IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-364-1959
FAX 208-287-1164

September 28, 2012

Valerie Cutshall, Administrator
C & R, Inc.
1107 South Logan Street
Moscow, ID 83843-2838

Dear Ms. Cutshall:

Thank you for submitting the Plans of Correction for C & R, Inc. dated September 18, 2012, in response to the Residential Habilitation Agency (ResHab) and Developmental Disabilities Agency (DDA) recertification surveys conducted by the Department on August 16, 2012. The Department has reviewed and accepted the Plans of Correction.

As a result, we have issued C & R, Inc. full ResHab and DDA certificates effective October 1, 2012, through September 30, 2015, unless otherwise suspended or revoked. These certificates are contingent upon correction of the deficiencies cited during the respective compliance reviews.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1828.

Sincerely,

Fredé Trenkle-MacAllister

FREDÉ TRENKLE-MACALLISTER
Medical Program Specialist
DDA/ResHab Certification Program

FTM/slm

Enclosures
- DDA and ResHab Certificates
- Accepted DDA and ResHab Plans of Correction

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

C & R, Inc. – Moscow
2C&R121

1107 S Logan St
Moscow, ID 83843-2838
(208) 882-8040

Survey Type: Recertification

Entrance Date: 8/14/2012

Exit Date: 8/16/2012

Initial Comments: Survey Team: Eric Brown, Supervisor, DDA/ResHab Certification Program, Licensing and Certification; Pam Loveland-Schmidt, Program Medical Specialist, DDA/ResHab Certification Program, Licensing and Certification; and Fredé Trenkle-MacAllister, Program Medical Specialist, DDA/ResHab Certification Program, Licensing and Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.500.03.a 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 03. Fire and Safety Standards. (7-1-11) a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-	Based on review of agency documentation, it was determined that the annual fire inspection for the center in Lewiston, Idaho lapsed between 2/8/2012 and 8/10/2012.	1. What corrective action(s) will be taken? The agency will train administrative personnel to monitor and obtain inspections without lapses. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency addresses this deficiency as though all participants are affected. Retraining will safeguard compliance. 3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? This will be reviewed through quarterly quality assurance reviews of services.	2012-10-01

11)

Rule Reference (Cit	[illegible]	Plan of Correction	Date to be Corrected
16.03.21.601 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)	Based on review of agency records, it was determined that 2 of 2 adult participants' documentation (Participants 1 and 2) lacked documentation recommending type and/or amount of therapy. One of 2 participants (Participant 2) lacked interests identified in the Developmental Assessment. Participant 1's Developmental Assessment lacked the type and amount of therapy. The agency template had a section for type and amount, but was left blank. Participant 2's Developmental Assessment included developmental therapy for 19 hours, but lacked center/community/home and individual/group.	1. What corrective action(s) will be taken? The agency will correct/update assessments without the recommendations of type and amount of therapy. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency addresses this deficiency as though all participants are affected. All assessments will be reviewed for compliance. 3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? This will be formally monitored during quarterly quality assurance reviews. Also, assessments will be screened for compliance through peer review internally.	2012-10-01

SEP-26-2012 16:38 FROM: TO:12083641811 P.7

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.01.b 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)	Based on review of agency records, it was determined that 1 of 2 adult participants' (Participant 2) Program Implemntation Plans (PIPs) and 1 out of 2 child participants' (Participant B) PIPs lacked either the accurate service environment where services were delivered to the participant and/or lacked measurable objectives. Participant 2's PIP stated that for the objective "staying with group," the environment is for "center" only. The observation for this objective was conducted in the mall with the staff only and no group setting or any attempt to engage in a group setting Participant B's Objective 2.1 on the PIP was not measurable.	1. What corrective action(s) will be taken? The agency will correct/update PIPs without the explanation of service environments. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency addresses this deficiency as though all participants are affected. All PIPs will be reviewed for compliance. 3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? This will be formally monitored during quarterly quality assurance reviews. Also, PIPs will be screened for compliance through peer review internally.	2012-10-01

Administrator/Provider Signature: [signature] Date: 9/18/12

Department POC Approval Signature: [signature] Date: 9/28/12

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