IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-364-1959
FAX 208-287-1164

September 4, 2012

Michael Wilson, Administrator
Inclusion, Inc.
3067 East Copper Point Drive
Meridian, ID 83642

Dear Mr. Wilson:

Thank you for submitting the Plan of Correction for Inclusion, Inc. dated August 29, 2012, in response to the Residential Habilitation Agency complaint investigation conducted by the Department from May 1, 2012, through June 22, 2012. The Department has reviewed and accepted the Plan of Correction.

Thank you for your patience while accommodating the team through the investigation process. If you have any questions, feel free to contact me at any time.

Sincerely,

ERIC D. BROWN
Supervisor
DDA/ResHab Certification Program
BrownE@dhw.idaho.gov
(208) 364-1906

EDB/slm

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Inclusion, Inc.
RHA-237

3067 East Copper Point Drive
Meridian, ID 83642
(208) 888-1758

Survey Type: Investigation

Entrance Date: 5/1/2012
Exit Date: 6/22/2012

Initial Comments: The following deficiencies were cited during a complaint investigation survey conducted May 1, 2012, to June 22, 2012. The agency was surveyed in accordance with IDAPA 16.04.17. The team conducting the complaint investigation was: Frede' Trenkle-MacAllister, Medical Program Specialist, Licensing and Certification; and Eric Brown, DDA/ResHab Program Supervisor, Licensing and Certification.
The complaint investigation was conducted at four (4) homes involving ten (10) participants. Thirteen (13) agency staff files were reviewed.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.201.03.d	Administrator	1. What corrective action(s) will be taken?
201. ADMINISTRATION. 03. Responsibilities. The governing authority must assume responsibility for: (3-20-04) d. Assuring that appropriate training, space requirements, support services, and equipment for residential habilitation agency staff are provided to carry out assigned responsibilities; and (3-29-12)	Through review of agency documentation and/or interview with eleven (11) staff providing services to five (5) participants in two (2) homes, the following was determined: Finding 1: 1 of 2 staff (Employee 7) files did not contain documented training to the specific needs of Participants 6 and 7 prior to providing direct care to them in their home. It should be noted that both Participants 6 and 7 have significant medical conditions that each require specific interventions in the event of a condition-related emergency. Finding 2: 7 of 9 staff (Employees 2, 5, 6, 8, 11, 12, and 13) files did not contain documented training on the specific needs of Participant 2. Eight of 9 staff (Employees 2, 5, 6, 8, 9, 10, 11,	The agency has retrained all employees of the regulatory obligation to meet the needs of participants. Documentation of training has been filed in the employees' records. 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? The agency addresses the deficiency as though all participants are affected. The retraining of all employees will rectify the deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The assurance of appropriate resources will be monitored ongoing and formally in quarterly quality assurance reviews. Additionally, administrative personnel will monitor the corrective actions weekly.

	and 13) files did not contain documented training on the specific needs of Participant 5 prior to providing services to the participant in her home. It should be noted that Participant 5 has a significant medical condition that requires specific interventions in the event of a condition-related emergency.	
		Date to be Corrected: 2012-09-14 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.202.03.b	Administrator	1. What corrective action(s) will be taken? The agency has rewritten the residential habilitation policies and procedures to adhere to regulations. All employees have been retrained on enhanced procedural expectations. 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? The agency addresses the deficiency as though all participants are affected. The retraining of all employees will rectify the deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee.
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; (3-29-12)	Finding 1: 1a. Review of agency documentation revealed that the agency administrator had not ensured implementation of agency policy and procedures for agency staff training. Agency documentation review revealed that Employee 3 had not completed the required assistance with medication training course, but was observed by the investigation team assisting Participant 9 with a medication. It was also noted that agency medication assistance records contained documentation that Employee 3 had also assisted Participants 3 and 8 with their medications. Agency documentation submitted	

	at the request of the investigation team stated that Employee 3 would receive assistance with medication training on June 6, which was over a month after the initiation of the investigation. 1b. Review of agency documentation revealed that Employees 9 and 10 documented assisting Participant 2 with her medications prior to completing assistance with medication certification. Finding 2: 2a. Review of agency documentation revealed that the agency administrator had not ensured implementation of agency policy and procedures for quality assurance. This deficiency was determined through documentation errors related to assistance with participant medications. Documentation reviewed showed that on August 16, 2011; September 11, 2011; September 23, 2011; April 3, 2012; and April 17, 2012, it was documented by agency staff that an injectable medication was administered to participant #8 when in fact the staff had assisted the participant with a lower dosage oral form of the medication. 2b. Additionally, agency documentation reviewed showed that on 4/26/12, 4/27/12, and 4/28/12 it was documented that participant #9 had received an injectable medication when, in fact, it was determined he had not. Finding 3: Through review of agency documentation and/or interview with eleven (11) staff providing services to five (5) participants in two (2) homes the following was determined: 3a. 1 of 2 staff (Employee 7) files did not contain documented training to the specific	4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The implementation of new policies and procedures will be monitored ongoing and formally in quarterly quality assurance reviews. Employees' performances will evaluate compliance to agency policies and procedures during formal evaluations. Additionally, administrative personnel will monitor the corrective actions weekly.

	needs of Participants 6 and 7 prior to providing services to the participants in their home. It should be noted that both Participants 6 and 7 have significant medical conditions that each require specific interventions in the event of a condition-related emergency. 3b. 7 of 9 staff (Employees 2, 5, 6, 8, 11, 12, and 13) files did not contain documented training on the specific needs of Participant 2. Eight of 9 staff (Employees 2, 5, 6, 8, 9, 10, 11, and 13) files did not contain documented training on the specific needs of Participant 5 prior to providing services to the participants in their home. It should be noted that Participant 5 has a significant medical condition which requires specific interventions in the event of a condition-related emergency.	
		Date to be Corrected: 2012-09-14 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.404.03	Communication	1. What corrective action(s) will be taken? The agency has rewritten the residential habilitation policies and procedures to adhere to regulations to include communication with participants, parents, legal guardians, and others. All employees have been retrained on enhanced procedural expectations. Additionally, a process to inform these individuals of changes in the participants' condition has been implemented. 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? The agency addresses the deficiency as though all participants are affected. The rewriting of policies and procedures and retraining of all employees will rectify the deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee.
404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS. The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and (3-20-04) 03. Notification of Guardian of Participant's Condition. Notify the participant's legal guardian within twenty-four (24) hours, if one exists, of any significant incidents, or changes in participant's condition including serious illness, accident, death, or abuse. (3-29-12)	Review of agency documentation and interview with 3 of 3 guardians for Participants 3, 8, and 9 revealed the agency did not possess documentation that clearly demonstrated that the appropriate guardians were promptly notified of all significant incidents, or changes in the participant's condition including serious illness, accident, death, or abuse, as applicable prior to March 29, 2012, or notified the appropriate guardian within 24 hours of all significant incidents, or changes in the participant's condition including serious illness, accident, death, or abuse, as applicable after March 29, 2012.	

		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The implementation of new policies and procedures regarding communication will be monitored ongoing and formally in quarterly quality assurance reviews. Employees' performances will evaluate compliance to agency policies and procedures during formal evaluations. Additionally, administrative personnel will monitor the corrective actions weekly.
		Date to be Corrected: / **Administrator Initials:**

Administrator Signature (confirms submission of POC): LCSW	**Date:** 8/29/12
Team Leader Signature (signifies acceptance of POC): S. D. R	**Date:** 8/31/12