



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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DIVISION OF MEDICAID
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Pocatello, Idaho 83201
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Email: lovelanp@dhw.idaho.gov
Website: www.ddacertification.dhw.idaho.gov

March 15, 2011

Robynn Howell, Administrator
H.A.S., Inc.
1274 S. Woodruff Avenue
Idaho Falls, Idaho 83404

Dear Ms. Howell:

Thank you for submitting H.A.S., Inc. Plan of Correction for Residential Habilitation services received January 14, 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 H.A. S., Inc. a full certificate effective January 1, 2011 unless otherwise suspended or revoked.

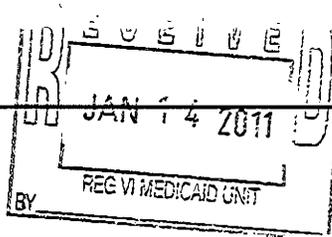
This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than **April 8, 2011**. You may submit supporting documentation as follows:

Fax to: 208-239-6269
Email to: lovelanp@dhw.idaho.gov
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.

Thank you for your patience and accommodating us through the survey process.

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

H.A.S. Inc. RHA-253	1274 S Woodruff Ave Idaho Falls, ID 83404 (208) 529-3342
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Survey Type: Recertification	Entrance Date: 11/16/2010
	Exit Date: 11/17/2010

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

Observations (Conducted observations on Supported Living participants only):

[Participant 11] was observed with [Employee 11] in her home. They had just returned from a walk, which was part of her programs. They then worked on preparing her lunch for the day, which included determining how many carbohydrates she could have. The employee worked well with the participant; she provided prompts as appropriate and treated the participant with respect.

[Participant 22] was observed with [Employee 23] at Brohlim's in Shelley. This was the individual's local store and the employees at the store appeared to know the participant. The employee did a nice job working with the participant. They did price comparisons and then purchased an item to cook at home.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.h 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) h. Results of a history and physical when necessary. (7-1-95)	Participant Records Two of 22 participant records reviewed ([Participants 18 and 22]) lacked results of a current history and physical. For example: [Participant 18]'s most current history and physical was dated June 10, 2009. There were no further assessments in the file. The record included a note requesting a current assessment from the service coordinator on November 12, 2010.	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. See Next Page

ISSH Waiver participants.

- Experience in writing skills-training programs.
- Skill in individualized strategy development and implementation to assist the participant in meeting wants and needs within the scope of RES/HAB.

Core Functions of the Program Coordinator include the following:

- Face to face contact with direct service provider(s) and/or participant regarding oversight, supervision, and provision of RES/HAB.
- Implementation plan development.
- Evaluation, analysis, and/or revision of implementation plans.
- Phone contacts specific to RES/HAB services identified on the ISP.
- Attendance at participant meetings specific to RES/HAB services identified on the ISP.
- Emergency contact specific to RES/HAB services identified on the ISP.

1. The Agency will contact the TSC and ask for an addendum to list the Res Hab emergency number on the ISP
2. A: The Agency will review all participant ISP's to ensure they have the correct Res Hab emergency numbers listed on them
 B: The Agency will request an addendum
3. The Administrator
4. A cover letter has been created to submit with the Res Hab plan. It requests the Agencies emergency number to be listed on the ISP.
5. 12-31-10

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

Date to be Corrected: 12-30-10

Administrator Initials: *Rh*

Administrator Signature (confirms submission of POC):

Robyn Howell

Date: 1-12-11

Team Leader Signature (signifies acceptance of POC):

Tam Bowland-Schmitt

Date: 3/15/11