IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 26, 2012

Jim McCoy, Administrator
Southeastern Idaho Development Center
P.O. Box 701
Blackfoot, Idaho 83221

Dear Mr. McCoy:

Thank you for submitting Southeastern Idaho Development Center's Plan of Correction for Residential Habilitation services dated July 18, 2012. 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 Southeastern Idaho Development Center a full three (3) year certificate effective September 1, 2012 through August 31, 2015 unless otherwise suspended or revoked.

According to IDAPA 16.04.17.501.02, this certificate is contingent upon the correction of deficiencies. The supporting documentation addressed in your plan of correction will be reviewed during your next survey. Please ensure your agency quality assurance processes continue to implement and monitor rule compliance.

Thank you for your assistance through the survey process.

Sincerely,

Pam Loveland-Schmidt

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
Licensing and Certification
208-239-6267
lovelanp@dhw.idaho.gov

Enclosure

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Southeastern Idaho Developmental Center, Inc.
RHA-260

765 W Judicial St
Blackfoot, ID 83221-2036
(208) 782-1301

Survey Type: Recertification

Entrance Date: 6/26/2012
Exit Date: 6/29/2012

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, Division of Licensing and Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.302.03 302. SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)	Three of three participant records reviewed (Participants 1, 2, and 3) lacked documentation of a review of services and participant satisfaction conducted at least quarterly or more often if required by the participant's condition or program.	1) QA had been revised to include quarterly review of satisfaction but had not been implemented in all files. Format will be put in all files, and quarterly satisfaction will be documented in progress notes, etc. 2) New formats will be put in all files. 3) Director in Blackfoot, Program Manager in Poc. 4) Res Hab tab is being added to overall QA process/program to insure proper monitoring.	9-1-12

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.400.02.f 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (7-1-95) f. Physician, dentist, and other health care providers.	Three of three participant records reviewed (Participants 1, 2, and 3) lacked documentation of physician, dentist, or other health care providers. For example, Participants 1, 2, and 3's records lacked documentation of a dentist.	1) The format has been revised. The form now separates dentist from other health care providers, and form also indicates that all areas need to be included or filled in. 2) All files and profile sheets will be updated to include information required. 3) Director in Blackfoot, Program Manager in Poc. 4) A section will be added to Quarterly Res Hab review sheets, and within Res Hab tab on overall QA.	9-1-12

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Administrator/Provider Signature:		**Date:** 7-26-12
Department PIC Approval Signature: Pam Loveland-Submitted		**Date:** 7/26/12

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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