IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

January 27, 2012

Michelle Mares, Administrator
Scott's Ongoing Services, Inc.
4367 S. Trailridge Ave.
Boise, ID 83716

Dear Michelle:

Thank you for submitting the Plan of Correction for Scott's Ongoing Services, Inc. dated January 10, 2012, in response to the Residential Habilitation Agency compliance review conducted by the Department on November 7, 2012. The Department has reviewed and accepted the Plan of Correction. As a result, we have issued Scott's Ongoing Services, Inc. a full one (1) year certificate effective January 27, 2012 to January 27, 2013.

Due to the nature of the lone deficiency, the agency is not required to submit future supporting documentation related to this survey to verify the agency's plan of correction is being followed on an ongoing basis.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1906.

Sincerely,

ERIC D BROWN
Program Supervisor
DDA/RH Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Residential Habilitation Agency

Scott's Ongoing Services, Inc.
RHA-3500

4367 S Trailridge Ave
Boise, ID 83716-
(208) 891-0162

Survey Type: Recertification

Entrance Date: 11/7/2011

Exit Date: 11/8/2011

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	Additional Terms	When agency was informed that current Program Implementation Plan Meeting documentation stating participant participated and received program implementation plan was not sufficient as it was not accompanied by a signature, agency created a Program Implementation Plan Acknowledgement form. The Program Implementation Plan Acknowledgement form simply states that the participant has discussed the Program Implementation Plan with the Program Coordinator and has received a current copy of Program Implementation Plan and includes participant's signature. Entries were also placed in the agency's internal Quality Assurance documentation to ensure this document exists in participant file and is reviewed on a regular basis for consistent compliance with IDAPA rules. There is only one participant receiving services from this agency therefore only one participant was affected. This Program Implementation Plan Acknowledgement form was created and signed by the affected participant, November 7, 2011, the day of review. The Administrator was the responsible for implementing the corrective action and was completed on November 7, 2011, the day of review.
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.	There was no documentation that indicated [Participant 1] had received a copy of the implementation plan.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 2011-11-07	**Administrator Initials:**
Administrator Signature (confirms submission of POC):			**Date:** 2011-11-28
Team Leader Signature (signifies acceptance of POC):			**Date:** 2012-1[illegible]-12