IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF LICENSING & CERTIFICATION
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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

Residential Habilitation Agency

C & R, Inc.
RHA-194

1107 S Logan St
Moscow, ID 83843-3124
(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
16.04.17.202 202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)	Based on review of agency documentation, it was determined that the administrator did not assure that the agency's policy for medication standards had been implemented as written. For example, the medication standards policy stated that written instructions are in place that outlines required documentation of assistance and who to call if any doses are not taken, there is an overdose, or actual or potential side effects are observed. This was not observed when reviewing the medication logs for Participant 1. When discussed with the agency, the process is to complete an incident report and contact the administrator. The agency did not have corresponding incident reports for each medication errors.	1. What corrective action(s) will be taken? The reshab policy and procedure manual was recently rewritten. Training on the medication policies and procedures will be facilitated to all staff and professionals. 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. The corrective training to all staff will rectify the cited deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The medication records will be monitored ongoing	2012-10-01

		weekly, monthly, and during quarterly quality assurance reviews.	
Rule Reference (Ext)	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.04.17.203 203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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)	Based on review of agency personnel files, it was determined that 8 of 8 direct care providers who assist with medications (Employees A, C, G, H, J, K, L, and M) lacked training as required in IDAPA 16.03.10 sections 700 through 706 regarding completing the "Assistance with Medications" course that has been approved by the Idaho State Board of Nursing or has been approved by the Department.	1. What corrective action(s) will be taken? All staff that provide assistance with medications will obtain the training approved by the Department. No staff will be allowed to assist with medications without first completing the training. This will take effect immediately. 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. The assurance that assistance with medications is provided by properly trained staff will rectify the cited deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The assistance with medication training will be monitored ongoing and upon hire to assure compliance. The quarterly quality assurance review of employee records will also ensure compliance.	2012-11-01

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.203.06 203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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) 06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)	Based on review of agency personnel records, it was determined that 2 of 14 staff (Employees K and L) lacked documentation of current CPR and First Aid training.	1. What corrective action(s) will be taken? All staff that provide reshab services will obtain CPR and First Aid training. No staff will be allowed to provide the services alone without first completing the training. This will take effect immediately. 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. The assurance that reshab services are provided by properly trained staff will rectify the cited deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The CPR and First Aid training will be monitored ongoing and upon hire to assure compliance. The quarterly quality assurance review of employee records will also ensure compliance.	2012-10-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.400.02.n 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 type of service provided. (7-1-95)	Based on review of agency records, it was determined that 1 of 3 participants (Participant 1) lacked daily records of time on the Weekly Service Report.	1. What corrective action(s) will be taken? All staff will be retrained on the regulatory expectations of documenting the elements contained in regulation. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action	2012-10-01

		will be taken? The agency addresses this deficiency as though all participants are affected. The assurance that reshab services are documented by all staff will rectify the cited deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Compliance will be monitored ongoing, weekly, and through quarterly quality assurance reviews. No billing will be allowed without documentation of compliance.	

Administrator/Provider Signature:	**Date:** 9/18/12
Department POC Approval Signature: Trudi Trenkle-MacAllister	**Date:** 9/28/12

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

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