



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 9, 2012

Rob Freeman, Administrator
Aspire Human Services dba
Belmont Management, Inc.
4806 Hawthorne
Chubbuck, Idaho 83202

Dear Mr. Freeman:

Thank you for submitting Aspire Human Services-Chubbuck 's Plan of Correction for Residential Habilitation services dated October 4, 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-Chubbuck 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



Statement of Deficiencies

Residential Habilitation Agency

Aspire Human Services LLC -- Chubbuck
RHA-4074

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

Survey Type: Initial

Entrance Date: 7/18/2012

Exit Date: 7/18/2012

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.301.03.i 301. PERSONNEL. 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) i. Evidence of current CPR and First Aid certifications; and (7-1-95)	One of four employee record reviewed (Employee 3) lacked documentation that the agency ensured all employees and contractors had current CPR and First Aid certifications. For example, Employee 3's record lacked documentation of current CPR/First Aid certification from December 3, 2011, to June 16, 2012. Also, see IDAPA 16.04.17.203.06.	All employee records will be reviewed by Human Resources to assure that all employees are current in CPR/First Aid. Any employees not current will be suspended from working until the course is completed. On a monthly basis, Human Resources will print out a list of individuals who will be expiring in their CPR/First Aid within the following 3 months. This list will be handed out at the monthly staff meetings. If an employee fails to attend this meeting and his or her name is on the list, it will be the responsibility of the Supervisor to make contact and notify them that they are expiring soon. It will be the employee's responsibility to notify their supervisor if they need a shift off in order to take the course. Employees who fail to take this training and allow it to lapse, will be removed from the schedule until the course is taken.	2012-10-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.01</p> <p>400. PARTICIPANT RECORDS. 01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. 16.04.17.400.01 (3-20-04) All entries made into a participant record must be dated and signed in ink.</p>	<p>One of two participant records reviewed (Participant 2) lacked documentation that all entries made into participant records were dated and signed in ink.</p> <p>For example, Participant 2's functional assessment lacked the signature of the QIDP completing the assessment. The assessment had the typed name of the QIDP only.</p>	<p>Belmont's 2 QIDPs will review their own files and assure that they have signed and dated copies of all required forms or documentation. They will review all participant files and will identify any participants affected by this deficiency. Any issues discovered during this review will be corrected immediately.</p> <p>From this date forward, the QIDPs will only place signed and dated copies of required forms or other documentation into the participant record. This includes functional assessments.</p> <p>The Administrator will conduct quarterly audits on a random sampling of participant records to assure we are remaining in compliance with this rule.</p>	2012-10-01
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.n</p> <p>400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) n. Daily record of the date, time, duration, and</p>	<p>Two of two participant records reviewed (Participants 1 and 2) lacked documentation of the daily record of the date, time, duration, and type of service provided.</p>	<p>On the month in question, one QIPD was late in getting her books into the home as a result of some personal medical issues. All of her participants would have been affected by this deficiency for that month. This QIDP has been</p>	2012-09-01

type of service provided. (7-1-95)

For example:

Participant 1's record lacked documentation for the first 3 days of the month of July 2012, and for April 2012, the 1st day was lacking documentation.

Participant 2's record lacked documentation for the first 3 days of the month of July 2012.

counseled on this matter, and understands that it is her responsibility to have the program books ready to be delivered on the final day of every month. If she is running into difficulties in completing this task, she will notify the Administrator so that accommodations can be arranged to assure the books are placed in the home.

The QIDPs will be responsible for having their program books prepared and ready to be delivered by the final day of each month. The Graveyard Checker will deliver these books to each home as they make their visits on the graveyard shift of the last day of the month.

In the event that the QIDP believes that they might have trouble getting the books prepared by this date, they will notify the Administrator so that assistance can be provided or arrangements can be made to get the books into the location. This also applies if the Graveyard Checker is unable to complete his or her duties on this night. The Administrator will be notified and other arrangements will be made.

The Administrator will follow up with the QIDPs and the Graveyard Checkers on the last day of each month to assure there won't be any issues with getting the books into the homes.

Administrator/Provider Signature:

Date: 2012-10-04

Department POC Approval Signature:

Date: 10/9/12

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