



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) 239-6277
FAX: (208) 239-6269
Email: dorand@dhw.idaho.gov
Website: www.healthandwelfare.idaho.gov

May 4, 2011

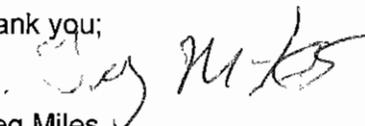
Cyndy Dunagan, Administrator
Provider Affiliate Agency, Incorporated
202 West Franklin Road
Meridian, ID 83642

Dear Ms. Dungan

Thank you for submitting Provider Affiliate Agency, Incorporated Plan of Correction for Residential Habilitation services dated September 2, 2010. 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 a full certificate effective, unless otherwise suspended or revoked.

The Department has received documentation to support your agency's Plan of correction. The documented corrections submitted satisfy the Plan of Correction as written. Please assure the ongoing quality assurance processes continue to implement and monitor these changes.

Thank you;



Greg Miles
Medical Program Specialist

Statement of Deficiencies

Residential Habilitation Agency

Provider Affiliate Agency, Incorporated
RHA-245

202 W Franklin Rd
Meridian, ID 83642
(208) 884-4401

Survey Type: Recertification

Entrance Date: 9/2/2010

Exit Date: 9/2/2010

Initial Comments: Survey Team: Eric Brown, Program Supervisor; Greg Miles, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	QA Program	
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.	For eight of eight participant records reviewed, there was no documentation found that the provider discussed the plan with the participant and provided him/her with a copy.	<ol style="list-style-type: none"> Office personnel will include documentation for participants to sign in our 2011 training packet. This will encompass all participants. Program Coordinators will ensure that participants have read and understand, to the best of their ability, the implementation plans and will be given a copy. Office personnel will add this documentation to the database to monitor. April 30, 2011

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

Date to be Corrected: 2011-04-30

Administrator Initials:

Administrator Signature (confirms submission of POC):

Cynthia Dunagan

Date: 1-6-11

Team Leader Signature (signifies acceptance of POC):

Greg Miles

Date: 5-2-11