



C.L. 'BUTCH' OTTER -- Governor
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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LICENSING AND CERTIFICATION
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October 13, 2011

David Park, Administrator
Northfork Developmental
P.O.Box 532
St. Anthony, Idaho 83445

Dear Mr. Park:

Thank you for submitting Northfork Developmental's Plan of Correction for Residential Habilitation services dated October 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 Northfork Developmental a full certificate effective November 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 **November 18, 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 Hilina, 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.

Sincerely,

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

Statement of Deficiencies

Residential Habilitation Agency

Northfork Developmental Services Inc.

P.O. Box 532, 146 E. 9 S. -104 N Bridge St Ste 111

RHA-255

Saint Anthony, ID 83445-1457

(208) 624-7781

Survey Type: Recertification

Entrance Date: 8/9/2011

Exit Date: 8/10/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.05	Service Provision Procedures	
302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	Three of three participant records reviewed (Participants 1, 2, and 3) lacked evidence the agency provided the six month and annual provider status review to the plan monitor.	<ol style="list-style-type: none"> 1. A form has been prepared to document the submission of semiannual and annual status reviews to the plan monitor. Forms will be completed and kept in the participant file attached to the annual plan of service beginning with the current plan. 2. All participant files will be reviewed to determine if the forms are present and attached to the plan of service. Participant files without completed forms will be identified and will be prepared and filed by October 12, 2011. 3. The administrator, David Parke, will be responsible to complete the corrective actions. 4. An item for the form documenting semiannual and annual status review submission to the plan monitor will added to the quality assurance checklist and procedure to assure compliance with the rule requirement in the future. 5. This corrective action will be completed by October 12, 2011.

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

Date to be Corrected: 2011-10-12

Administrator Initials: DP

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>Provider Handbook 3.11.4</p> <p>3.11.4 Program Coordination. Program coordination is a function under RES/HAB. Program Coordination is defined as development, implementation, coordination, and evaluation of personal assistance, habilitation, and skills training provided for the participant as components of RES/HAB developed by a QMRP and delivered by a RES/HAB provider. Agencies providing oversight of RES/HAB must employ a program coordinator. Program coordinators must have the following qualifications:</p> <ul style="list-style-type: none"> • Education and experience to meet the criteria established for qualifying as a QMRP for DD and ISSH Waiver participants. • Experience in writing skills-training programs. • Skill in individualized strategy development and implementation to assist the participant in meeting wants and needs within the scope of RES/HAB. <p>Core Functions of the Program Coordinator include the following:</p> <ul style="list-style-type: none"> • Face to face contact with direct service provider(s) and/or participant regarding oversight, supervision, and provision of 	<p>Program Coordination</p> <p>Three of three participant records reviewed ((Participants 1, 2, and 3)) lacked documentation that the Program Coordinator/QIDP provided face-to-face contact with direct service providers and/or participants regarding oversight, supervision, and provision of RES/HAB.</p> <p>Also see IDAPA 16.04.17.302.03: 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>1. A "Review of Services and Participant Satisfaction" form has been developed and will be completed quarterly by the Program Coordinator/QIDP to document face-to-face contact with direct service providers and participants regarding oversight, supervision, provision of Res/Hab, and satisfaction. This form will be completed during a quarterly face-to-face meeting with direct service providers and participants beginning with the current quarterly plan period. The completed form will be kept in the participant record.</p> <p>2. All participant files will be reviewed to determine if the reviews are present. Participants who have not been reviewed will be identified and reviews will be completed by October 12, 2011.</p> <p>3. The administrator, David Parke, will be responsible to complete this corrective action.</p> <p>4. An item for review of services and participant satisfaction will be added to the quality assurance checklist and procedure to assure compliance with the rules the future.</p> <p>5. This corrective action will be completed by October 12, 2011.</p>

RES/HAB.

- Implementation plan development.
- Evaluation, analysis, and/or revision of implementation plans.
- Phone contacts specific to RES/HAB services identified on the ISP.
- Attendance at participant meetings specific to RES/HAB services identified on the ISP.
- Emergency contact specific to RES/HAB services identified on the ISP.

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

Date to be Corrected: 2011-10-12

Administrator Initials: DJ

Administrator Signature (confirms submission of POC):

David F. Duke 10/10/2011

Date: 2011-10-10/11

Team Leader Signature (signifies acceptance of POC):

Pam Houston-Schmidt 10/13/11

Date: 10/13/11