



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

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August 6, 2012

Aaron Thain, Administrator
AAA Homecare
PO Box 1368
Nampa, ID 83653

Dear Mr. Thain:

Thank you for submitting the Plan of Correction for AAA Homecare dated July 27, 2012, in response to the Residential Habilitation Agency compliance review conducted by the Department from June 11, 2012, to June 15, 2012. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued AAA Homecare a full certificate (enclosed) effective July 1, 2012 until June 30, 2015, unless otherwise suspended or revoked. This certificate is contingent upon correction of deficiencies cited during the compliance review.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 364-1828.

Sincerely,

FREDÉ TRENKLE-MACALLISTER
Medical Program Specialist
DDA/ResHab Certification Program

FTM/slm

Enclosure

Statement of Deficiencies

Residential Habilitation Agency

AAA Homecare

324 B Caldwell Blvd

RHA-262

Nampa, ID 83651

(208) 466-3196

Survey Type: Recertification

Entrance Date: 6/11/2012

Exit Date: 6/15/2012

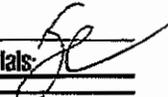
Initial Comments: Survey Team: Eric Brown, DDA/ResHab Supervisor, Licensing and Certification; Fredé Trenkle-MacAllister, Medical Program Specialist, Licensing and Certification.

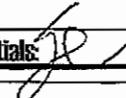
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.202.03.b	Administrator	
202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04) 03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04) b. Developing and implementing policies and procedures for agency staff and provider training, quality assurance, evaluation, and supervision; (8-5-11)T	<p>Review of agency documentation revealed that the administrator had not ensured implementation of the agency's policy and procedures for staff training.</p> <p>For example:</p> <ul style="list-style-type: none"> • Five of 10 employee files reviewed (Employees 1, 5, 6, 7, and 8) lacked documentation of CPR/First Aid Training. • Two of 10 employee files reviewed (Employees 3 and 4) lacked documentation of "Assistance with Medications" training. • Four of 10 employee files reviewed (Employees 3, 4, 7, and 9) lacked documentation of training for "Disabilities" and "Understanding of Participants' Needs." • One of 10 employee files reviewed (Employee 	<ol style="list-style-type: none"> 1. New QA measures adopted to ensure more prompt/thorough compliance with Agency policies, including updated annual file review process with new RH Manager timeline for QA review, Admin. procedures to review progress and document on checklist. 2. N/A. Not participant-specific issue, rather specific to Manager and Admin. Any Participant-specific deficiencies would be identified at time of annual internal review. 3. RH Manager J Casten and AAA Admin A Thain 4. Admin. to review QA progress with RH Manager as indicated on checklist. 5. Already underway. QA text updated since 6/28 for this Plan of Correction; Admin ResHab QA review process underway w/ new IDAPA rules printed out for review. <p>-refer to attachment 1 (updated Policy & Procedure text) -refer to attachment 2 (Administrator review of ResHab QA)</p>

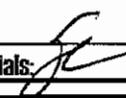
9) lacked documentation of training for "Rights," "Supervision," and "Review of Services."

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

Date to be Corrected: 2012-07-11

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.203</p> <p>203. STAFF 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 with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (8-5-11)T</p>	<p>Training</p> <p>Review of the agency's personnel records revealed a lack of documentation for various orientation trainings as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. This deficiency was determined through agency document review which revealed the following:</p> <p>Two of 10 employee files reviewed (Employees 3 and 4) lacked documentation of "Assistance with Medication" training as required by IDAPA 16.03.10.705.01.a.v.</p>	<p>Staff were hired in 1998 by previous Management without enforcement of Meds requirement d/t waiver letter written by staff citing ADA, Fair Housing Act, etc. At the time of Agency Review, Agency was informed this waiver was not acceptable. Since current management in 2005, ALL new Staff hired by AAA Home Care are required to have Meds certification unless they will not be administering Meds to the Participant, in which case the lack of Meds administration/assistance for Participant will be noted in Staff file.</p> <ol style="list-style-type: none"> 1. Staff in question will be certified for Assistance with Medications ASAP. For all future hires, revised checklist prepared at time of hire will indicate Staff's Meds training. Annual staff file review will include check for Meds documentation. 2. N/A- all Staff files reviewed at time of Agency Review, no further Participant/Staff files to be identified for this citation. Further potential deficiencies to be determined at time of annual internal review. 3. RH Manager J Casten 4. This task itemized in Administrator review of ResHab QA. 5. Dale Dutt enrolled for 7/30, Rebecca Dutt completed as of 7/25. Staff work with the same Participant so they cannot attend on the same date. Certification of training to be supplied to Health and Welfare by 8/17/12. <p>refer to attachment 3 (Meds waiver page for R Parker) refer to attachment 4 (Provider document checklist)</p>
<p>Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm</p>		<p>Date to be Corrected: 2012-08-17</p> <p>Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.01	Training	
203. STAFF 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 with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (8-5-11)T 01. Rights. Personal, civil, and human rights. (7-1-95)	Based on review of the agency's personnel files, it was determined that one of 10 employees (Employee 9) lacked documentation of training on "Rights."	Documentation of Implementation Plan review with Staff could not be located in archive. Participant's Implementation Plan shared with survey staff includes information on Participant Rights. 1. Program Coordinator review Implementation Plan with Staff before any further services administered by Staff. 2. N/A- survey staff examined ALL Staff files, found this to be the only one in violation. For future internal review and all new hires, Agency will verify each Staff has documentation of initial orientation to Participant's Implementation Plan. 3. ResHab Manager J Casten 4. For any new Participants after 7/11/12, this task itemized in Administrator review of ResHab QA. 5. Already complete. Program Coordinator reviewed 2011 Implementation Plan and Negotiated Service Agreement with Staff, documented in Home Visit form dated 6/26/12. 2012 Plan currently in process. refer to attachment 5 (DeLeon HV)
Scope and Severity:	Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected: 2012-07-11 Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.02	Training	
203. STAFF 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	Based on review of the agency's personnel files, it was determined that four of 10 employee files reviewed (Employees 3, 4, 7, and 9) lacked documentation of training on "Disabilities."	Participant Disabilities have always been a topic of Employee training. Training method reviewed/ approved in 2009. 1. Shortcoming in documentation identified in Jan '12, QA plan already being implemented. Implementation Plan review signature page amended to list "disabilities." Form goes to Participant file, copy to Staff file. Relative to this specific citation, Participant-specific information reviewed with Employee #9, amended signature form signed and dated 6/26/12.

Residential Habilitation Agency	AAA Homecare	6/15/2012
<p>required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (8-5-11)T</p> <p>02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)</p>		<p>2. Implementation determined by Annual Plan date. Plans already placed in 2012 have been processed with procedure listed above. Plan dates later in 2012 will have new procedure adopted at time of Plan placement. To be reviewed/verified during internal file review Spring 2013, and any remaining deficiencies will be corrected at time of next Program Coordinator Home Visit.</p> <p>3. Documents to be signed and dated by Program Coordinator at the time of initial/annual Plan review with Staff; documents to be verified and filed by RH Manager J Casten.</p> <p>4. This task itemized in Administrator review of ResHab QA.</p> <p>5. Reviewers indicated Agency's QA was an acceptable timeline, so Agency will continue with this plan unless instructed otherwise. Remaining two Plans to be placed in 2012 are in July and December, respectively.</p> <p>refer to attachment 6 (PR DeLeon Plan orient)</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-12-15 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.203.03</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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 with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (8-5-11)T</p> <p>03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals</p>	<p>Training</p> <p>Based on review of the agency's personnel files, it was determined that four of 10 employee files (Employees 3, 4, 7, and 9) lacked documentatino of training on "Understanding of Participants Needs."</p>	<p>Participant Needs, Desires and Goals have always been a topic of Employee training. Training method reviewed/ approved in 2009.</p> <p>1. Shortcoming in documentation identified in Jan '12, QA plan already being implemented. Implementation Plan review signature page amended to list "disabilities." Form goes to Participant file, copy to Staff file. Relative to this specific citation, Participant-specific information reviewed with Employee #9, amended signature form signed and dated 6/26/12.</p> <p>2. Implementation determined by Annual Plan date. Plans already placed in 2012 have been processed with procedure listed above. Plan dates later in 2012 will have new procedure adopted at time of Plan placement. To be reviewed/verified during internal file review Spring 2013, and any remaining deficiencies will be corrected at time of next Program Coordinator Home Visit.</p>

and objectives of participants served. (3-20-04)

3. Documents to be signed and dated by Program Coordinator at the time of initial/annual Plan review with Staff; documents to be verified and filed by RH Manager J Casten.
 4. This task itemized in Administrator review of ResHab QA.
 5. Reviewers indicated Agency's QA was an acceptable timeline, so Agency will continue with this plan unless instructed otherwise. Remaining two Plans to be placed in 2012 are in July and December, respectively.

refer to attachment F (PR DeLeon Plan orient)

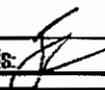
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2012-12-15

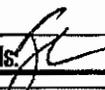
Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.203.04</p> <p>203. STAFF 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 with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (8-5-11)T 04. Supervision. Appropriate methods of supervision. (7-1-95)</p>	<p>Training</p> <p>Based on review of the agency's personnel files, it was determined that one of 10 employee files (Employee 9) lacked documentation of training on "Supervision."</p>	<p>Documentation of Implementation Plan review with Staff could not be located in archive. Participant's Implementation Plan shared with survey staff includes information on appropriate Supervision of the Participant.</p> <p>1. Program Coordinator review Implementation Plan with Staff before any further services administered by Staff. 2. N/A- survey staff examined ALL Staff files, found this to be the only one in violation. For future internal review and all new hires, Agency will verify each Staff has documentation of initial orientation to Participant's Implementation Plan. 3. ResHab Manager J Casten 4. This task itemized in Administrator review of ResHab QA. 5. Already complete. Program Coordinator reviewed 2011 Implementation Plan and Negotiated Service Agreement with Staff, documented in Home Visit form dated 6/26/12. 2012 Plan currently in process.</p> <p>refer to attachment E (DeLeon HV)</p>

		<p>5. Reviewers indicated Agency's QA was an acceptable timeline, so Agency will continue with this plan unless instructed otherwise. Remaining two Plans to be placed in 2012 are in July and December, respectively. Estimated completion date 12/15/12.</p> <p>refer to attach E (PR DeLeon Plan orient)</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-07-11 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.203.05</p> <p>203. STAFF 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 with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (8-5-11)T</p> <p>05. Review of Services. A review of the specific services that the participant requires. (3-20-04)</p>	<p>Training</p> <p>Based on review of the agency's personnel files, it was determined that one of 10 employee files (Employee 9) lacked documentation of training on "Review of Services."</p>	<p>Documentation of Implementation Plan review with Staff could not be located in archive. Participant's Implementation Plan shared with survey staff includes information on Services to be performed for the Participant by Staff/Agency.</p> <ol style="list-style-type: none"> 1. Program Coordinator review Implementation Plan with Staff before any further services administered by Staff. 2. N/A- survey staff examined ALL Staff files, found this to be the only one in violation. For future internal review and all new hires, Agency will verify each Staff has documentation of initial orientation to Participant's Implementation Plan. 3. ResHab Manager J Casten 4. This task itemized in Administrator review of ResHab QA. 5. Already complete. Program Coordinator reviewed 2011 Implementation Plan and Negotiated Service Agreement with Staff, documented in Home Visit form dated 6/26/12. 2012 Plan currently in process. <p>refer to attachment E (PR DeLeon HV)</p>

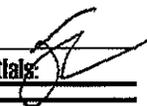
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-07-11 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.301.03.i</p> <p>301. PERSONNEL.</p> <p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (8-5-11)T</p> <p>i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>Training</p> <p>Based on review of the agency's personnel files, it was determined that 5 out of 5 employee files (Employees 1, 5, 6, 7, and 8) lacked documentation of CPR and First Aid certification.</p> <p>(REPEAT DEFICIENCY from survey of June 23, 2009).</p>	<p>1. Renewed CPR/First Aid training for all Staff ASAP. Staff CPR/First Aid training dates entered into computerized renewal database for monitoring.</p> <p>2. N/A- survey staff pulled all Agency Staff files, no more Staff to review for compliance. For future hires, ALL staff must have CPR/First Aid to begin employment. Potential risk to Participants will be identified by automated reminder system alerting Agency to impending expire of Staff CPR/First Aid certification.</p> <p>3. ResHab Manager J Casten</p> <p>4. This task itemized in Administrator review of ResHab QA.</p> <p>5. 7/14/12. Only one Staff member will still need CPR/First Aid after July 11. Due to hospitalization and prescribed rest at home, one Staff member has not been able to renew CPR/First Aid, is enrolled for course 7/14/12. Documentation of final CPR/First Aid training to be provided to Health and Welfare no later than 7/20/12.</p> <p>refer to attachment 7, 8, 9, 10 (CPR/FA for Casten, Kroeker, Parker, Parker)</p> <p>NOTE: subsequent to receiving CPR/First Aid verification, R Parker misplaced CPR/First Aid card prior to this report. Letter from CPR/FA trainer detailing course material is included in place of CPR/First Aid card. Staff attended same date/time as B Parker and J Casten so course material was the same.</p>
<p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 2012-07-20</p> <p>Administrator Initials: </p>
<p>16.04.17.400.02.b</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>b. Social Security and Medicaid ID numbers. (7-1-95)</p>	<p>Record Requirements</p> <p>Based on review of the agency's records, it was determined that 2 out of 2 participant records (Participants 1 and 2) lacked documentation of the participant's Social Security Number.</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. Agency to verify Participant Information Sheet has been filled in with Social Security number at the time of annual internal review.</p> <p>3. ResHab Manager J Casten</p> <p>4. This task itemized in Administrator review of ResHab QA.</p>

(REPEAT DEFICIENCY from survey of June 23, 2009.)

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

Date to be Corrected: 2012-07-11

Administrator Initials: 

Rule Reference/Text

16.04.17.400.02.c

400. PARTICIPANT RECORDS.
02. Required Information. Records must include at least the following information: (3-20-04)
c. Gender and marital status. (3-20-04)

Category/Findings

Record Requirements

Based on the review of the agency's records, it was determined that 2 out of 2 participant records (Participants 1 and 2) lacked documentation of marital status.

(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.)

(REPEAT DEFICIENCY from survey of June 23, 2009.)

Plan of Correction (POC)

2. N/A for ALL current Participants- At time of Review, Agency identified for survey staff that all Participant Information Sheets had been updated with Marital status and Social Security info. For any new Participants in the future, Agency to complete Participant Information Sheet prior to starting services and will verify form is in file at the time of annual internal review.
3. ResHab Manager J Casten
4. This task itemized in Administrator review of ResHab QA.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2012-07-11**Administrator Initials:** **Rule Reference/Text**

16.04.17.400.02.i

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)

Category/Findings

Assessments

Based on review of the agency's records, it was determined that 1 out of 2 participant files (Participant 2) lacked documentation of a functional assessment.

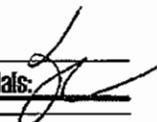
Plan of Correction (POC)

Program Coordinator had received Functional Assessment from Targeted Service Coordinator and used same in the preparation of annual Implementation Plan/Negotiated Service Agreement but was not able to supply copy to office in time for Review Staff to identify during Review process.

1. Functional Assessment (SIB-R) placed in Participant's file. Current SIB-Rs verified for all remaining Agency Participants.
2. Steps listed above cover all current Agency Participants.
3. ResHab Manager J Casten
4. For Participants new to the Agency after 7/11/12, this task itemized in Administrator review of ResHab QA.
5. Already complete. Functional Assessment (SIB-R) already placed in record for Participant 2 on 6/27/12. Verified current SIB-R for all remaining Participants.

refer to attachment 11 (first page of SIB-R for Participant 2)

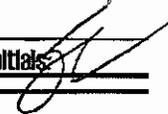
refer to attachments 12, 13, 14, 15 for first page of SIB-R for Participants Brian P., Jimmie "Pete" L., Shaun D., and Antonio E., respectively.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 2012-07-11**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.m 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) m. Daily medication log when applicable. (7-1-95)	Record Requirements Based on review of the agency's records, it was determined that 1 out of 2 participant files (Participant 1) lacked documentation of daily medication logs. Based on an interview with staff, it was stated that Participant 1 was receiving medications with which staff had to assist.	1. Staff notified to begin documenting Meds immediately on 6/15/12. Program Coordinator will verify ongoing documentation of Meds at time of Home Visit this month. For all other Participants, Agency to verify appropriate Meds documentation occurring by reviewing Implementation Plan for indication of Meds assist; then reviewing Participant files to ensure Med logs are being collected for those Participants as indicated. Participants NOT being given Meds by AAA Staff will have that indicated by page in Med log file. 2. Process listed above covers all Participants currently in the Agency. Further action only needed for Participants new to the Agency after 7/11/12, if any. 3. RH Manager J Casten 4. For Participants new to the Agency after 7/11/12, this task itemized in Administrator review of ResHab QA. 5. Already completed. Staff now documenting Meds daily. Med log for month of June placed in Participant record. For remaining Participants, all files reviewed and appropriate documentation of Meds has been verified. Waiver pages for Brian P. and Adrienne N. have been placed in record. refer to attachment 16- Tony E. Med Log for June 2012 refer to attachment 17- Participant Meds waiver page

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

Date to be Corrected: 2012-07-11

Administrator Initials: 

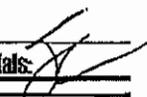
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.402.01.a 402. PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04) a. Inform each participant, or legal guardian, of the participant's rights and the rules of the	Record Requirements Based on review of the agency's records, it was determined that 2 out of 2 participant files (Participants 1 and 2) lacked documentation that the participant or legal guardian was informed of the participant's rights and rules of the agency. (REPEAT DEFICIENCY from survey on June 23, 2009.)	1. Review Participant Orientation with identified Participants. 2. N/A- new "best practice" Q/A measure adopted, effective immediately: all Supported Living Participants to receive Agency Orientation, including review of cited items, at initial Placement of Plan AND every two years thereafter. All current Participants have been with Agency over two years, so as part of Audit follow-up, Agency Orientation was reviewed with all 5 Participants, and will be reviewed again in 2014.

3. Agency Participant Orientation administered by either ResHab Manager J Casten or Participant's Program Coordinator. Documentation processed and filed by ResHab Manager J Casten.
 4. N/A for current Participants- Agency-wide application of new QA policy means ALL Participants have been re-Oriented as of 7/11/12. For future new Participants, Participant Orientation to be reviewed at the time of Plan placement with Staff prior to services.
 5. Already addressed with all current Participants. Documentation of Participant Orientation for Participants 1 and 2 already submitted to review staff.

refer to attachments 18, 19, 20 (Participant Orientation signature pages)

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

Date to be Corrected: 2012-07-11

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.17.402.01.c</p> <p>402. PARTICIPANT RIGHTS.</p> <p>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)</p> <p>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>Record Requirements</p> <p>Based on review of the agency's records, it was determined that 2 out of 2 participant files (Participants 1 and 2) lacked documentation that the participants or legal guardians were informed 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.</p>	<p>1. Review Participant Orientation with identified Participants.</p> <p>2. N/A- new Q/A measure adopted, effective immediately: all Supported Living Participants to receive Agency Orientation, including review of cited items, at initial Placement of Plan AND every two years thereafter. All current Participants have been with Agency over two years, so as part of Audit follow-up, Agency Orientation was reviewed with all 5 Participants, and will be reviewed again in 2014.</p> <p>3. Agency Participant Orientation administered by either ResHab Manager J Casten or Program Coordinator. Documentation processed and filed by ResHab Manager J Casten.</p> <p>4. Documentation of remaining Orientations submitted with this</p> <p>5. Already addressed with all current Participants. Documentation of Participant Orientation for Participants 1 and 2 already submitted to review staff.</p> <p>refer to attachments 18, 19, 20 (Participant Orientation signature pages)</p>

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

Date to be Corrected: 2012-07-11

Administrator Initials: *JK*

Administrator Signature (confirms submission of POC):

Date: 7/27/12

Team Leader Signature (signifies acceptance of POC):

Date: 7/27/12

JK
Freda French-Muller