IDAHO DEPARTMENT OF HEALTH & WELFARE

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

LESLIE M. CLEMENT - Deputy Director
LICENSING AND CERTIFICATION
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

December 6, 2011

Tom Moss, Administrator
Jeff Frick, Program Coordinator
Preferred Community Homes
615 2nd Avenue West
Wendell, Idaho 83355

Dear Mr. Moss & Mr. Frick:

Thank you for submitting Preferred Community Homes Plan of Correction for Residential Habilitation services dated December 6, 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 Preferred Community Homes a full certificate effective December 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 ***December 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.

Sincerely,

Pam Loveland-Schmidt

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

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Preferred Community Homes -- Wendell
RHA-276

615 2nd Avenue West
Wendell, ID 83355
(208) 536-2042

Survey Type: Recertification

Entrance Date: 9/6/2011
Exit Date: 9/7/2011

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.a.v	Provider Records	The employee files will be reviewed and a list of all the staff who are certified to pass medications will be compiled. Only staff who have successfully completed the "Assistance with Medications" course and and have a copy of this in their files will be allowed to pass medications. The administrator of the facility will conduct quarterly quality assurance checks on the employee records to ensure that all staff that pass medications have successfully completed the "Assistance with Medications" course and that a copy of this certificate is located in their files. Person Responsible: Administrator Date of Completion: December 11, 2011
705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant	One out of three employee records reviewed ([Employee 3]) lacked documentation of medication assistance certificate per rule requirement. For example, [Employee 3]'s record included documentation of medication assistance training, but no documentation of certification per rule requirements. (REPEAT DEFICIENCY FROM 2009 SURVEY)	

(supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07) a. Direct service staff must meet the following minimum qualifications: (3-19-07) v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other department-approved training. Staff previously trained on assistance with medications by a licensed nurse but who have not completed this course must meet this requirement by July 1, 2007. (3-19-07)		

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-12-11 | **Administrator Initials:** JF

Rule Reference/Text	Category/Findings	Plan of Correction [POC]
16.04.17.302.05	Service Provision Procedures	Status reviews will be brought up to date for all participants. The Program Coordinator will do these reviews monthly to ensure they are kept up to date. The Program Director will do quarterly quality assurance checks to ensure that they are being done and kept up to date. Person Responsible: Program Coordinator and Program Director Date of Completion: December 11, 2011
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 planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked documentation of semi-annual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service. For example: [Participant 1]'s PSR is from Jun 30, 2009, through June 2010. There was no documentation of a PSR from July 2010 through June 2011. [Participant 2]'s record lacked documentation of a PSR. [Participant 3]'s PSR is from July 2009 through June 2010. There was no documentation of a PSR from July 2010 through June 2011.	

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	[Participant 4]'s PSR is from December 2009 through June 2010. There was no documentation of a PSR from July 2010 through December 2010. (REPEAT DEFICIENCY FROM 2009 SURVEY)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-12-11 | **Administrator Initials:** JP

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.i	Participant Records	All participants files will be reviewed to ensure they contain documentation of an age appropriate functional assessment. For those files that do not contain this, an assessment will be done. The Program Director will do quarterly quality assurance checks to ensure that all participants have an updated age appropriate functional assessment in place. Person Responsible: Program Coordinator and Program Director Date of Completion: December 11, 2011
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)	One of four participant records reviewed ([Participant 2]) lacked documentation of an age appropriate functional assessment. For example, [Participant 2]'s record included a SIB-R only.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-12-11 | **Administrator Initials:** JP

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Term RH A-5.2	QA Program	The Administrator will will review the files of all participants and ensure that there is a record that each participant and their Guardian has been informed of the services to be received, the expected benefits and attendant risks of receiving those services, of their right to refuse services, and have they been informed of any alternate forms or services available. The Administrator will conduct quarterly quality assurance checks to ensure that every participant's records have this record in their file. Person Responsible: Administrator Date of Completion: December 11, 2011
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. Results of individual quality improvement reviews conducted by IDHW shall be transmitted to the provider within 45 days of a review being completed. If deficiencies have bee identified by the review, the provider shall submit to IDHW a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to IDHW within 45 days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to IDHW the results of any implemented corrective action plan. At a minimum quality of services shall be evaluated according to the following criteria: A.5.2. The provider informs each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse services, and alternative forms of services available.	Three of four participant records reviewed ([Participant 1, 2, and 4]) lacked evidence that the provider informed each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse services, and alternative forms of services available. (REPEAT DEFICIENCY FROM 2009 SURVEY)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-12-11 | **Administrator Initials:** JP

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.1	Program Documentation (data/progress)	All participants programs will be reviewed and modified or re-assessed (if needed) per rule requirement. The Program Director will do quarterly quality assurance checks to ensure that all participants' programs are being modified or re-assessed per rule requirement.
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	Two of two participant records reviewed ([Participants 1, 2, and 4]) lacked documentation/evidence the programs have been modified or reassessed per rule requirement.	

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following criteria: A-5.1 A participant's implementation plan should be modified when there are changes in circumstances, abilities, or a re-assessment to ensure that public funds are expended for appropriate services in the most cost-effective manner.	For example: [Participant 1]'s Program Implementation Plans (PIPs) are dated January 1, 2011, through December 2011, which do not correspond with the Individual Service Plan (ISP) dates of June 30, 2011, through June 29, 2012. [Participant 2]'s PIPs are listed as ISPs instead of PIPs. [Participant 3]'s PIPs are dated January 2011 through November 2011, which do not correspond with the ISP dated June 30, 2011, through June 29, 2012. There was no documentation/evidence the programs have been modified or reassessed. [Participant 4]'s PIPs stated "revised October 2011". October 2011 had not yet occurred. (REPEAT DEFICIENCY FROM 2009 SURVEY)	Person Responsible: Program Coordinator and Program Director Date of Completion: December 11, 2011

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-12-11 | **Administrator Initials:** F

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	QA Program	All implementation plans will be discussed with all participants This discussion will be documented. At the time of each ISP, the plan will be discussed with the participant and this will be documented. Each participant will be given a copy of their ISP. The Program Director will do quarterly quality assurance checks to ensure that all participants have a current copy of their ISP. Person Responsible: Program Coordinator and Program Director Date of Completion: December 11, 2011
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.	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked documentation that the provider discussed the implementation plan(s) with the participant and provided him/her a copy of each plan. (REPEAT DEFIFIENCY FROM 2009 SURVEY)	

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 2011-12-11	Administrator Initials: JF
Administrator Signature (confirms submission of POC): Jeff Fair			Date: 2011-11-11
Team Leader Signature (signifies acceptance of POC): Pam Rowland-Schmidt			Date: 12/6/11

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