



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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September 17, 2012

Ferren J. Weeks, Administrator  
Aspire Human Services  
560 West Sunnyside  
Idaho Falls, ID 83402

Dear Mr. Weeks:

Thank you for submitting Aspire Human Services Plan of Correction for Residential Habilitation services dated September 13, 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 Aspire Human Services-Idaho Falls a full 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, Adult & Child DS  
Medical Program Specialist  
Licensing and Certification  
208-239-6267  
[lovelanp@dhw.idaho.gov](mailto:lovelanp@dhw.idaho.gov)

Enclosure



# Statement of Deficiencies

Residential Habilitation Agency

Aspire Human Services LLC -- Idaho Falls  
RHA-4076

560 W Sunnyside Rd  
Idaho Falls, ID 83402-  
(208) 523-9839

Survey Type: Initial

Entrance Date: 7/17/2012

Exit Date: 7/17/2012

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203</p> <p><b>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</b> 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: (3-29-12)</p>	<p>Two of four employee records reviewed (Employees 1 and 4) lacked documentation of rule-compliant training.</p> <p>For example, Employees 1 and 4's records lacked documentation that skill training was conducted by the Qualified Intellectual Disabilities Professional (QIDP). The skill training was conducted by Employee 2, which, per discussion and record review, her qualifications do not meet QIDP rule requirements.</p> <p>Also, see IDAPA 16.03.10.705.01.b and Provider Handbook.</p>	<ol style="list-style-type: none"> <li>1. The QIDP will be responsible for all employee skills training.</li> <li>2. The administrator will assist the QIDP by providing a list of staff who need training. The QIDP will provide training and will be documented in the employees folder.</li> <li>3. The QIDP is responsible.</li> <li>4. Records will be reviewed by the QIDP and Administrator to ensure compliance is met.</li> </ol>	9/1/2012

Rule Reference/Part	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.h</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: (3-29-12)</p> <p>h. Documentation of initial orientation and required training; and (7-1-95)</p>	<p>Two of four employee records reviewed (Employees 1 and 4) lacked documentation of initial orientation and required training per rule requirements.</p> <p>For example, Employees 1 &amp; 4's records lacked documentation of ongoing training in the provision of services and supports to participants.</p> <p>Also, see IDAPA 16.04.17.100.07. Agency Provider Training. The Department must assure that direct service providers of all residential habilitation service agencies receive ongoing training in the provision of services and supports to participants.</p> <p>Also, see IDAPA 16.03.10.705.01.e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed.</p>	<ol style="list-style-type: none"> <li>1. The QIDP will be responsible for all employee skills training.</li> <li>2. The administrator will assist the QIDP by providing a list of staff who need training. The QIDP will provide training and will be documented in the employees folder.</li> <li>3. The QIDP is responsible.</li> <li>4. Records will be reviewed by the QIDP and Administrator to ensure compliance is met.</li> </ol>	<p>9-1-2012</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.03</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>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)</p>	<p>Two of two participant records reviewed (Participants 1 and 2) lacked evidence that a review of services and participant satisfaction was conducted at least quarterly or more often if required by the participant's condition or program.</p> <p>For example, Participants 1 and 2's records included periodic reviews conducted by the Administrator, not the QIDP/Program Coordinator for all components to include review of programs.</p> <p>Also, see Provider Handbook.</p>	<ol style="list-style-type: none"> <li>1. Quarterly or monthly reviews will be conducted by the QIDP and recorded.</li> <li>2. The Administrator will keep the records to ensure the QIDP performed the reviews.</li> <li>3. The QIDP is responsible.</li> <li>4. Records will be reviewed by the QIDP and Administrator to ensure compliance is met.</li> </ol>	9-1-2012

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.i</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>	<p>Two of two participant records reviewed (Participants 1 and 2) lacked documentation of the results of age appropriate functional assessments and person centered plans.</p>	<ol style="list-style-type: none"> <li>1. The QIDP will obtain a copy of the functional assessment. The Assessment will be completed by the QIDP before the annual review.</li> <li>2. Functional assessments will be added to the quarterly review to ensure it is completed.</li> <li>3. The QIDP is responsible for completing the assessment.</li> <li>4. Records will be reviewed by the QIDP and Administrator to ensure compliance is met.</li> </ol>	9-1-12

Administrator/Provider Signature:

*Jessica J. Wilho Regional Director*

Date:

*9/13/12*

Department POC Approval Signature:

*Pam Louderant-Schmitt*

Date:

*9/17/12*

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