IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 3, 2013

Ellen Hampton
HISway, LLC
348 North Orchard Street
Boise, ID 83706

Dear Ms. Hampton:

Thank you for submitting the Plan of Correction for HISway, LLC dated May 24, 2013, in response to the recertification survey concluded on May 2, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued HISway, LLC a full certificate effective from June 1, 2013, through May 31, 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 while 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 Certificate

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IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Residential Habilitation Agency

HISway, LLC
RHA-236

348 N Orchard St
Boise, ID 83706
(208) 322-0262

Survey Type: Recertification

Entrance Date: 4/30/2013
Exit Date: 5/2/2013

Initial Comments: Surveyor: Eric Brown, Supervisor, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.101.04 101. CERTIFICATION - ISSUANCE OF CERTIFICATES. The Department will conduct an initial survey upon receipt of a completed application. (3-29-12) 04. Expiration of Certificate. An agency must request renewal of its certificate no less than ninety (90) days before the expiration of the certificate to ensure there is no lapse in certification. After initial certification the Department may issue a certificate that is in effect for up to three (3) years based upon an agency's substantial compliance with this chapter of rules. (3-29-12)	The agency did not request renewal of its certificate per rule requirements.	Please refer to the questions on the cover letter to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. Our calendar is marked 90 days in advance to remind the time to advise Health and Welfare of pending renewal. No specific Participant is involved with the renewal process The Administrator will be responsible for notifying the Department of pending renewal. The Administrator has marked her calendar for late September to check licensing renewal. The calendar has been marked.	

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)	Through review of agency records, it was determined that the personnel file for Employee 1 did not contain documentation of current First Aid certification. The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.	Please refer to the questions on the cover letter to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. All employees receive training before a shift for CPR/First Aid, or present their already existing card. Going forward all cards will be scrutinized for both trainings. All personnel files have been reviewed. Participants were not a piece of this review. The Administrator and the Program Coordinators will be verifying training at time of hire. Final filing of a new personnel file will double check qualifications required by IDAPA Action has been taken and is complete May 15, 2013	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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)	Through review of agency records, it was determined that a critical incident involving Participant 2, which met one of the conditions listed in this rule, was not reported to the Department through the Department-approved process.	Please refer to the questions on the cover letter to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. Training for all Supervisors and then to all staff was given by May 17, 2013 Incident Accident Reports are routine for behaviors and daily incidents. All reports are made immediately to Supervisors and to Administration. Based on IDAPA rule any of these incidents that are within the specified guidelines will be reported within twenty-four hours. The Administrator and the Program Coordinators are responsible for report compilation, review and reporting. Reports are posted and followed for training by the Administrator. Program Coordinators review with Supervisors and direct care staff the INA's and use investigation results for on going training. This procedure was adapted following survey and has created more awareness of training connected to Incidents regardless of severity.	

Administrator/Provider Signature: Ellen Hampton **Date:** 5-24-13

Department POC Approval Signature: [illegible] **Date:** 6/3/13

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