



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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March 31, 2014

Rex Redden, Administrator  
Grand Teton Service Group, Inc.  
325 Chamberlain Avenue  
Idaho Falls, ID 83402-3941

Dear Mr. Redden:

Thank you for submitting the Plan of Correction for Grand Teton Service Group, Inc. dated March 24, 2014, in response to the recertification survey concluded on February 11, 2014. The Department has reviewed and approved the Plan of Correction.

As a result, we have issued Grand Teton Service Group, Inc. a full certificate effective from April 1, 2014, through March 31, 2017 unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate is issued on the basis of substantial compliance and is 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 (208) 239-6267.

Sincerely,

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

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificate



# Statement of Deficiencies

Residential Habilitation Agency

Grand Teton Service Group, Inc.  
RHA-313

325 Chamberlain Avenue  
Idaho Falls, ID 83402-3941  
(208) 528-7443

Survey Type: Recertification

Entrance Date: 2/10/2014

Exit Date: 2/11/2014

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

Rule Referenced/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.i</p> <p>301. PERSONNEL.</p> <p>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)</p> <p>i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>Three of five employee records reviewed (Employees 2, 3, and 5) lacked documentation that each employee maintained evidence of current CPR and First Aid certifications from date of hire for at least one (1) year after the employee is no longer employed by the agency.</p> <p>Also see IDAPA 16.04.17.203.06.</p> <p>For example:</p> <p>Employee 2's date of hire (DOH) was July 9, 2013. The record lacked documentation that the employee had CPR and First Aid certification between July 9, 2013, and August 15, 2013.</p> <p>Employee 3's record lacked documentation that the employee had CPR and First Aid certification between June 1, 2013, and June 27, 2013.</p>	<p>1.A spreadsheet with all employee cpr/first aid renewal dates will be kept and maintained. All employees will be notified of the class they are required to attend to renew their cpr/first aid (a minimum of one month ahead of renewal date). Failure to attend assigned class will result in a documented suspension from direct care duty until such time as the required cpr/first aid is renewed.</p> <p>2. All employee files will be reviewed to obtain their respective cpr/first aid renewal dates. Anyone who is found to lack current cpr/first aid will be removed from direct care duty and assigned to a cpr/first aid class immediately. All others will be assigned to a cpr/first aid class as their renewal date approaches.</p> <p>3. Office staff will review all employee files and create the spreadsheet under the supervision of the QA Manager. The QA Manager will review the spreadsheet as well as the cpr/first aid class rosters.</p>	

Employee 5's DOH was April 26, 2011. The record lacked documentation that the employee had CPR and First Aid certification between April 26, 2011, and August 11, 2011.

4. QA manager will review the spread sheet weekly and reconcile it with the cpr/first aid roster to ensure that all employees were present and recertified as necessary or removed from direct care duties/suspended if they were not present or not recertified.  
5. This will be in place by 3/31/14.

State Reference/Text	Findings	Plan of Correction	Date to be Corrected
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16.04.17.400.01  
400. PARTICIPANT RECORDS.  
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)

Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked documentation that all entries made into the participant record were dated and signed in ink.  
For example:  
Participants 1, 2, 3, and 4's QIDP Monthly/Quarterly reviews lacked the QIDP's signature. The daily record completed by direct care staff included initials, but lacked a signature for each date the employee worked as stated on the agency form.  
In addition, the Functional Assessment lacked signatures and the date signed/completed by the QIDP.

This deficiency will be addressed in two parts. First will be the lack of signatures/dates on the QIDP's monthly/quarterly reviews and functional assessments. Second will be daily records completed by direct care staff.  
1. The QIDP will review all monthly/quarterly reviews and functional assessments to ensure that they all contain a signature from the QIDP as well as the date signed/completed. A signature/date line will also be added to each of the agency forms to accommodate this information.  
2. The QIDP will review all monthly/quarterly reviews and functional assessments to ensure that they all contain a signature from the QIDP as well as the date signed/completed. Any that are found to be lacking a signature or date will be signed/dated based on the date that the review or functional assessment took place.

- 3. The program coordinator/QIDP will be responsible for all phases of this correction.
- 4. All monthly/quarterly reviews as well as all functional assessments will be reviewed on a quarterly basis by the AQIDP/QIDP. The review will be checked for completion by the QA manager.
- 5. This will be implemented and corrected by 4/30/14.

PART TWO

- 1. All direct care staff will be trained on how and when to sign the back of all data collection sheets.
- 2. All direct care staff agency wide will be trained to ensure that this deficiency is addressed with all direct care staff in the agency.
- 3. The QIDP will be responsible for the training of all direct care staff on this issue.
- 4. Individual home supervisors will gather data collection sheets at the end of each month. The home supervisor will reconcile all initials on the front of all data collection sheets with the appropriate signatures on the back the sheet. Once all initials /signatures have been reconciled the sheets will be turned into the QIDP who will double check the comparison before turning the data collection sheets into the program coordinator.

Administrator/Provider Signature: *Rex A Redden* Date: 3-24-14

Department POC Approval Signature: *Mary Whitaker Withers* Date: 3-24-14

*Pam Loveland-Schmidt*

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