IDAHO DEPARTMENT OF HEALTH & WELFARE

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November 26, 2012

Dr. Thana Singarajah, Administrator
Kelly Lawrence, Program Director
Pearl Group Homes-Res Hab
1740 E. 17th, Suite A
Idaho Falls, Idaho 83404

Dear Dr. Singarajah & Ms. Lawrence:

Thank you for submitting Pearl Group Homes' Plan of Correction for Residential Habilitation services dated November 21, 2012. 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 Pearl Group Homes a full one (1) year certificate effective December 1, 2012 through November 30, 2013 unless otherwise suspended or revoked.

According to IDAPA 16.04.17.501.02, this certificate is contingent upon the correction of deficiencies. The supporting documentation addressed in your plan of correction will be reviewed during your next survey. Please ensure your agency quality assurance processes continue to implement and monitor rule compliance.

Thank you for your assistance through the survey process.

Sincerely,

Pam Loveland-Schmidt

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
Licensing and Certification
208-239-6267
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Enclosure

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Residential Habilitation Agency

Pearl Group Homes
RHA-2498

1740 E 17th St Ste A
Idaho Falls, ID 83404-6375
(208) 346-7500

Survey Type: Recertification

Entrance Date: 10/2/2012

Exit Date: 10/3/2012

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

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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)	Two of four employee records reviewed (Employees 3 and 4) lacked documentation that the agency ensured that all employees and contractors received orientation training in First Aid and CPR. For example: • Employee 3's record lacked documentation of First Aid and CPR training (corrected during survey). • Employee 4's record lacked documentation of First Aid and CPR training. The employee completed First Aid and CPR after survey on 10/04/2012. REPEAT DEFICIENCY from survey of 04/19/2011.	1.QIDP has developed a tracking system to insure First Aid and CPR are completed before expiration. Policies have been put in place that staff will be removed from their position until CPR and first are completed. 2. QIDP has developed hiring systems to complete training before staff are assigned a position. 3. QIDP will be responsible 4. QIDP established a QA review book 10/26/2012. Review to be done on a quarterly basis.	10/4/2012

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16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (3-29-12) j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	Three of six employee records reviewed (Employees 3, 5, and 6) lacked verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, " Criminal History and Background Checks." For example: • Employee 3's date of hire was 08/14/2012. As of 10/03/2012, he has not completed a criminal history check per rule requirements. • Employee 5's record lacked documentation of a Department of Health & Welfare clearance. Only a local Idaho State Police check was in the file (corrected during survey). • Employee 6's record lacked documentation of a Department of Health & Welfare clearance. The record only contained a notarized application (corrected during survey). REPEAT DEFICIENCY from survey of 04/19/2011.	1. Employee 3 was removed from position 10/2/2012. Background check was completed 10/15/2012. QIDP verified requirements and status before employee 3 was reinstated to position on 10/16/2012. 2. QA/QI review book was established on 10/26/2012. Trained QIDP will be accessing the criminal history web site. All personnel files have been updated to document clearance letter 10/16/2012. 3. QIDP is responsible. 4. QIDP's hiring process systems will ensure notarized temporary clearance is submitted before employment. Random checks will be done on state repository and criminal background records randomly each month.	10/16/2012

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16.04.17.302.02 302. SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)	Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked documentation that Program Implementation Plans (PIPs) met rule requirements. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. For example, Participants 1, 2, 3, and 4's program implementation plans lacked baselines to determine progress. REPEAT DEFICIENCY from survey of 04/19/2011. Also, see IDAPA 16.04.17.010.22: Implementation Plan. Written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service. Also, see IDAPA 16.04.17.011.01: Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment.	1. Implementation plans for all participants are all under review. Baseline information is now included to determine progress being made by each participant. 2. QIDP is developing for each participant an implementation plan that includes goals and objectives specific to his/her plan of service within the residential habilitation program. The review includes baseline information for each goal. 3. QIDP is responsible. 4. QIDP will review all the participants' files on a monthly and quarterly basis as of 10/19/ 2012. As of 10/26/2012, a QA review book was established to monitor and ensure consistent compliance with IDAPA Rules.	10/19/2012

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16.04.17.302.04 302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA	Three of four participant records reviewed (Participants 1, 2, and 3) lacked documentation that the agency followed its policy describing the program's system for handling participant medications, which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing."		09/21/2012

23.01.01, "Rules of the Board of Nursing." (3-20-04)	For example: • Medication logs for Participant 1 have dates on which there is no documentation that medications were given. For example: Provigil is to be given 1 time in the morning and the documentation has gaps of May 4-6, 2012; May 8, 2012; May 11-12, 2012; May 15, 2012; May 18-19, 2012; etc. • Medication logs for Participant 2 lacked documentation on January 30, 2012, for three medications: Lamotrigine, Sertraline; and Topiramate. In addition, there were notations for some medications stating that the medications were not given due to missing medications. • Medication logs for Participant 3 lacked documentation that medications were given for some days. There was no documentation as to why the medications were not given.	1. PGH have contracted with Western Visiting Nurses to provide nursing delegation and nursing oversight. 2. QIDP will be receiving a monthly detailed report documenting pertinent information for each participant 3. QIDP will be responsible. 4. QIDP will document and act on each monthly report from Western Visiting Nurses. In service training was provided by nurse reviewer on 10/17/2012.	
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16.04.17.400.02.i 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)	Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked documentation of the results of age appropriate functional assessments, and person centered plans. For example, Participants 1, 2, 3, and 4's records had a document labeled "Functional Assessment," but it appeared to be an assessment tool with no narrative format that addressed the skill areas to be addressed through Res Hab.	1. QIDP has begun a review on all participants' records. Results of age appropriate functional assessments are in the process of being integrated with the person centered plans in order to develop a narrative format that addresses skill areas to be addressed through Res. Hab. 2. For participants lacking a functional assessments, QIDP is reviewing and/or correcting all deficiencies identified. 3. QIDP will be responsible. 4. QIDP will review all the files on an annual basis.	10/19/2012

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16.04.17.405.01 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any restrictive intervention. (3-20-04)	Three of four participant records reviewed (Participants 1, 3, and 4) lacked evidence the agency assured positive behavior interventions were used prior to, and in conjunction with, the implementation of any restrictive intervention. For example: •Participant 1's record included restrictive interventions such as restricting him from food (snacks), making him clean the whole house, and warning him of taking his privileges away with no evidence that positive behavior intervention was utilized prior to the restrictive intervention. •Participant 3's record included restrictive intervention such as making him sit in his room with no evidence that positive behavior intervention was utilized prior to the restrictive intervention. •Participant 4's record included restrictive interventions such as restricting him from	1. QIDP is MANDT certified and has been providing training on a monthly basis as of 10/17/2012. 2. QIDP has been identifying and responding as needed on cited deficiencies. Positive behavior intervention Plans for each participant are being effected as of 10/17/2012. Training and a review of the policies and procedures have been effected immediately to address this. 3. QIDP is responsible. 4. QA review book is established to ensure individualized positive behavior interventions are observed and used for all participants. QIDP also will respond and document to any incident reported before the the quarterly review.	10/17/2012

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	watching TV until the house work and all homework was done. In addition, per Employee 2's instruction, he was not allowed to go to Walmart the next week until his mother was on shift. There was no documentation of a positive behavior intervention program for this.		
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16.04.17.405.02 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 02. No Abuse. Employees or contractors of the agency must not use physical, verbal, sexual, or psychological abuse or punishment. (3-29-12)	Three of four participant records reviewed (Participants 1, 3, and 4) lacked evidence the employees or contractors of the agency did not use physical, verbal, sexual, or psychological abuse or punishment. For example: •Participant 1's record included documentation that employees had been punishing him when he did not follow instructions or commands by sending him to his room, restricting him from food (snacks), making him clean the whole house, warning him of taking his privileges away, etc. Documentation of these punishments was in the record from January 2012 to September 24, 2012. •Participant 3's record included documentation that employees punished him by making him sit in his room. •Participant 4's record included documentation that employees had been punishing him by not allowing him to watch TV until all house work was done and and all homework was done. Per Employee 2's instruction, the participant was not able to go to Walmart the next week until his .	1. QIDP will review residential documents on a bi-weekly/monthy basis or at randomly to ensure that employees/contractors do not use physical, verbal, sexual or psychological abuse or punishment. Also, QIDP are MANDT certified and have been providing monthly and individual training across all areas identified. 2. QIDP will review, respond and document information from all residences on a monthly basis or as an incident arises. 3. QIDP will be responsible. 4. QIDP will conduct random home visits for all the participants and document the observations made. A review by QIDP on a bi-monthly basis will also be done during face-to-face meetings.	10/17/2012

	mother was on shift.		
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16.04.17.405.07 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 07. Proper Treatment of Participants. Participants must be treated with dignity and respect and their personal choices and preferences are respected and honored whenever possible and consistent with their well being and their plan of service. (3-20-04)	Three of four participant records reviewed (Participants 1, 3, and 4) lacked evidence that the participants were treated with dignity and respect and their personal choices and preferences were respected and honored whenever possible and consistent with their wellbeing and their plan of service. For example, see citations for IDAPA 16.04.17.405.02 and IDAPA 16.04.17.405.08.d.	1. QIDP and the Human Resource Manager have initiated a review of policies and procedures to ensure that participants are treated with dignity and respect and that their personal choices and preferences are respected and honored whenever possible and consistent with their wellbeing and their plan of service. 2. An annual or as need arises review (such as in quarterly reviews in the plan of service) of policies and procedures will be carried out by QIDP to assure and ensure that all participants are treated properly. 3. QIDP will be responsible. 4. QA review book was established by QIDP to ensure individualized proper treatment of participants is always observed and carried out for all participants. QIDP also will respond and document to any incident reported before the the quarterly review.	10/17/2012

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16.04.17.405.08.d 405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04) 08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04) d. Seclusionary Time Out. Seclusionary time out may be used only when a written behavior change plan is developed by the participant, his service coordinator his team, and a QMRP or a behavior consultant/crisis management consultant as qualified in IDAPA 16.03.10, " Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)	Three of four participant records reviewed (Participants1 and 3) lacked evidence the agency assured seclusionary timeout is used only when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QIDP or a behavior consultant/crisis management consultant as qualified in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. For example: • Participant 1's record included documentation stating that he was sent to his room. There was no evidence of a formal behavior plan. • Participant 3's record included documentation stating that an employee made him sit in his room. There was no evidence of a formal behavior plan.	1. QIDP is reviewing all the participants' behavior change plans to ensure that seclusion procedures are used when and only when a written behavior change plan is developed by the participant, psychiatric, his/her service coordinator, his/her team, QIDP or a behavior consultant/crisis management/consultant as per IDAPA regulations. 2. QIDP will ensure that an informed consent is signed and filed for all participants. QIDP is MANDT certified and has been training staff on a biweekly basis and also on an individual basis as the need is identified. 3. QIDP is responsible. 4. QA review book was established by QIDP that will be reviewed on an annual basis to ensure that seclusionary timeout is used when and only when a written individualized behavior change plan is developed.	10/19/2012

Administrator/Provider Signature: Kelly Lawrence **Date:** 11/21/12

Department PIC Approval Signature: Pam Lowland-Schmidt **Date:** 11/26/12

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

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