



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE (208) 364-1959
FAX (208) 287-1164

April 17, 2014

Marie Moyer, Administrator
Community Connections North, Inc.
1675 South Maple Grove Road
Boise, ID 83709

Dear Ms. Moyer:

Thank you for submitting the Plan of Correction for Community Connections North, Inc. dated April 15, 2014, in response to the recertification survey concluded on March 13, 2014. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey findings, we previously issued Community Connections North, Inc. a full certificate effective from March 17, 2014, through April 30, 2017, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate was 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) 799-5167 or colek@dhw.idaho.gov.

Sincerely,

KIMBERLY D. COLE, LSW
Medical Program Specialist
DDA/ResHab Certification Program

KDC/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Residential Habilitation Agency

Community Connections North, Inc.
RHA-3904

316 East 5th Avenue
Post Falls, ID 83854-
(208) 377-9814

Survey Type: Recertification

Entrance Date: 3/12/2013

Exit Date: 3/13/2014

Initial Comments: Survey Team: Kim Cole, Medical Program Specialist, DDA/ResHab Certification Program; and Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program.

This report was amended from the version released on 3/26/2014.

Risk Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.404.04</p> <p>404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS.</p> <p>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)</p> <p>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</p>	<p>In review of agency and Department documentation, it was determined that there were two (2) incidents that met the criteria for reporting through the Department approved process that were not reported.</p>	<p>1. CCI's Quality Assurance Program will provide retraining to ensure clear understanding of 16.04.17.404.04 protocol, aligning with our reporting history & Policies.</p> <p>2. CCI's Quality Assurance program will continue to review & evaluate all incidents in real time & additionally via our written reporting policies. Should any incidents align with 16.04.17.404.04, all appropriate parties will be notified.</p> <p>3 & 4. CCI's Administrator of Services will provide the training necessary to ensure CCI North's continued implementation of reporting requirements; our Quality Assurance Program will provide regular, on-going support emphasizing the importance of reporting requirements.</p>	<p>April 16, 2014</p>

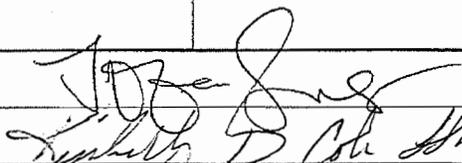
protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3-29-12)

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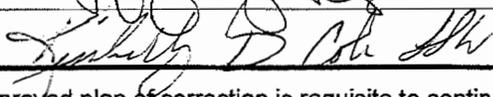
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Administrator/Provider Signature:



Date: April 15, 2014

Department POC Approval Signature:



Date: April 16, 2014

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