



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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August 16, 2011

Rob Freeman, Administrator  
Belmont Management, Inc.  
4806 Hawthorne  
Chubbuck, Idaho 83202

Dear Mr. Freeman:

Thank you for submitting Belmont's Plan of Correction for Residential Habilitation services dated August 9, 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 Belmont 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](mailto:lovelanp@dhw.idaho.gov)  
Mail to: Dept. of Health & Welfare  
Medicaid-Licensing & Certification  
1070 Hilina, 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](mailto:lovelanp@dhw.idaho.gov) or 208-239-6267.

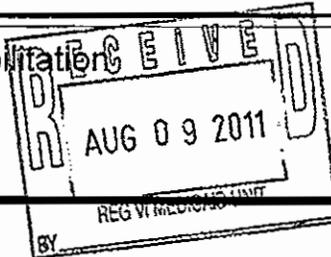
Thank you for your patience and accommodating us through the survey process.

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

# Statement of Deficiencies

Residential Habilitation Agency

Belmont Residential Habilitation  
RHA-220



4806 Hawthorne Rd  
Chubbuck, ID 83202-2325  
(208) 238-5950

Survey Type: Recertification

Entrance Date: 5/17/2011

Exit Date: 5/18/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.06 203. 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 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)	Training  Two of six employee records reviewed ((Employee 2 and 3)) lacked documentation of current First Aid and CPR certification.  For example:  [Employee 2]'s record included documentation of First Aid/CPR certification expired on January 30, 2011, and the employee was not re-certified until May 5, 2011.  [Employee 3]'s record included documentation of First Aid/CPR certification that expired on August 19, 2010.  In addition, see IDAPA 16.03.10.705.01.a.iii	Employee 3 was contacted and completed his First Aid/CPR certification before being allowed to return to work. He completed it on 5/20/2011.  Currently, new employees spend the first few weeks of employment with Belmont, attending mandatory trainings while waiting for background checks to be completed. They are not allowed to work with clients until completing these trainings.  Human Resources will compile a current list of employees who are within 2 months of expiration on these mandatory trainings. This list will be taken to our monthly staff meetings. Supervisors will also be held responsible for assuring that employees are informed when they are near expiration.  Employees who fail to recertify in CPR/First Aid will be suspended from working with clients until these trainings are current. Human Resources will work with the supervisors to assure that this policy is being followed.  This POC will be implemented immediately.

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

**Date to be Corrected:** 2011-07-08

**Administrator Initials:** *WJ*

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) 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>One of seven employee records reviewed ((Employee 7)) lacked evidence the agency assured Criminal History rule compliance.</p> <p>For example, [Employee 7]'s record lacked documentation that his Criminal History Check was completed per rule requirements. The Criminal History Check in his record, dated May 4, 2009, was for another agency.</p> <p>(The agency corrected the deficiency during survey. The agency must answer questions 2-4 on the Plan of Correction).</p> <p>Also see IDAPA 16.03.10.705.01.a.vii.</p>	<p>Human Resources will conduct an internal audit of current employees to assure that all have been properly background checked. In the event that she finds an employee without a proper BG check, she will work with the supervisor to have the person suspended from working with clients until it is completed and they are approved.</p> <p>Human Resources will assure that all new employees are sent in for their Criminal History Background Checks during orientation. New hires coming from other agencies will also be sent in for their background checks during orientation. Supervisors will not be cleared to place individuals on the schedules until the background check has cleared.</p> <p>This audit will be completed by 8/1/2011. The Administrator will provide follow up to assure it has been conducted.</p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.302.05</p> <p>302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)</p>	<p>Participant Records</p> <p>Three of four participant records reviewed ((Participants 2, 3, and 4)) lacked evidence the agency submitted semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor.</p>	<p>The QIDPS will be responsible for writing and submitting the semi annual and annual status reviews to the plan monitor by the required date.</p> <p>The QIDP will fax or email the status review to the plan monitor. They will then print out a copy for the consumer record. They will sign their name and write the "sent on" date directly on this copy, as documentation that the status review was submitted.</p> <p>This POC will be effective for all status reviews submitted from this date (7/8/11) forward.</p>

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-07-08 **Administrator Initials:** JLF

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.402.01.c</p> <p>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</p>	<p>Participant Rights</p> <p>Four of four participant records reviewed ((Participants 1, 2, 3, and 4)) lacked documented evidence they were informed of alternative forms of services available.</p>	<p>The Belmont Management Residential Habilitation Admissions Agreement will be revised to include information on alternate forms of services available to our consumers. All of our current consumers are affected by this deficiency. The Administrator) will be responsible for revising the</p>

<p>promotes the rights of each participant and includes the following: (3-20-04)                  c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)</p>	<p>In addition, see Additional Terms A-5.2.</p>	<p>Admissions Agreement form to reflect this change.</p> <p>After this revision has been made, The QIDPs will be responsible for assuring that all current consumers have a signed copy of the revised form in their records.</p> <p>All new Belmont consumers will sign the revised form upon admission.</p> <p>The form will be revised and current consumers will have it signed by September 1st 2011. All new consumers coming to Belmont after this date will sign the revised form.</p>
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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm      **Date to be Corrected:** 2011-09-01      **Administrator Initials:** *RJR*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Provider Handbook 3.11.4                  3.11.4 Program Coordination.                  Program coordination is a function under RES/HAB. Program Coordination is defined as development, implementation, coordination, and evaluation of personal assistance, habilitation, and skills training provided for the participant as components of RES/HAB developed by a QMRP and delivered by a RES/HAB provider. Agencies providing oversight of RES/HAB must employ a program coordinator. Program coordinators must have the following qualifications:                  • Education and experience to meet the criteria</p>	<p>Individual Service Plan                  One of four participant records reviewed ((Participant 2)) lacked documentation of the emergency contact specific to RES/HAB services identified on the Individual Service Plan.</p>	<p>During each consumer's annual planning meeting and upon the initial planning meeting for all new consumers, the QIDP will be responsible for assuring that the plan developer has a current emergency contact number for Belmont Management. The number which will be provided, will be the direct cell phone number for the QIDP.</p> <p>Upon receiving a copy of the completed plan from the plan developer, the QIDP will review the plan to assure that the correct number has been included. In the event that this number is not included or is incorrect, the QIDP will contact the plan developer and provide the correct number. This will be done through email to provide documentation that QIDP has</p>

established for qualifying as a QMRP for DD and ISSH Waiver participants.

- Experience in writing skills-training programs.
- Skill in individualized strategy development and implementation to assist the participant in meeting wants and needs within the scope of RES/HAB.

Core Functions of the Program Coordinator include the following:

- Face to face contact with direct service provider(s) and/or participant regarding oversight, supervision, and provision of RES/HAB.
- Implementation plan development.
- Evaluation, analysis, and/or revision of implementation plans.
- Phone contacts specific to RES/HAB services identified on the ISP.
- Attendance at participant meetings specific to RES/HAB services identified on the ISP.
- Emergency contact specific to RES/HAB services identified on the ISP.

provided this information.

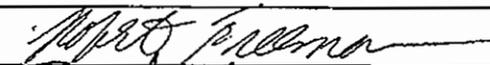
This POC will be effective immediately for all yearly and initial plans from this date (7/8/11) forward.

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

**Date to be Corrected:** 2011-07-08

**Administrator Initials:**

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



**Date:** 2011-08-09

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



**Date:** 8/16/11