IDAHO DEPARTMENT OF HEALTH & WELFARE

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November 2, 2011

Lexi Maetche, Administrator
Alternative Nursing Services
1827 8th Street
Lewiston, ID 83501

Dear Lexi:

Thank you for submitting the Plan of Correction for Alternative Nursing Services dated October 6, 2011, in response to the Residential Habilitation Agency compliance review conducted by the Department on September 20, 2011. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued Alternative Nursing Services a full three year certificate effective November 30, 2011 to November 29, 2014, unless otherwise suspended or revoked.

Due to the nature of the deficiencies identified during the review and the fact that each was corrected during the review, your agency is not required to submit supporting documentation to verify ongoing compliance. Thank you for your patience while accommodating me through the survey process. If you have any questions, you can reach me if at (208) 364-1906.

Sincerely,

E. D. B

ERIC D BROWN
Program Supervisor
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Alternative Nursing Services, Inc.
RHA-193

1827 8th St
Lewiston, ID 83501
(208) 746-3050

Survey Type: Recertification

Entrance Date: 9/20/2011

Exit Date: 9/23/2011

Initial Comments: Survey Team: Eric Brown, Program Supervisor, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.b	Provider Records	
02. Required Information. Records must include at least the following information: (3-20-04) b. Social Security and Medicaid ID numbers. (7-1-95)	Review of agency files revealed that social security number information was missing from the files for all three participants reviewed. (The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	2. The Developmental Specialist/QMRP will audit all files and ensure that if they receive Residential Habilitation that their social security number is listed on their client information sheet. 3. The Developmental Specialist/QMRP will ensure that this is done during the intake process of all new clients and during quality assurance of all current clients. 4. The Developmental Specialist does a file audit on 10% of all participant files each week and this will be an area addressed. Also, the Program Administrator/Manager will audit all client info sheets of each new client before they begin services. 5. This has already been corrected in all current files and process is already in place.

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

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.f	Provider Records	2. The Developmental Specialist/QMRP will audit all files and ensure that if they receive Residential Habilitation that their dentist is listed as secondary physician on their client information sheet. If they do not have a dentist, it will be listed as no dentist and we will refer participants to local options for this service. 3. The Developmental Specialist/QMRP will ensure that this is done during the intake process of all new clients and during quality assurance of all current clients. 4. The Developmental Specialist does a file audit on 10% of all participant files each week and this will be an area addressed. Also, the Program Administrator/Manager will audit all client info sheets of each new client before they begin services. 5. This has already been corrected in all current files and process is already in place.
400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) f. Physician, dentist, and other health care providers. (7-1-95)	Review of agency files revealed that dentist information was missing from the files of all three participants reviewed. (The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	

Scope and Severity:	Widespread / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:**	**Administrator Initials:**
Administrator Signature (confirms submission of POC):	Lexi Maestas		**Date:** 11-2-11
Team Leader Signature (signifies acceptance of POC):	D. Ru		**Date:** 11-2-11