



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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January 24, 2013

Mr. & Mrs. Vance Walker, Administrator  
Adolescent and Child Development Center, LLC  
151 N. 3<sup>rd</sup> Avenue, Suite 110  
Pocatello, Idaho 83201

Re: Complaint received on October 5, 2012

Dear Mr. & Mrs. Vance Walker:

Thank you for submitting Adolescent and Child Development Center's Plan of Correction for Residential Habilitation services received January 15, 2013. The Department has reviewed and accepted the Plan of Correction in response to the complaint.

According to IDAPA 16.04.17.501.02, your Res Hab 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.

You can reach me if you have any questions at [lovelanp@dhw.idaho.gov](mailto:lovelanp@dhw.idaho.gov) or 208-239-6267.

Pam Loveland-Schmidt, Adult & Child DS  
Medical Program Specialist  
DDARH Licensing and Certification



# Statement of Deficiencies

Residential Habilitation Agency

Adolescent and Child Development Center, LLC  
RHA-2335

151 N 3rd Ave Ste 110  
Pocatello, ID 83201-6367  
(208) 232-5622

**Survey Type:** Investigation

**Entrance Date:** 10/5/2012

**Exit Date:** 10/5/2012

**Initial Comments:** Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification.  
Focused investigation.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.705.01.e 705. ADULT DD 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 -- Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and must supervise the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (10-1-	The agency lacked documentation that it was responsible for providing ongoing training specific to the needs of the participant as needed.  For example, when asked for training documents for employees working with Participants 1, 2, and 3, no documentation of behavior training was provided. In addition, based upon the findings, training that was provided did not appear to address or meet Participants 1 and 3's specific ongoing needs. Multiple incidents, which included injuries to Participant 1 and to staff, lacked evidence that staff had received appropriate and ongoing training to include behavior training addressing the participant needs.  Also, see IDAPA 16.04.17.203.	1. What corrective action(s) will be taken? The agency has developed a rule-specific form to collect training specific to the needs of the participants prior to working with participants. All new and current staff will be trained or retrained pursuant to the corrective action. 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 will address the deficiency as though all participants are affected. The corrective training/retraining will remedy the 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?	2013-02-28

<p>12)T e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (3-19-07)</p>		<p>The agency will monitor compliance at new employee orientation, with quarterly quality assurance reviews, and annual employee performance reviews.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.d 202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04) 03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04) d. Maintaining adequate financial accounting records according to government accepted accounting principles; (3-29-12)</p>	<p>Three of 3 participant records reviewed lacked documentation the administrator, or his designee, assumed responsibility for maintaining adequate financial accounting records according to government accepted accounting principles.  For example:  Records for Participants 1, 2, and 3 lacked documentation of rule-compliant documentation that assured the agency had complied with the authorized plan. The agency lacked documentation of payee documentation. The authorized plans stated Adolescent &amp; Child Development Center was the payee for all three individuals. The agency had no documentation that Employee 2 was the payee from May 2012 until November 2012. In addition, the employee stated that Participant 1's rent had not been paid from May 2012 through October 5, 2012, with his funds. When asked for receipts or documentation of a rental agreement, Employee 2 was unable to produce the documents. When the survey team returned on November 16,</p>	<p>1. What corrective action(s) will be taken? The agency has developed and implemented a financial tracking procedure to assure accuracy, completeness, and compliance. The system ensures a complete accounting of participant funds and prevents the commingling of finances. Training has been provided to the administrator and staff to ensure compliance 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 participants for whom the agency is payee are affected. The corrective action described will correct the 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 agency will monitor compliance daily with financial reconciliation of all credits/debits The</p>	<p>2012-12-03</p>

	<p>2012, and asked for documentation of payee documents, Employee 2 was unable to provide all the documentation. Some documentation was provided after 3 hours of waiting, but when asked about Participant 3's finances, Employee 3 stated he had no documentation because the participant had no money and Participant 1's funds were paying for the rent, utilities, etc.</p> <p>During this investigation, it was determined that the Food Stamp/Quest cards were kept in Employee 3's wallet for all participants. When asked for the Food Stamp/Quest cards and account for the expenditures, it took approximately 1 hour to produce the cards. In review of the Food Stamp/Quest cards, the receipts were kept in the envelope for the card, there were several months of receipts in the envelopes, and there was no documentation of accounting for the expenditures. In addition, it was reported that Participant 3's Food Stamp/Quest card was used to purchase food for the home, which has two individuals living in the home.</p>	<p>agency will also formally evaluate the procedure with quarterly quality assurance reviews and through employee performance evaluations.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.e</p> <p>202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)</p> <p>03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04)</p> <p>e. Making all records available to the Department for review or audit; (3-29-12)</p>	<p>The agency lacked evidence that the administrator, or his designee, assumed responsibility for making all records available to the Department for review or audit.</p> <p>For example:</p> <p>Participants 1, 2, and 3's records lacked payee financial documentation. When Employee 2 was asked to produce the documents, she was unable to provide the documents beyond May 26, 2012. The employee went on-line and printed the participants' bank statements, but was unable to produce receipts that pertained to</p>	<p>1. What corrective action(s) will be taken? All agency records will be made available upon request by the Department. The agency will develop organizational processes to facilitate more adequate access.</p> <p>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 will correct the deficiency systemically for all participants. The organization modifications will enable the agency and external reviews to more immediately identify, locate, and review documentation.</p>	<p>2012-12-03</p>

	<p>the expenditures.</p> <p>Participant 2's record lacked documentation that the agency provided skill training per the authorized plan. When Employee 2 was asked about services, she stated that they have not billed for services since September 24, 2012. The records lacked documentation of any skill training per the authorized plan.</p> <p>Participant 3's Individual Service Plan stated Adolescent &amp; Child Development Center is the payee for him. When asked for payee documents, Employee 2 was unable to produce documents. Employee 2 stated that the participant does not have any money and that Participant 1 is currently paying for the rent, utilities, etc.</p> <p>Also, when the survey team visited on October 5, 2012, and November 16, 2012, the agency did not have the requested employee and participant documentation. The agency provided some documents, which mostly did not meet rule requirements, after multiple requests and approximately 3 hours of waiting for the documents.</p>	<p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Compliance will be monitored ongoing training and supervision of staff and clerical staff. Additionally, compliance will be formally evaluated and documented during quarterly quality assurance reviews.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.02</p> <p>301. PERSONNEL.</p> <p>02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)</p>	<p>One of two participant records reviewed (Participant 2) lacked evidence that the agency assured coverage was scheduled to assure compliance with the Individual Support and Implementation Plans, and that all work schedules were kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules.</p> <p>For example, Participant 2 has not received</p>	<p>1. What corrective action(s) will be taken? Training has been provided to the administrative staff completing schedules. Proposed schedules will be submitted to the administrator or designee weekly. Any changes will also be monitored and documented.</p> <p>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 will correct the deficiency as though all</p>	<p>2013-01-14</p>

	<p>residential habilitation services since September 24, 2012, per Employee 2 and agency documentation.</p>	<p>participants are affected. The corrective action will remedy the deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored with weekly oversight, through quarterly quality assurance reviews, and through annual performance appraisals.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.d 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) d. Other qualifications (if licensed in Idaho, the original license number and the date the current registration expires, or if certificated, a copy of the certificate); and (7-1-95)</p>	<p>Five of 7 employee records reviewed (Employees 4, 5, 6, 7, and 8) lacked documentation of Medication Assistance certification per rule requirements prior to assisting with medications.</p> <p>For example: Employees 4, 5, 6, 7, and 8 signed off and initialed medications given to Participants 1 and 3 for the months May 2012 through November 2012. There was no documentation of Medication Assistance certification in the record. When Employee 2 was asked for the documentation of all Medication Assistance certification, it took approximately 3 hours to get the documentation. Documentation of certification for these five employees was not provided.</p>	<p>1. What corrective action(s) will be taken? No employee will provide assistance without being trained and certified to do so by the Idaho Technical Education Program. All assistance with medication will be provided by certified individuals. Evidence of the certification will be kept in employee records.</p> <p>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 will correct the deficiency for those participants who receive assistance with medications from the agency. The corrective action will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p>	<p>2012-12-03</p>

	<p>Also, see IDAPA 16.03.10.705:01.a.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 Department of Health and Welfare Medicaid Enhanced Plan Benefits Section 705 Page 225 by July 1, 2007.</p>	<p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Compliance will be monitored upon employee hire and orientation.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p>	<p>Three of 3 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."</p> <p>For example:</p> <p>Participants 1, 2, and 3's records lacked documentation that the employee assisted with medications and documented per agency policy and rule requirements. There were several days that had no documentation that the medication was given and no documentation as to why the medication was not given.</p> <p>Participant 1's medication log for May 2012 through October 2012 lacked documentation for several days that medications were not given and there was no documentation as to why.</p>	<p>1. What corrective action(s) will be taken? No employee will provide assistance without being trained and certified to do so by the Idaho Technical Education Program. All assistance with medication will be provided by certified individuals. Evidence of the certification will be kept in employee records. Medication errors will also have corresponding documentation of reasons for the issue and corrective actions taken</p> <p>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 will correct the deficiency for those participants who receive assistance with medications from the agency. The corrective action will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p>	<p>2013-01-14</p>

	<p>Participant 3's medication log for October 2012 lacked documentation of any medications given for October 30, 2012.</p> <p>Also, see IDAPA 16.04.17.400.g and m.</p>	<p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Compliance will be monitored upon employee hire and orientation. Additionally, medication assistance records will be reviewed daily for compliance.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.n</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>n. Daily record of the date, time, duration, and type of service provided. (7-1-95)</p>	<p>Three of three participant records (1,2,3) reviewed lacked:</p> <p>* Documentation records include daily record of the date, time, duration, and type of service provided.</p> <p>For example: Three of 3 participant records reviewed (Participants 1, 2, and 3) lacked documentation that records included daily records of the date, time, duration, and type of service provided.</p> <p>For example: Participant 1's record lacked documentation of the date time, duration, and type of service for the following dates: •September 9-10, 2012 •November 6, 2012 •November 13-17, 2012</p> <p>In addition, some time sheets lacked the</p>	<p>1. What corrective action(s) will be taken? Training of new staff and retraining of existing staff will be conducted to ensure the components of the participants' records are accurately documented.</p> <p>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 will correct the deficiency as though all participants are affected. The corrective action and training will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The records of services will be monitored daily and all staff will be trained of the responsibilities to document the elements in rule. Annual</p>	<p>2013-02-04</p>

	<p>participant's name. There were some sheets with the individual's name written in, but most did not.</p> <p>The same deficient practice was identified for the two other participant records. When in the participants' home, this was brought to Employee 2's attention that the employees were not completing the time sheets.</p>	<p>performance appraisals and quarterly quality assurance reviews will also be employed to verify compliance.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.403.01</p> <p>403. PARTICIPANT FINANCES. When the residential habilitation agency or its employees or contractors are designated as the payee on behalf of the participants, the agency must establish and maintain an accounting system that: (3-29-12)</p> <p>01. Participant's Personal Finance Records. Assures a full and complete accounting of participants' personal funds entrusted to the agency, its employees, or contractors on behalf of participants. Records of financial transactions must be sufficient to allow a thorough audit of the participant's funds. (3-29-12)</p>	<p>Three of 3 participant records reviewed (Participants 1, 2, and 3) lacked documentation that when the residential habilitation agency or its employees or contractors were designated as the payee on behalf of the participants, the agency established and maintained an accounting system that assured a full and complete accounting of participants' personal funds entrusted to the agency, its employees, or contractors on behalf of participants. Records of financial transactions must be sufficient to allow a thorough audit of the participants' funds.</p> <p>For example:</p> <p>Participant 1's record lacked any financial documentation after May 26, 2012. When asked about the documentation, Employee 2 went on-line and accessed the participant's bank statements. When asked about specific checks, such as a check written to the agency on</p>	<p>1. What corrective action(s) will be taken? The agency has developed and implemented a financial tracking procedure to assure accuracy, completeness, and compliance. The system ensures a complete accounting of participant funds and prevents the commingling of finances. Training has been provided to the administrator and staff to ensure compliance</p> <p>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 participants for whom the agency is payee are affected. The corrective action described will correct the deficiency</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p>	<p>2012-12-03</p>

	<p>September 17, 2012, for \$148.00, the employee began pulling receipts out of her purse, which did not have the participant's name on them and the receipts did not add up to the \$148.00 check. When asked about what bills had been paid for the participant, such as the rent, the employee stated they had not paid the participant's rent since May 2012 out of his funds. When asked for a copy of the rental agreement, it was not produced.</p>	<p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor compliance daily with financial reconciliation of all credits/debits. The agency will also formally evaluate the procedure with quarterly quality assurance reviews and through employee performance evaluations.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.403.02 403. PARTICIPANT FINANCES. When the residential habilitation agency or its employees or contractors are designated as the payee on behalf of the participants, the agency must establish and maintain an accounting system that: (3-29-12) 02. No Commingling of Funds. Precludes any commingling of participant funds with agency funds. (3-20-04)</p>	<p>Three of 3 participant records reviewed (Participants 1, 2, and 3) lacked evidence that when the residential habilitation agency or its employees or contractors were designated as the payee on behalf of the participants, the agency established and maintained an accounting system that assured no commingling of participant funds with agency funds.</p> <p>For example:</p> <p>Participants 1 and 2's records lacked documentation assuring participant funds and agency funds were not commingled. Per Employee 2's statement, they have not paid Participant 1's rent out of his funds since May 2012. Also, based upon agency documentation and observation, the agency did not follow its accounting system that assured no commingling due to the lack of documentation and all receipts were kept in the employee's purse. It was unclear if the receipts were the individual's personal expenses or belonged to the participant.</p>	<p>1. What corrective action(s) will be taken? The agency has developed and implemented a financial tracking procedure to assure accuracy, completeness, and compliance. The system ensures a complete accounting of participant funds and prevents the commingling of finances. Training has been provided to the administrator and staff to ensure compliance</p> <p>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 participants for whom the agency is payee are affected. The corrective action described will correct the deficiency</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor compliance daily with financial reconciliation of all credits/debits. The agency will also formally evaluate the procedure</p>	<p>2012-12-03</p>

	<p>In addition, there was an incident that occurred on or around September 20, 2012, which involved blinds being hung for Participant 1. The receipt for the blinds, which was in the employee's purse, was not purchased until October 4, 2012.</p> <p>The same deficient practice occurred for Participants 2 and 3. See other citations in this report for additional information.</p>	with quarterly quality assurance reviews and through employee performance evaluations.	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.404.04</p> <p>404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS.</p> <p>The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and (3-20-04)</p> <p>04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3-29-12)</p>	<p>One of 3 participant records reviewed (Participant 1) lacked documentation that through a Department-approved process, the agency notified the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition, including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file.</p> <p>For example:</p> <p>Participant 1's record lacked documentation of an incident addressing that an alleged injury was reported per rule requirements. According to the incident report, the incident occurred September 20, 2012; when interviewed, the other staff (Employees 4 and 5) stated this same date. The incident reports completed by Employees 1</p>	<p>1. What corrective action(s) will be taken? Training of new staff and retraining of existing staff will be provided pertaining to the compliance expectation of all critical incidents that require reporting to the Department</p> <p>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 will correct the deficiency as though all participants are affected. The corrective action will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The correction will be monitored upon hire and orientation, through annual performance appraisals, through quarterly quality assurance reviews. Ongoing, regular oversight of the services in the residences will also safeguard compliance.</p>	2013-01-14.

and 2 for the other employees stated the incident occurred September 25, 2012, and that staff were interviewed from September 26, 2012, through October 2, 2012. The Program Coordinator's conclusion was completed on September 28, 2012, prior to the other interviews that occurred from October 1, 2012, through October 2, 2012. In addition, the incident reports addressed the alleged perpetrator being present while interviewing the employees. Documentation included an employee refusing to sign the statement developed by the agency due to "some of the statements are not true." This is the same for the medication incident. The employees stated that the participant took the other roommate's medications on September 23, 2012, at which time he was hospitalized and discharged on September 25, 2012. The incident report stated the incident occurred on September 22, 2012, and reported on September 24, 2012. The dates do not correspond. Based upon the documentation, the incident was not reported within the rule requirements.

In addition, the incident was not reported to Adult Protection within the timeframe required by rule.

There was no documentation that the incident was reported to the participant's guardian.

Another incident occurred on August 29, 2012, in which Participant 1 was getting out of the tub, slipped, and fell. The incident report stated he laid in the tub and didn't move, the staff "supported his head so that it wouldn't go under water. After a couple of seconds he sat up and then got out of the tub." In the section for action taken to protect the participant, it stated, "I held his head so he wouldn't drown because he didn't hold it up himself." In the section for parent/guardian notification, it was checked "no"

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.01</p> <p>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)</p> <p>01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any restrictive intervention. (3-20-04)</p>	<p>and the staff stated, "[Employee 3] said it wasn't necessary." There was no evidence this incident (a significant incident affecting health and safety) was reported to the Department.</p> <p>Based on observation and review of 2 of 2 participant records (Participants 1 and 3), it was determined the agency lacked documentation it assured positive behavior interventions were used prior to and in conjunction with, the implementation of any restrictive intervention.</p> <p>For example, Participants 1 and 3's records lacked documentation that positive behavior intervention was used prior to and in conjunction with the implementation of restricting the use of the refrigerator. During the visit to Participants 1 and 3's home, it was observed that the agency had placed a cable with a lock around the refrigerator and freezer; the employees were the only ones with access to the key/combination. Based upon discussion with the agency, this restrictive intervention was to prevent Participant 1 from accessing the items in the refrigerator. There was no rule-compliant programming for this practice.</p>	<p>1. What corrective action(s) will be taken? The agency will develop and implement written informed consent documentation that includes the formal training of positive behavior interventions prior to any restrictive interventions for participant requiring them. All staff will be retrained on the informed consent documentation and procedures for providing proper treatment of participants. Any staff discovered to be violation of the procedures will be immediately terminated.</p> <p>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 will correct the deficiency as though all participants are affected. The retraining of staff will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the treatment of participants daily, with quarterly participant satisfaction surveys, and annual performance appraisals.</p>	<p>2013-01-28</p>

Rule Number/Text	Finding	Plan of Correction	Date to be Completed
<p>16.04.17.405.02</p> <p>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)</p> <p>02. No Abuse. Employees or contractors of the agency must not use physical, verbal, sexual, or psychological abuse or punishment. (3-29-12)</p>	<p>Based on observation and review of 1 of 1 participant record (Participant 1), it was determined that the agency lacked evidence its employees or contractors did not use physical punishment.</p> <p>For example:</p> <p>Observation and review of Participant 1's record confirmed that the participant received an injury on his left shoulder just below his left arm, which appeared to be a rug burn. No medical treatment was pursued and the injury was still present 15 days after the incident. Employee 3 was unable to remove the participant from the spare room in the home and the participant dropped to the floor where the employee then pulled him out of the room. The participant received an injury. When Adult Protection asked Employee 3 about the injury, and whether he felt that what he had done would be considered abuse, he stated, "Yes."</p> <p>Adult Protection substantiated abuse against Employee 3.</p> <p>Also, see IDAPA 16.04.17.405.02. The agency lacked evidence it followed its policies and procedures to assure the safety of participants and employees. Also, see IDAPA 16.04.17.405.04 on reporting violations.</p>	<p>1. What corrective action(s) will be taken? The agency will develop and implement written informed consent documentation that includes the formal training of positive behavior interventions prior to any restrictive interventions for participant requiring them. All staff will be retained on the informed consent documentation and procedures for providing proper treatment of participants and not using physical punishment. Any staff discovered to be violation of the procedures will be immediately terminated.</p> <p>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 will correct the deficiency as though all participants are affected. The retraining of staff will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the treatment of participants daily, with quarterly participant satisfaction surveys, and annual performance appraisals.</p>	<p>2013-01-28</p>

<p>Administrator/Provider Signature: <i>Dancy R. Walker</i></p>	<p>Date: 1/15/2013</p>
<p>Department POC Approval Signature: <i>Pam Deueland-Schmitt</i></p>	<p>Date: 1/24/13</p>

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