IDAHO DEPARTMENT OF
HEALTH & WELFARE

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April 15, 2013

Paula Marcotte, LCSW, Administrator
Community Outreach Counseling, LLC
1031 West Sanetta Street
Nampa, ID 83651

Dear Ms. Marcotte:

Thank you for submitting the Plan of Correction for Community Outreach Counseling, LLC dated April 8, 2013, in response to the recertification survey conducted on March 21, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Community Outreach Counseling, LLC full certificates for the Nampa and Boise locations effective from May 4, 2013, through April 30, 2016, 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 and accommodating us through the survey process. If you have any questions, you can reach me at 364-1906.

Sincerely,

ERIC D. BROWN
Supervisor
DDA/ResHab Certification Program

EDB/slm

Enclosures
1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificates

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Residential Habilitation Agency

Community Outreach Counseling, LLC
RHA-3900

1031 W Sanetta St
Nampa, ID 83651-5047
(208) 466-7443

Survey Type: Recertification

Entrance Date: 3/19/2013

Exit Date: 3/21/2013

Initial Comments: Survey Team: Eric Brown, Supervisor, DDA/ResHab Certification Program; and Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.301.03.i 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) i. Evidence of current CPR and First Aid certifications; and (7-1-95)	Based on review of agency personnel records, it was determined that 2 of 15 direct care staff (Employees 3 and 12) lacked current First Aid certificates.	(1) The First Aid (FA) certification for employee 3 and 12 have completed the required course. (2) No participant were affected by this deficiency. (3) QIDP will be responsible to ensure that all employee(s) have completed both FA and CPR. (4)QIPD will utilize quality assurance record while reviewing each employee file. The QIDP will review upon hiring and monthly to ensure IDAPA is met.	April 15, 2013.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.302.02 302. 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)	Based on review of agency documentation, it was determined that 2 of 4 participant records (Participants 2 and 3) lacked implementation plans that included goals and objectives specific to the plan of service.	(1) Participant 2 and 3 have documentation within his/her file that reflects current "formal" programming from his/her Individual Support Plan. (2) It was determined through reviewing all participant files that all participants were affected by this deficiency. All Individual Support Plans have been reviewed and documentation will be completed to reflect current or noncurrent goals and objectives that the PCP team agreed upon. (3) QIDP will be responsible to ensure that documentation is completed with each participant that reflects goals and objectives specific to the authorized Individual Support Plan (ISP); or what is determined by the PCP team. (4) QIDP will be responsible with quality assurance form(s) (that review documentation that goals and objectives) are completed by the PCP team and filed within the participant's file.	March 1, 2013.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.302.04 302. 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)	Based on review of agency documentation and observations, it was determined that the agency did not follow its system for handling medication as outlined in the agency's policy for 2 of 4 participants (Participants 2 and 3). Agency policy stated that the agency will have a written order for their medication from their physician or other practitioners and the order will be maintained in the participant's file. Participant 2 had over-the-counter medications that were not prescribed by a physician or other practitioner. Participant 3 had a medication written in the Medication Assistance Report (MAR) that stated the participant will receive the medication 3 times per day, but the participant was given the medication as a PRN. It was unclear what the doctor prescribed in the records.	(1a) Participant 2 has an appointment with his primary physician to obtain an over-the-counter prescription. (1b) Participant 3 MAR has been adjusted to reflect that the medication needs to be administered as a PRN instead of 3x per day. A prescription was requested for the medication for review. (2a) QIDP and Program Director will review participant's MARS and ensure that policy for handling medications is followed. (2b) QIDP and Program Director will review all other participant's MARS. If any participants have an over-the-counter medication(s) or need clarification as to the frequency of the medication, then QIDP and/or Program Director will request written prescription(s) from his/her primary physician. (3) QIDP and Program Director will monitor MARS weekly and review monthly with agency's RN. Prescription(s) will be requested by the QIDP and obtained in participant's file. (4) QIDP, Program Director, and RN will monitor participant's MAR(s) to prescription(s) and over-the-counter medication(s) with quality assurance forms monthly.	May 01, 2013.

Administrator/Provider Signature: Brenden Smally QIDP, BS **Date:** 4-8-13

Department POC Approval Signature: Frank Franklin-MacAllister **Date:** 4-8-13

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