IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 7, 2014

C. Jared White, BA, Administrator
A New Hope
19 B Mountain Drive
Pocatello, ID 83204-4724

Dear Mr. White:

Thank you for submitting the Plan of Correction for A New Hope dated March 7, 2014, in response to the initial survey conducted on January 9, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result of the initial survey, we previously issued A New Hope full certificates effective from January 22, 2014, through January 31, 2015, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, these certificates are issued on the basis of substantial compliance and are contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 239-6267.

Sincerely,

Pam Loveland-Schmidt

PAMELA LOVELAND-SCHMIDT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Certification Program

PLS/slm

Enclosure
1. Approved Plan of Correction

IDAHO DEPARTMENT OF HEALTH & WELFARE

# Statement of Deficiencies

*Residential Habilitation Agency*

A New Hope
RHA-5053

707 North 7th Avenue, Suite F
Pocatello, ID 83201
(208) 904-1950

**Survey Type:** Initial

**Entrance Date:** 1/7/2014

**Exit Date:** 1/9/2014

**Initial Comments:** Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program.

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
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| 16.04.17.302.01.b<br>302. SERVICE PROVISION PROCEDURES.<br>01. Admission Procedures. The following criteria must apply to all participants receiving services<br>from a residential habilitation agency: (3-20-04)<br>b. The agency must obtain authorization from the Department for reimbursement for each Medicaidcovered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA16.03.10, “Medicaid Enhanced Plan Benefits,” Sections 507 through 515 (3-20-04) | One of 3 participant records reviewed (Participant 3) lacked documentation that the agency obtained authorization from the Department for reimbursement for each Medicaid covered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA16.03.10, “Medicaid Enhanced Plan Benefits,” Sections 507 through 515 (3-20-04).<br><br>For example, Participant 3's record included an ISP authorized for January 20, 2013, through January 19, 2014, for another agency, not A New Hope. In addition, the authorization was for hourly support, not the high support that the agency was providing at the time of survey. On January 8, 2014, the agency provided a cost sheet, but there were no goals and objectives for high support, only hourly support. The agency was authorized to provide services as of August 10, 2013, but the agency lacked this documentation in the record until January 8, | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>QIDP will review each plan as it is received and before any services begin. Supervisor will ensure that as programs begin, they align with the POS obtained from the clients service coordinator.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>QIDP will QA each clients POS to ensure the agency is only providing the approved services as stated in the plan.<br>3. Who will be responsible for implementing each corrective action? QIDP as overseen by the administrator.<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? | 2014-03-01 |

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| | 2014.<br><br>Also see IDAPA 16.04.17.400.02.o. | QIDP will conduct quarterly review of each clients file and flag those with plans that are coming due, so they can watch for the approved plan and ensure everything is in place with the new plan before it begins.<br>By what date will the corrective actions be completed? 3/1/14 | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.302.02<br><br>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) | Two of 3 participant records reviewed (Participants 1 and 3) lacked documentation that each participant had an implementation plan that included goals and objectives specific to his plan of service residential habilitation program.<br><br>For example:<br><br>Participant 1's implementation plans did not correlate with the authorized plan. For instance, the ISP authorized socialization-planning activities and community activities that were not addressed in a Program Implementation Plan (PIP). In addition, the PIP addressed increased daily living skills-hygiene (shower, shave, brush teeth) that was not addressed on the authorized plan.<br><br>Participant 3's record lacked documentation of an authorized plan for this agency until January 8, 2014. It was unclear how the agency determined which goals and objectives were to be completed with no authorized plan. The documentation that the agency had in its record | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>QIDP will review each clients POS and PIP to ensure the same goals are included in the PIP as in the POS.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>QIDP will review each clients POS and compare it to the PIP to ensure the goals are identical.<br>3. Who will be responsible for implementing each corrective action?<br>QIDP as overseen by the administrator.<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QIDP will review each clients POS and PIP at least quarterly, and when new ones are obtained, to check for consistency between the two.<br>5. By what date will the corrective actions be completed? 3/1/14 | 2014-03-01 |

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| | was for another agency, and for hourly support (not the high support that the agency was providing at the time of survey). | | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.302.04<br>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) | Two of 3 participant records reviewed (Participants 1 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."<br><br>For example:<br><br>Medication logs for Participant 1lacked documentation that staff assisted with medications per agency policy and rule requirements for January 4 and January 6, 2014.<br><br>Medication logs for Participant 3 lacked documentation staff assisted with medications per agency policy and rule requirements. For instance, medication logs from August 2013 to January 2014 lacked documentation that medications had been given per physician's orders, and there was no documentation as to why they were not given. For example, | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>Agency Administrator will implement and train staff in the use of an electronic MAR that will send alerts to program coordinator when there are problems with the meds being administered according to the doctors orders.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>Program coordinator will review the electronic mar, and train staff on the policies and procedures dealing with medication.<br>3. Who will be responsible for implementing each corrective action? Agency administrator, and program coordinator.<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency Administrator and Program coordinator will review electronic records to | 2014-03-01 |

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| | Risperidal .5mg was ordered at 1 tablet on odd days; from August 17-19, 2013, it was given daily, not on odd days; then from August 27-29, 2013, they were given every day again. On August 14, 2013, the log stated Omeprazole was not taken ("forgot"), but there was no documentation as to who was notified, if anyone. The agency's passing of medications did not meet ResHab rules that require the agency to follow the nursing rules, and staff did not follow the agency's policy and procedures. | to ensure medication is being dispensed as per doctor's prescription. The EMAR will be reviewed at minimum, monthly by the Program Coordinator and or when the EMAR alerts program coordinator of concern through that electronic alerts function.<br>By what date will the corrective actions be completed? 3/1/14 | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.400.01<br>400. PARTICIPANT RECORDS.<br>01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. All entries made into a participant record must be dated and signed in ink. (3-20-04) | Two of 3 participant records reviewed (Participants 1 and 3) lacked documentation that the agency followed its written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records.<br><br>For example:<br><br>Participant 1's record in the home and permanent record lacked documentation whom the data was completed by; it was not initialed or signed by the staff completing the data. The record lacked documentation of data taken for | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>Agency Administrator will work with the Program Coordinator to design a new note template to ensure current and accurate records.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>Agency Administrator and Program Coordinator will work together to review all clients notes to ensure they provide an accurate representation of | 2014-03-01 |

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| | several days of each month for each objective. This is the same for all 24-hour participants due to the form not having this information. In addition, the medication logs lacked documentation for January 4-6, 2014.<br><br>Participant 3's record in the home and permanent record lacked documentation that data was taken for January 1-4, 2014, and some data was documented for January 6-7, 2014, but not for all objectives. In addition, the medication logs lacked documentation that medications were given per physician's orders. Data and time sheets did not appear to correlate. For instance, on December 21, 2013, the log stated for data “N/A,” and for the time sheet the staff stated he had breakfast and returned home for lunch. It was unclear why this program was not run. The documentation did not appear to be accurate. | the work being done with the client.<br>3. Who will be responsible for implementing each corrective action? Agency Administrator and Program Coordinator.<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Program Coordinator will review the notes on a quarterly basis ensuring that they are meeting program requirements. | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.400.02.a<br>400. PARTICIPANT RECORDS.<br>02. Required Information. Records must include at least the following information: (3-20-04)<br>a. Name, address and current phone number of the participant. (3-20-04) | One of 3 participant records reviewed (Participant 1) lacked documentation that it included the current phone number of the participant. | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>QIDP will review the clients record to ensure all information is complete and up to date. If any information is missing QIDP will contact the client to obtain the information required.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>QIDP will review each clients file to ensure all information is complete and up to date. | 2014-03-01 |

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| | | 3. Who will be responsible for implementing each corrective action? QIDP as overseen by the Administrator<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?<br>QIDP will review the information with each client as least quarterly.<br>5. By what date will the corrective actions be completed? 3/1/14 | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.400.02.e<br>400. PARTICIPANT RECORDS.<br>02. Required Information. Records must include at least the following information: (3-20-04)<br>e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. (3-20-04) | One of 3 participant records reviewed (Participant 2) lacked documentation it included documentation of a current (accurate) phone number for the emergency contact. The number was not a complete phone number. | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>QIDP will review the clients record to ensure all information is complete and up to date. If any information is missing QIDP will contact the client to obtain the information required.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>QIDP will review each clients file to ensure all information is complete and up to date.<br>3. Who will be responsible for implementing each corrective action? QIDP as overseen by the administrator.<br>4. How will the corrective actions be monitored to | 2014-03-01 |

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| | | ensure the problem is corrected and does not recur?<br>QIDP will review the information with each client on entrance to the agency and at least annually there after.<br>5. By what date will the corrective actions be completed? 3/1/14 | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.400.02.f<br>400. PARTICIPANT RECORDS.<br>02. Required Information. Records must include at least the following information: (7-1-95)<br>f. Physician, dentist, and other health care providers. | Three of 3 participant records reviewed (Participants 1, 2, and 3) lacked evidence that they included documentation of the participants' dentists. | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.<br>QIDP will review the clients record to ensure all information is complete and up to date. If any information is missing QIDP will contact the client to obtain the information required, including medical and dental providers<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?<br>QIDP will review each clients file to ensure all information is complete and up to date.<br>3. Who will be responsible for implementing each corrective action? QIDP as overseen by the Administrator<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?<br>QIDP will review the information with each client at least quarterly<br>5. By what date will the corrective actions be | 2014-03-01 |

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| | | completed? 3/1/14 | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.04.17.400.02.k<br>400. PARTICIPANT RECORDS.<br>02. Required Information. Records must include at least the following information: (3-20-04)<br>k. Habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program.<br>(3-20-04) | One of 3 participant records reviewed (Participant 3) lacked evidence of a habilitation program that included documentation of planning, continuous evaluation, and participant satisfaction with the program.<br><br>For example, Participant 3's record lacked a copy of the agency's authorized ISP; another agency's plan was in the record. On January 8, 2014, the administrator, once this was brought to his attention, accessed the plan from the Service Coordinator and provided the authorization (costing sheet), but not the complete plan authorizing the goals to be addressed. It was unclear how the agency determined the goals to be worked on. The agency had worked with this individual since August 10, 2013, to the date of the survey without authorized goals. In addition, the participant record included habilitation goals (PIPs) with the start date of August 13, 2012, but the agency was not authorized to provide the service until August 10, 2013.<br><br>Also, the data and time sheets did not correlate. For instance, data sheets for December 21, 2013, stated “N/A” for the objective "cooking," and on the time sheet the staff stated he had breakfast and within the | 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. Program Coordinator will review each clients record, check specifically for documentation of planning, evaluation and satisfaction.<br>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Program Coordinator will review each clients record to ensure proper documentation of planning, evaluation and satisfaction.<br>3. Who will be responsible for implementing each corrective action? Program Coordinator<br>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Program Coordinator will train QIDP to QA the clients record to ensure documentation of planning, continuous evaluation and satisfaction are included. Participant records will be reviewed on a quarterly basis ensuring that records are up to date and services provided are appropriate for the clients continual progress.<br>By what date will the corrective actions be completed? 3/1/14 | 2014-03-01 |

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| | same note he returned home for lunch. It was unclear why this program was not run. Based on the documentation in the participant's record, it appeared as though there had not been continuous evaluation of the programs. | |

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| **Administrator/Provider Signature:** | BA/CEO | 3/7/14 | **Date:** 2014-02-11 |
| **Department POC Approval Signature:** | Pam Loveland-Schmidt | | **Date:** 03/07/2014 |

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