 9]) lacked documentation that all skill training for direct service staff was provided by a Qualified Mental Retardation Professional (QMRP) who had demonstrated experience in writing skill training programs. For example, [Employees 2, 3, 4, 5, 6, 8, and 9]'s records stated skill training in the home was conducted by [Employee 4], whose record did not include documentation of QMRP qualifications.	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? All participants have the potential to be affected. Each employee will only receive skill training from a qualified intellectual disability professional. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will complete and document all skills training. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will complete and document all skills training for each employee.

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: (3-19-07) b. All skill training for direct service staff must be provided by a Qualified Mental Retardation Professional (QMRP) who has demonstrated experience in writing skill training programs. (3-19-07)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** ZW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.c.i-ix	Training	1. What corrective action(s) will be taken? The orientation signature page will be revised to address participant rights, working with people with developmental disabilities, understanding participant's specific needs, review of services, service rules and proper conduct in relating to waiver participants. The employee will initial and sign orientation prior to working with participants. 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? All participants could be affected and each new employee will participate in orientation training prior to working with participants. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will complete each orientation training and placed in employee's record. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will complete the orientation training and review record prior to employee working with participants.
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 (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07)	Seven of nine employee records reviewed ([Employees 1, 2, 3, 4, 6, 8, and 9]) lacked documentation of training prior to delivering services to a participant. Direct service staff must complete an orientation program per rule requirements. For example: [Employees 2, 3, 4, and 6]'s records lacked documented training for: participant rights; working with individuals with developmental disabilities; understanding of participant's specific needs; review of services; purpose and philosophy of services; service rules; and proper conduct in relating to waiver participants. [Employee 8]'s record lacked documented training for: participant rights; working with individuals with developmental disabilities; understanding of participant's specific needs; methods of supervising participants; review of services; purpose and philosophy of services; service rules; policies and procedures; proper conduct in relating to waiver participants; and handling of confidential and emergency	

c. Prior to delivering services to a participant, direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-19-07) i. Purpose and philosophy of services; (3-19-07) ii. Service rules; (3-19-07) iii. Policies and procedures; (3-19-07) iv. Proper conduct in relating to waiver participants; (3-19-07) v. Handling of confidential and emergency situations that involve the waiver participant; (3-19-07) vi. Participant rights; (3-19-07) vii. Methods of supervising participants; (3-19-07) viii. Working with individuals with developmental disabilities; and (3-19-07) ix. Training specific to the needs of the participant. (3-19-07)	situations that involve the participant. [Employee 9]'s record lacked documented training for: participant rights; working with individuals with developmental disabilities; understanding of participant's specific needs; review of services; purpose and philosophy of services; service rules; policies and procedures; and proper conduct in relating to waiver participants. In addition, [Employee 1]'s MANDT training certificate expired October 31, 2010, for another agency and was not renewed for the current agency. The agency's policies and procedures and the participant rights stated, "The agency will use physical restraint only in an emergency. Physical restraint will only be used for safety measures and if the participant or another person is at risk of being injured. The staff utilizing a physical restraint will be trained in the 'Mandt' techniques and will not use restraint to change behavior and only after more positive behavior interventions have been used." [Employee 1] was not certified to utilize or train on MANDT. The employee utilized emergency restraints and provided training to staff on how to restrain [Participant 3]. Also, see IDAPA 16.04.17.203.01-06	

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.06	Training	1. What corrective action(s) will be taken? Prior to an employee working with the participants, the employee will receive certification in First Aid and CPR. The employee will receive universal precautions training at the orientation.
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 initially prior to accepting participants. All	Two of seven employee records reviewed ([Employees 3 and 8]) lacked documentation that the agency assured employees received the required orientation training prior to accepting participants. This training included first aid, CPR, and universal precautions. Also see IDAPA 16.03.10.705.01.a	

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) 06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)		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? All participants have the potential to be affected. Each employee will not begin working with participants until they have received training on universal precautions and First Aid and CPR certification. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will review each prospective employee to make sure CPR and First Aid certification has been acquired. Universal precautions will be trained by the QIDP at each orientation. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QIDP/program director will complete all orientation training and ensure First Aid and CPR certification is completed.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** 2011-06-01 **Administrator Initials:** ZW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.301.03.j	Criminal History	1. What corrective action(s) will be taken? Criminal history background applications will be completed, reviewed, and notarized prior to the employee starting. The QIDP will review all potential employees and decide who needs a criminal background check and who needs Idaho police. If the employee has had a criminal history background check in the past 3 years an Idaho State police records check will be completed at orientation and received within 21 days of the employee being hired. The criminal history unit will be contacted and have the background check changed to Pearl Group homes immediately after orientation.
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)	Three of eight employee records reviewed ([Employees 4, 8, and 10]) lacked documentation that the agency verified satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, " Criminal History and Background Checks". For example: [Employee 4]'s record lacked documentation that the criminal history check was completed per IDAPA requirements prior to working with participants. The employee's hire date was January 24, 2011, and was available to work per	

	CHC on February 22, 2011. The agency documents stated that she assisted with medications for [Participant 1] on February 1, 2011. [Employee 8]'s record lacked documentation that the criminal history check was completed per IDAPA requirements prior to working with participants. The employee was hired on March 28, 2011. The self declaration form was completed on April 5, 2011, but was not notarized and his finger prints were not completed until April 12, 2011. [Employee 10]'s record lacked documentation that the criminal history check was completed per IDAPA requirements prior to working with participants. The employee was hired on February 16, 2011, and was available to work per CHC on March 8, 2011. The agency documents stated she assisted with medications for [Participant 1] on February 16, 2011. Also see IDAPA 16.03.10.705.01.a.vii.	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? All participants have the potential to be affected and each employee will follow the above protocol. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will complete the corrective action. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP will review all applications for potential employees, will review all new employee files for correct paperwork and qualifications, and existing employee files will be reviewed quarterly for needed requirements.

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-06-01 | **Administrator Initials:** ZW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.02	Program Implementation Plan	1. What corrective action(s) will be taken? All program implementation plans will address a replacement behavior. If an objective does not address a need for the participant at the time the plan will be implemented this objective will be deleted or placed on hold until the need will be addressed. All implementation plans will be revised to change the prompt hierarchy in order for accurate information to be related. 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? All participants have the potential to be affected and each
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	Five of five participant records reviewed ([Participants 1, 2, 3, 4, and 5]) lacked documentation that the Program Implementation Plans (PIPs) met rule requirements. For example: [Participant 1]'s record included a program for aggression that stated, "Will decrease the number of aggressive outbursts towards others with an average of 0 or less episodes per month of assaulting another person for an average of 3 consecutive months." This program did not teach a replacement skill. In addition, she had	

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)	an objective for "courteous skills" and within the instructions it talked about utilizing these skills with her roommate(s), although she currently lives alone. This objective does not seem to be appropriate at this time. There were no baselines to determine progress. The instructions stated, "Document 'S' if staff are needed to physically assist or prompt her on how to complete the chore." The QMRP would not be able to determine what prompt level she is at with this process. In addition, the prompt level should start at the least restrictive option, not the most restrictive. [Participants 2, 3, 4, and 5]'s PIPs for "follow schedule and chores" stated the same as [Participant 1] regarding documenting an "S". The PIPs lacked the baselines as listed above and the PIPs did not contain the projected date of skill obtainment.	program implementation plan will be addressed for each participant. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will write, revise, and implement all program implementation plans. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review all program implementation plans on a monthly basis when completing provider status reviews and as needed throughout the plan year.

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.01	Participant Records	1. What corrective action(s) will be taken? Staff training will be provided on documenting appropriately to ensure that all entries are dated, signed with signatures and initials, and signed in ink.
400. PARTICIPANT RECORDS. 01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An	Four of five participant records reviewed ([Participants 1, 2, 3, and 4]) lacked documentation that all entries made into a participant record were dated and signed in ink. For example, [Participants 1, 2, 3, and 4]'s	

individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)	records included dates, times, and initials for some of the entries, but signatures and initials were not consistent. Also see IDAPA 16.03.10.704.02.	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? All participants have the potential to be affected. QIDP/program director will provide staff training on accurate documentation techniques. 3. Who will be responsible for implementing each corrective action? The QIDP/program director. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QIDP/program director will monitor data collection monthly for correct documentation entries.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** ZW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.a	Participant Records	1. What corrective action(s) will be taken? All participant profile records will be revised to include name, address, current phone number, dietary information, and a list of medications. 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? All participants have the potential to be affected. Upon admission to Pearl Group Homes, each participant will have a participant profile record completed to include a name, address, current phone number, dietary information and medications.
400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) a. Name, address and current phone number of the participant. (3-20-04)	Four of five participant records reviewed ([Participants 2, 3, 4, and 5]) lacked evidence that records included at least the following information: name, address, and current phone number of the participant. For example: [Participants 2, 3, and 5]'s profile sheets lacked the telephone number. [Participant 4]'s record lacked a profile sheet with all information required in rule.	

	[Participant 5]'s profile sheet lacked a list of medications or diet considerations on the form. Also see IDAPA 16.04.11.400.02.b-g	3. Who will be responsible for implementing each corrective action? The QIDP/program director will complete participant profile record upon admission. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review participant records quarterly to ensure all needed information is in each participant record.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.i	Participant Records	1. What corrective action(s) will be taken? An age-appropriate functional assessment will be completed for each participant and placed in each participant's file. 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? All participants have the potential to be affected. A functional assessment will be completed for each participant and updated yearly or as needed. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will complete a functional assessment for each participant upon admission, yearly and/or as needed. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review participant records quarterly to ensure all needed information is in each participant
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)	Five of five participant records reviewed ([Participants 1, 2, 3, 4, and 5]) lacked documentation of the results of age-appropriate functional assessments. For example, [Participants 1, 2, 3, 4, and 5]'s records lacked functional assessments; they included the SIB-R only.	

record.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.j	Participant Records	1. What corrective action(s) will be taken? A copy of each participants psychological assessments will be obtained from service coordinator and placed in each participant's record. 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? Participants will be identified by reviewing med/social/Dev completed by ICDE for information regarding psychological assessments. Psychological evaluations will be obtained from service coordinators and placed in each individual's record. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will review med/social/dev assessment completed by ICDE office and request information needed from service coordinator. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review participant records quarterly to ensure all needed information is in each participant record.
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) j. Psychosocial information. (7-1-95)	Three of five participant records reviewed ([Participants 2, 4, and 5]) lacked documentation the records included psychosocial information. For example: [Participant 2]'s Med/Soc/Dev completed by ICDE stated a psychological assessment was completed on June 15, 2009. There was no documentation of this assessment in the record. [Participant 4]'s Med/Soc/Dev completed by ICDE stated a psychological assessment was completed April 1, 2009. There was no documentation of this assessment in the record. [Participant 5]'s Med/Soc/Dev identified a psychological assesment by Pearl Group Homes in January 2011. There was no documentation of this assessment in the record.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.l	Participant Records	1. What corrective action(s) will be taken? Training will be provided to each employee on documenting incident reports correctly during orientation and ongoing training will be provided as needed. 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? All participants have the potential to be affected. Every employee will be trained on how to complete and incident report. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will provide all skill training to employees. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review incident reports as needed for proper documentation and training will be provided at orientation and as needed.
400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) l. Record of significant incidents, accidents, illnesses, and treatments. (7-1-95)	Two of five participant records reviewed ([Participants 1 and 3]) lacked records of significant incidents, accidents, illnesses, and treatments. For example: [Participant 1]'s behavior incident report had a section that addressed physical assistance or restraints. This was not completed on the incident report dated February 28, 2011, which was when the individual cut her wrist in the shower. [Participant 3]'s incident report dated April 4, 2011; included the question, "Was this a safety issue for client, home or other?" The staff checked "no" when the incident included a staff "egging" the participant on to hurt another staff, swear, and be aggressive. This appears to be a training issue on how to complete the incident reports. See IDAPA 16.03.10.705.01.c.iii regarding the policies and procedures.	

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.402.01.a	Participant Rights	1. What corrective action(s) will be taken? Each participant and/or legal guardian will be informed of participant rights upon admission to Pearl Group Homes and sign as acknowledging they have been informed of these rights.
402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04)	One of five participant records reviewed ([Participant 4]) lacked documentation that the residential habilitation agency followed it's own a written policy outlining the personal, civil, and human rights of all participants, and informing the participant or his legal guardian of these rights.	

a. Inform each participant, or legal guardian, of the participant's rights and the rules of the agency; (3-20-04)	For example, [Participant 4]'s record lacked documentation that the participant or participant's legal guardian was informed of the participant's rights.	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? All participants have the potential to be affected. Upon admission each participant and/or legal guardian will sign they have been informed of participant's rights. 3. Who will be responsible for implementing each corrective action? The QIDP/program director will review participant rights upon admission to Pearl Group Homes to participant and/or legal guardian. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review participant records quarterly to ensure all needed information is in each participant record.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.408.08.c.ii	Treatment of Participants	1. What corrective action(s) will be taken? Restraint will not be used unless staff have been certified in a recognized restraint course and and all positive behavior interventions have been utilized as listed in policy and procedures for Pearl Group Homes. 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? All participants have potential to be affected. QIDP/program director will write and revise behavioral programs to use positive behavior interventions and remove restraint instructions.
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) 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) c. Physical restraint. (7-1-95)	One of five participant records reviewed ([Participant 3]) lacked evidence that no physical restraints were used on participants prior to the use of positive behavior interventions with informed consent. [Participant 3]'s record lacked documentation of a written behavior plan that included positive behavior interventions prior to the use of restraints. This individual had documented behaviors that warranted the development of a behavior plan. No plan was developed and use of restraints had been utilized.	

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 Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required.	In addition, [Employee 1]'s MANDT training certificate expired October 31, 2010, for another agency and was not renewed for the current agency. The agency's policies and procedures and the participant rights stated, "The agency will use physical restraint only in an emergency. Physical restraint will only be used for safety measures and if the participant or another person is at risk of being injured. The staff utilizing a physical restraint will be trained in the 'Mandt' techniques and will not use restraint to change behavior and only after more positive behavior interventions have been used." [Employee 1] was not certified to utilize or train on MANDT. The employee utilized emergency restraints and provided training to staff working in the home on how to restrain [Participant 3].	3. Who will be responsible for implementing each corrective action? The QIDP/program director will write and revise all behavior implementation programs. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review all program implementation plans on a monthly basis when completing provider status reviews and as needed throughout the plan year.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** ZW

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Term RH A-5.2	QA Program	1. What corrective action(s) will be taken? Each participant and/or legal guardian will be informed of the services to be received, the expected benefits and attendant risks of receiving those services, the right to refuse services, and alternative forms of services available upon admission to Pearl Group Homes. 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? All participants have the potential to be affected. Upon admission each participant and/or legal guardian will sign they have been informed of the services to be received, the expected benefits and attendant risks of receiving those services, the right to refuse services, and alternative forms of services available upon admission to Pearl Group Homes.
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. Results of individual quality improvement reviews conducted by IDHW shall be transmitted to the provider within 45 days of a review being completed. If deficiencies have bee identified by the review, the provider shall submit to IDHW a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to IDHW within 45 days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to IDHW the results of any implemented corrective action plan. At a	One of five participant records reviewed ([Participant 4]) lacked evidence the provider informed each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, the right to refuse services, and alternative forms of services available. For example, [Participant 4]'s record lacked evidence the agency provided the above information. In addition, the agency records did not include this information for [Participants 1, 2, 3, and 5]; however, this was corrected during the course of the survey.	

minimum quality of services shall be evaluated according to the following criteria: A.5.2. The provider informs each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse services, and alternative forms of services available.		3. Who will be responsible for implementing each corrective action? The QIDP/program director will review the services to be received, the expected benefits and attendant risks of receiving those services, the right to refuse services, and alternative forms of services available upon admission to Pearl Group Homes to participant and/or legal guardian. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review participant records quarterly for all needed information required by IDAPA.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-06-15 | **Administrator Initials:** nd

Rule Reference/Text	Category/Findings	Plan of Correction [POC]
Additional Terms A-5.10	QA Program	1. What corrective action(s) will be taken? A signature page will be provided for participants and/or guardians to sign upon admission to indicate the QIDP/program director discussed the implementation plans and have been provided a copy of the plans.
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: A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.	Five of five participant records reviewed ([Participants 1, 2, 3, 4, and 5]) lacked evidence the provider discussed the implementation plan(s) with the participant and provides him/her a copy of each plan.	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? All participants have the potential to be affected by the deficiency. The QIDP/program director will provide the participant and/or guardian a copy of implementation plans upon admission to Pearl group Homes. 3. Who will be responsible for implementing each corrective action? The QIDP/program director.

		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The QIDP/program director will review participant records quarterly for all needed information required by IDAPA.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 2011-06-15	**Administrator Initials:** ZW
Administrator Signature (confirms submission of POC): Zaling R Warr		**Date:** 8/22/11
Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmidt		**Date:** 8/22/11

Thana Singarajah

Pearl Group Homes Inc.

1740 E. 17th Street, Suite A

Idaho Falls, Idaho 83404

Date: August 21st 2011

To whom it may concern,

I am giving Zak Warren, temporary status as administrator of Pearl Group Homes in my absence from the USA until my return on September 6th 2011.

Sincerely,

Thana Singarajah

Zakary R Warren

Zak Warren, LCPC