



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 16, 2014

Paula Marcotte, LCSW, Administrator
Community Outreach Counseling, LLC
1031 West Sanetta Street
Nampa, ID 83651-5047

Dear Ms. Marcotte:

Thank you for submitting the Plan of Correction for Community Outreach Counseling, LLC -- Nampa dated April 15, 2014, in response to the complaint investigation survey concluded on March 28, 2014. The Department has reviewed and approved the Plan of Correction.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at 364-1828.

Sincerely,

KERRIE ANN HULL, LMSW
Medical Program Specialist
DDA/ResHab Certification Program

KAH/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Residential Habilitation Agency

Community Outreach Counseling, LLC -- Nampa
RHA-3900

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

Survey Type: Investigation

Entrance Date: 2/3/2014

Exit Date: 3/28/2014

Initial Comments: Survey Team: Eric Brown, Manager, DDA/ResHab Certification Program; and Kerrie Ann Hull, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.203 203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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>Review of agency documentation revealed that 4 of 19 staff had not received training specific to the needs of the participant prior to working with the participant as required in 16.03.10.705.01c.ix.</p> <p>For example:</p> <p>Agency documentation revealed that on 01/11/2014, Employee 8 worked with Participant I. There was no record that the staff has been trained specific to the needs of the participant prior to working with the participant.</p> <p>Agency documentation revealed that on 12/06/2013, Employee 19 worked with Participant G. Records indicated that the staff had no training specific to the participants needs prior to or upon working with the participant.</p>	<ol style="list-style-type: none"> 1. A participant specific training will be created to address individuals' specific needs, behaviors, background, and any other pertinent information on each participant. The training will be updated as necessary as changes occur in participant's status. Prior to working a shift with a participant, staff will complete that participant's specific training with QIDP. 2. Staff currently working with participants will be retrained to complete participant specific trainings with QIDP. Any staff agreeing to cover a shift working with a participant with whom they are unfamiliar will complete the participant specific training with QIDP before they go on shift. 3. The QIDP's and Program Director will be responsible for responsible for meeting this requirement. 	2014-04-15

Agency documentation revealed that Employee 17 worked with Participant E on 01/31/2014. Agency documentation revealed that the staff did not receive training specific to the participant's needs prior to working with the participant.

Agency documentation revealed that Employee 18 worked with Participant D on 12/12/2013. Documentation indicated that Employee 18 was not trained specific to the needs of the participant until after working with the participant. Training on the participant's specific needs occurred on 12/13/2013.

4. No staff may go on shift unless a training record documenting the participant specific training signed by a QIDP is in their employee file. No staff person may agree to cover a shift unless passed through a QIDP to ensure proper training occurs prior to the shift.

5. The corrective action will be completed on 4/15/14

Rule 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>Review of agency documentation revealed that 2 of 2 incidents were not reported to the Department within twenty-four (24) hours as indicated in 16.04.17.404.04 of this rule.</p> <p>For example:</p> <p>On 01/31/2014, an incident that met reporting guidelines occurred involving Participant E. The incident was not reported to the Department until 02/03/2014. The Department should have been notified within 24 hours. The Department was notified within 3 days.</p> <p>On 02/01/2014, an incident that met reporting guidelines occurred involving Participant H. The Department should have been notified within 24 hours. The Department was notified within 2 days.</p>	<p>1. Each QIDP will be retrained on incidents that require notification to The Department. The retraining will also include the time restriction of 24 hours to notify The Department. In addition, each staff person will be retrained about communicating and reporting to their QIDP or on-call QIDP whenever and as soon as an incident occurs. Upon learning of a reportable incident, the QIDP will alert the Program Director immediately, as to have a governing role in assuring the report is submitted within the 24 hour time frame.</p> <p>2. Ensure that no other reportable incidents were not reported by reviewing past communication logs and incident reports. If reportable incidents are found, they will be reported immediately.</p>	<p>2014-04-15</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)

3. The QIDP's and Program Director will be responsible for responsible for meeting this requirement.

4. QIDP's will remain in close contact with their staff, house managers, and on-call to ensure that no incidents go unreported.

5. The corrective action will be completed on 4/15/14.

Administrator/Provider Signature: *UM. King* **Date:** *4/13/14*

Department POC Approval Signature: *Kerrie Ann Hill, LMSW* **Date:** *4/16/2014*

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