IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. 'BUTCH' OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hiline Rd. Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6267
FAX: (208) 239-6269
Email: lovelanp@dhw.idaho.gov
Website: www.ddacertification.dhw.idaho.gov

August 19, 2011

Rhonda Hammet & Karen Smith, Administrators
Back to Basic Living
684 Grange Lane
Twin Falls, Idaho 83301

Dear Ms. Hammett & Ms. Smith:

Thank you for submitting Back to Basic Living's Plan of Correction for Residential Habilitation services dated August 11, 2011. 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 Back to Basic Living a full certificate effective **September 1, 2011** unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than **September 30, 2011**. You may submit supporting documentation as follows:

Email to:	lovelanp@dhw.idaho.gov
Fax to:	208-239-6269
Mail to:	Dept. of Health & Welfare Medicaid-Licensing & Certification 1070 Hiline, Suite 260 Pocatello, Idaho 83201 Attn: Pam Loveland-Schmidt
Or deliver to:	Above address

You can reach me if you have any questions at lovelanp@dhw.idaho.gov or 208-239-6267.

Thank you for your patience and accommodating us through the survey process.

Pam Loveland-Schmidt

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
DDA/RH Licensing and Certification

Fax to - 1-208-239-6279 Pam loveland-schmidt

Statement of Deficiencies

Residential Habilitation Agency

Back to Basic Living
RHA-223

684 Grange Ln
Twin Falls, ID 83301-5390
(208) 736-1856

Survey Type: Recertification

Entrance Date: 7/19/2011

Exit Date: 7/20/2011

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.i	Participant Records	As of 8-10-11 a functional assessment for the 4 participants have been completed and are filed in the participant records. The remaining assessments will be completed by 11-10-11. The agency will identify participants who may be affected by this deficiency by routine quality assurance checks of the participant records. This check will be performed every 6 months by the QIDP and/or Administrator. A template of the functional assessment will be placed in the admit pack to ensure that it is completed. Please see attachments for proof of the four assessments being completed.
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)	Four of four participant records reviewed ((Participants 1, 2, 3, and 4]) lacked documentation of age appropriate functional assessments. For example, [Participant 1, 2, 3, and 4]'s records included what appeared to be an inventory of skills, but did not contain functional assessments.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 8-11-11 | **Administrator Initials:** KLS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.403.01-03 403. PARTICIPANT FINANCES. When the residential habilitation agency or its employees, affiliated residential habilitation providers or contractors are designated as the payee on behalf of the participants, the agency must establish and maintain an accounting system that: (3-20-04) 01. Participant's Personal Finance Records. Assures a full and complete accounting of participants' personal funds entrusted to the agency, or its employees, affiliated residential habilitation providers or contractors on behalf of participants. Records of financial transactions must be sufficient to allow a thorough audit of the participant's funds. (3-20-04) 02. No Commingling of Funds. Precludes any commingling of participant funds with agency funds. (3-20-04) 03. Availability of Funds. Ensures that the participant's financial records must be available on request to the participant, participant's legal guardian or advocate. (3-20-04)	Participant Finances Three of three participant records reviewed ([Participants 1, 3, and 4]) lacked documentation that the agency assured a full and complete accounting of the participants' personal funds and assured no commingling of participant funds per rule requirements. For example, [Participant 1, 3, and 4]'s financial records were kept on a "per home" basis, not on a "per participant" basis. The agency was given the opportunity to provide financial documentation for each participant for the months of May and June 2011, which the agency was unable to provide.	As of 8-1-11 all client files have been separated. Shared bills are copied and each client has a copy with the check number, date and amount paid on each copy. A ledger with beginning balance and ending balance as well as other expenses has been implemented. Each month the ledger will be balanced with a copy of the ledger page placed in each participants financial file.. All bank statements and other financial records will be kept in the participants individual financial file. A participant file will be chosen by random each month and reviewed by the Payee or owner of back to Basic Living. If records do not match the Owner/payee will investigate and make the needed adjustments. the ledger will be balanced at the end of each month to ensure all expenses are in and accounted for and to insure no commingling of funds has occurred between agency and participant or participant and participant. please see attached document labeled Client worksheet. Note: we are looking in to a computerized system to transfer to but in the mean time this is a way to begin this transition.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 8-1-11 | **Administrator Initials:** KLS

08-18-'11 10:05 FROM-HomeBase Transport 208-735-8691 T-579 P0003/0003 F-546

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	Program Implementation Plan	as of 8-10-11 the participant has received and signed that she received a copy of the implementation plan. the template of the implementation plan was changed to include a specific signature line to note the receipt of the plan. The agency will identify participants who may be affected by this deficiency by routine quality assurance checks of the participant records. This check will be performed every 6 months by the QIDP and/or Administrator. A copy of the implementation plan will be given at the PCP meeting and made available at any time at the clients request. the QIDP will assure that each client has received this document. Please se attached implementation plan as proof the participant has signed and recieved the documentation.
A-5. Quality Improvement. The Provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. At a minimum, quality of services shall be evaluated according to the following criteria: A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.	One of four participant records reviewed ([Participant 1]) lacked documentation that the provider discussed the implementation plans with the participant and provided her with a copy of each plan.	

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

Date to be Corrected: 8-1-11 **Administrator Initials:** KLS

Administrator Signature (confirms submission of POC): Karen Smith **Date:** 8-11-11

Team Leader Signature (signifies acceptance of POC): Pam Sue Land-Schmidt **Date:** 8/19/11

08-18-'11 10:05 FROM-HomeBase Transport 208-735-8691 T-579 P0002/0003 F-546