



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 18, 2014

Karen Smith, Administrator
Back to Basic Living
684 Grange Lane
Twin Falls, ID 83301-5390

Dear Ms. Smith:

Thank you for submitting the Plan of Correction for Back to Basic Living dated March 10, 2014, in response to the complaint investigation survey concluded on February 3, 2014. The Department has reviewed and accepted the Plan of Correction.

Your residential habilitation agency certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. Your certificate may be renewed when the Department determines your agency is in substantial compliance with the provisions of IDAPA 16.04.17.

Thank you for your patience while accommodating me through the survey process. If you have any questions, you can reach me at (208) 239-6267.

Sincerely,

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

PLS/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Residential Habilitation Agency

Back to Basic Living
RHA-223

684 Grange Ln
Twin Falls, ID 83301-5390
(208) 736-1856

Survey Type: Investigation

Entrance Date: 12/5/2013

Exit Date: 2/3/2014

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

<p>16.04.17.203</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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)</p>	<p>Eleven of 64 employee records reviewed (Employees 7, 13, 16, 22, 30, 34, 38, 39, 45, 46, and 56) lacked documentation that the agency provided training and included orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706.</p> <p>For example:</p> <p>Employees 7, 13, 16, 22, 30, 34, 38, 39, 45, 46, and 56 records lacked documentation that they received skill training from a Qualified Intellectual Disabilities Professional (QIDP). Also see IDAPA 16.03.10.705.01.b.</p> <p>Employee 7's skill training was completed on October 13, 2013, and the training document had a section for the Program Coordinator/QIDP, which was not signed. It appeared as though another direct care staff</p>	<p>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. The agency has reoriented all staff and documented all of the required training on required training categories by the qualified professional. All new staff will receive training prior to working with participants.</p> <p>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? The agency has addressed this as though all participants are affected. The corrective action listed in item #1 should facilitate the resolution of the deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p>	<p>2014-02-18</p>
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provided the training.

Employee 13's skill training was completed on August 9, 2011, and then again on February 6, 2013, and the training document had a section for the Program Coordinator/QIDP, which was not signed for both documents. It appeared as though another direct care staff provided the training.

Employee 16's skill training was completed on September 2, 2010, and the training document had a section for the Program Coordinator/QIDP, which was not signed. It appeared as though another direct care staff provided the training.

Employee 22's skill training was conducted from January 3-8, 2013, and the training document had a section for the Program Coordinator/QIDP, which was not signed. It appeared as though another direct care staff provided the training.

Employee 30's skill training was conducted from March 13-18, 2013, and the training document had a section for the Program Coordinator/QIDP, which was not signed. It appeared as though another direct care staff provided the training.

Employee 34's skill training was conducted from November 27-29, 2012, but some of the documentation listed 2012 and 2013 on the same document. It was unclear whether the training was completed in 2012 or 2013.

Employee 38's skill training was conducted from October 28-30, 2008, and again on November 25, 2009. The training document had a section for the Program Coordinator/QIDP, which was not signed. It

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

The agency has developed and new quality assurance system that monitors compliance formally ongoing and quarterly. Aspects of the quality assurance processes will be reviewed as a core component of employee performance measurement.

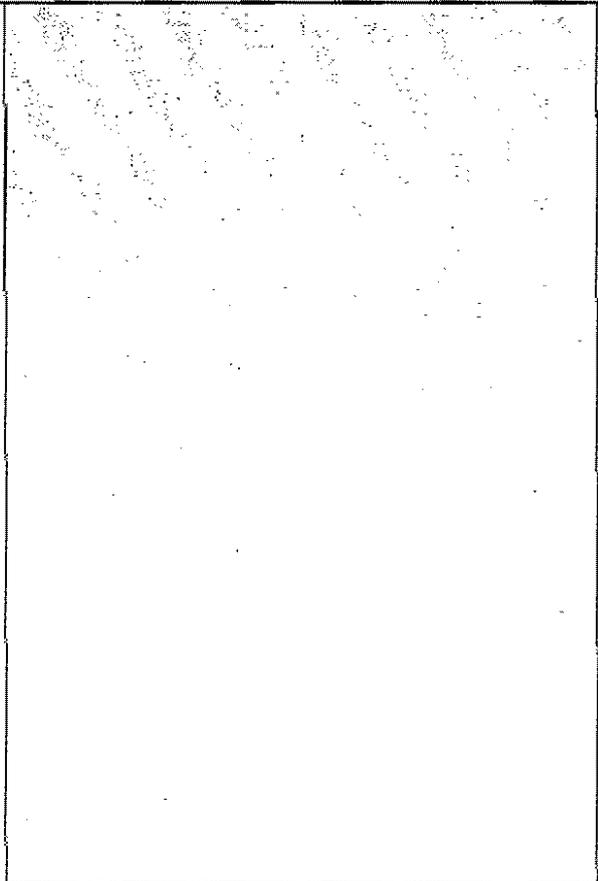
appeared as though another direct care staff provided the training.

Employee 39's skill training was conducted July 22-26, 2013, which was over a month after his hire date. The training document had a section for the Program Coordinator/QIDP, which was not signed. It appeared as though another direct care staff provided the training.

Employee 45's skill training was completed on March 22, 2011, and again on July 26, 2013. The 2011 training was not signed by the Program Coordinator/QIDP. It appeared as though another direct care staff provided the training.

Employee 46's skill training was completed on February 4, 2010, but was not signed by the Program Coordinator/QIDP. It appeared as though another direct care staff provided the training.

Employee 56's skill training was completed on February 4, 2009, but was not signed by the Program Coordinator/QIDP. It appeared as though another direct care staff provided the training.



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

Thirty-six of 64 employee records reviewed lacked documentation that the agency verified completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

For example:

Employee 1's name was added/transferred to the criminal history database on November 27, 2012, for this agency, but there was no documentation that a local Idaho State Police

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.

The agency terminated the employment of all staff with criminal history background deficiencies. All new employees will not be allowed to work without strict adherence to the background screening requirements. This will be documented in the employees' files.

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Background Checks"; and (3-20-04)

(ISP) Criminal History Check was completed within 30 days (IDAPA 16.05.06.300).

Employee 5 had submitted a criminal history application on February 19, 2010. The application was not notarized until March 12, 2010. She was rehired on October 29, 2012, and again on October 16, 2013. Her name was added/transferred to the criminal history database for this agency, but there was no documentation that a local ISP criminal history check was completed within 30 days.

Employee 6's name was added/transferred to the criminal history database on October 10, 2013, for this agency, but there was no documentation that a local ISP check was completed within 30 days.

Employee 7's date of hire (DOH) was October 10, 2013. The self-declaration application was completed on October 10, 2013, but the application was not notarized until November 5, 2013. The employee received skill training beginning October 13, 2013, and was not eligible to work with participants until November 5, 2013.

Employee 8's DOH was October 15, 2013. The agency added/transferred the criminal history clearance (CHC) on October 15, 2013, but there was no documentation that a local ISP was completed within 30 days.

Employee 9's DOH was August 29, 2013. The agency added/transferred the CHC on June 26, 2013, but there was no documentation that a local ISP was completed within 30 days.

Employee 11's DOH was August 2, 2013. The agency added/transferred the CHC on August 2, 2013, but there was no documentation that a

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?

The agency has addressed this as though all participants are affected. The corrective action listed in item #1 should facilitate the resolution of the deficient practice.

3. Who will be responsible for implementing each corrective action?

The administrator or designee.

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

The agency has developed a new quality assurance system that monitors compliance formally upon hire quarterly. Aspects of the quality assurance processes will be reviewed as a core component of employee performance measurement. Criminal history compliance will be monitored and no employee will be allowed to work with lapses in the screening process.

local ISP was completed within 30 days.

Employee 13's DOH was August 9, 2011. The agency did not submit an application until September 9, 2011. The employee then missed the scheduled fingerprinting appointment on September 19, 2011, and the application was not notarized until September 30, 2011. The employee was not eligible to work with participants until September 30, 2011, but was working with participants as of August 9, 2011. The employee was then rehired on February 6, 2013. The agency added/transferred the CHC on February 6, 2013, but there was no documentation that a local ISP was completed.

Employee 16's DOH was August 31, 2010. The self-declaration was not submitted until November 9, 2010, and was not notarized until November 16, 2010. This employee worked with participants for 78 days without a CHC. Employee 19's DOH was unknown, but the skill training was completed on August 27, 2012, and the self-declaration application was not submitted until September 28, 2012, and the fingerprinting and CHC was not completed until October 19, 2012.

Employee 20's DOH was May 20, 2009, and the self-declaration application was not submitted until July 17, 2009, and not notarized until July 20, 2009. The employee was rehired May 11, 2013. The CHC was added/transferred on May 7, 2013, (prior to the second hire date) and there was no documentation of a local ISP check.

Employee 21's DOH was April 20, 2011. The self-declaration application was submitted on June 3, 2011, and withdrawn on June 7, 2011, (48 days after DOH) because she was not

available to work. The employee then submitted another application on July 15, 2011, and she was fingerprinted on July 21, 2011, and was issued a conditional denial. On August 26, 2011, she was granted an exemption. This employee was not eligible to work from April 20, 2011, through August 26, 2011.

Employee 22's DOH was January 3, 2013. His skill training confirmed he worked with participants that same day. The employee's self-declaration application was not submitted until January 16, 2013, and was not cleared until January 18, 2013. This employee worked with participants for 15 days without a criminal history completed.

Employee 23's DOH was April 27, 2009, and his self-declaration application was not completed until July 20, 2009, and not cleared until July 21, 2009. This employee worked 85 days without a criminal history completed.

Employee 24's DOH was August 27, 2010, and she received skill training the same day. The self-declaration application was not submitted until September 10, 2010, and no criminal history clearance completed until September 24, 2010. The employee worked 28 days without a criminal history clearance completed. This employee was rehired on February 23, 2012, and had not completed a new DHW criminal history check nor a local ISP check. This employee had been working since February 23, 2012, with no criminal history check.

Employee 25's DOH was September 11, 2012, and she received skill training on September 12, 2012, but the self-declaration application was not submitted until 17 days after DOH and

the criminal history was not completed until October 23, 2012, 42 days after DOH.

Employee 29's DOH was October 23, 2012, and he received skill training the same day. His self-declaration application was not submitted until six days after DOH and he was working with participants. The criminal history check was not completed until November 19, 2012, which was 27 days after DOH.

Employee 31's DOH was July 2, 2013, and she received skill training the same day. The employee's previous background check was not added to this agency for 8 days (on July 10, 2013), and no local ISP check was completed.

Employee 32's DOH was June 24, 2008, and she received skill training the same day. The background check was not transferred to this agency until September 3, 2008. This employee was rehired on November 13, 2012, and the background check was transferred on November 13, 2012, but no local ISP check was completed.

Employee 33's DOH was February 16, 2012, and he received skill training on February 20, 2012. The self-declaration application was not submitted until May 4, 2012, and the criminal history check was not completed until May 14, 2012. This employee worked 87 days without a criminal history check.

Employee 34's DOH was November 27, 2012. He received skill training the same day. The agency added the previous criminal history check on November 27, 2012, but no local ISP check was completed.

Employee 37's DOH was November 14, 2012, and she received skill training on November 15,

2012. The self-declaration application was not completed until November 23, 2012 (nine days after DOH), and the fingerprinting and criminal history check was not completed until December 4, 2012. The employee worked with participants for 20 days without a criminal history check.

Employee 38's DOH was October 28, 2008. The self-declaration application was submitted on January 2, 2009, and notarized on January 12, 2009. He was not eligible to work with participants until January 12, 2009. The employee was rehired on November 25, 2009. The criminal history clearance was transferred on November 30, 2009, but there was no local ISP check completed.

Employee 40's DOH was February 6, 2012. The criminal history clearance was transferred to this agency on June 12, 2012, two months and six days after the DOH. No local ISP check was completed.

Employee 41's DOH was May 17, 2013. The self-declaration application and fingerprinting was completed on June 13, 2013. The employee was not eligible to work with participants until June 13, 2013.

Employee 42's DOH was August 1, 2013. She received skill training on August 2, 2013. The self-declaration application was not submitted until August 7, 2013. The application and fingerprinting were notarized on August 12, 2013. The employee was not eligible to work with participants for 11 days.

Employee 43's DOH was October 17, 2012. She received skill training on October 18, 2012. The self-declaration application was submitted on October 29, 2012, and was not

notarized until November 15, 2012. The employee was not eligible to work with participants until November 15, 2012, which was 29 days after the DOH.

Employee 45's DOH was March 22, 2011. Her self-declaration application was submitted on April 8, 2011, and notarized on April 22, 2011. This employee was not eligible to work until April 22, 2011. The employee was rehired on March 13, 2013, but was not added/transferred to the agency and there was no local ISP check.

Employee 46's DOH was October 6, 2012. Her self-declaration application was documented to have been submitted on March 15, 2010, and notarized on May 24, 2010. Skill training was documented to have been conducted on February 4, 2010. These dates did not correlate with the DOH and there was no documentation of a local ISP check or evidence that the agency had complied with the criminal history timeline requirements.

Employee 47's DOH was November 8, 2012, and she received skill training on November 9, 2012. The self-declaration application was submitted on November 20, 2012. The application was not notarized until December 3, 2012. The employee was not eligible to work with participants for 25 days after DOH.

Employee 48's DOH was December 15, 2005. He was rehired on November 19, 2007, and again on September 24, 2012. As of November 19, 2007, the agency should have transferred the criminal history check or had a new criminal history completed, which did not happen. Then on September 24, 2012, the agency should have transferred or completed a new criminal history clearance. In addition,

there was no documentation that a local ISP check had been completed. There was no evidence that the agency complied with criminal history timeline requirements.

Employee 49's DOH was September 30, 2011. Her self-declaration application was submitted on January 13, 2012, and notarized on January 17, 2012. The employee worked for 109 days without a criminal history check.

Employee 51's DOH was March 26, 2012. Her self-declaration application was submitted on May 4, 2012, and notarized on May 7, 2012. The employee went 42 days without a background check.

Employee 52's DOH was September 5, 2012. There was no criminal history check for this agency. The agency had not added/transferred it to the agency, and there was no documentation of a local ISP check. The employee is not eligible to work for this agency until completed.

Employee 53's DOH was October 3, 2012. Her self-declaration application was submitted 26 days after DOH and was not notarized until November 16, 2012. This employee worked for 44 days without a completed criminal history check.

Employee 55's DOH was November 5, 2012. His self-declaration application was submitted on January 10, 2013, and notarized on January 14, 2013. This employee worked 70 days without a completed criminal history check.

Based upon agency documentation, emails, and training, it was confirmed that the agency had not completed local ISP checks or met criminal history timeline rule requirements.

16.04.17.404.04

404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS.

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)

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)

Two of 3 participant records reviewed (Participants 1 and 2) lacked documentation that the agency, through a Department-approved process, notified the Department within 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.

For example:

Participant 1 had two (2) visits to the Emergency Room due to falls on December 1, 2013, and December 3, 2013. There was no documentation that the agency reported these incidents to the Department.

Participant 2 had one (1) visit to the Emergency Room due to a fall on November 14, 2013. There was no documentation the agency reported this incident to the Department.

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.

The agency will complete the critical incident reporting process within the required time frames for required incidents. Documentation of the incidents will be filed in the participant records.

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?

The agency has addressed this as though all participants are affected. The corrective action listed in item #1 should facilitate the resolution of the deficient practice.

3. Who will be responsible for implementing each corrective action?

The administrator or designee

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

The agency has developed and new quality assurance system that monitors compliance formally ongoing and quarterly. Aspects of the quality assurance processes will be reviewed as a core component of employee performance measurement.

2014-02-18

Administrator/Provider Signature:

Karen Smith

Department POC Approval Signature:

Pam Loveland-Schmidt

Date: 3-10-14

Date: 03/12/2014

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

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