



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

July 5, 2013

John Sumsion, Administrator
Access Private Duty, LLC
359 East Main Street, Suite 4
American Fork, UT 84003

Dear Mr. Sumsion:

Thank you for submitting the Plan of Correction for Access Private Duty, LLC dated July 1, 2013, in response to the initial survey concluded on June 4, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Access Private Duty, LLC a full one-year certificate effective from July 16, 2013, through July 31, 2014, 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,

PAM ELA LOVELAND-SCHMDIT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Certification Program

PLS/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Residential Habilitation Agency

Access Private Duty, LLC
RHA-4577

240 W Burnside Ave Ste B
Chubbuck, ID 83202-
(801) 642-2665

Survey Type: Initial

Entrance Date: 6/3/2013

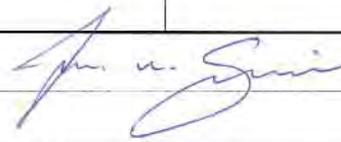
Exit Date: 6/4/2013

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>Provider Handbook 2.15.4</p> <p>Core Functions of the Program Coordinator include:</p> <ul style="list-style-type: none"> • Face to face contact with direct service provider(s) and/or participant regarding oversight, supervision, and provision of RES/HAB. • Implementation plan development. • Evaluation, analysis, and/or revision of implementation plans. • Phone contacts specific to RES/HAB services identified on the ISP. • Attendance at participant meetings specific to RES/HAB services identified on the ISP. • Develop emergency care measures and crisis and emergency plans for participants receiving residential habilitation services. 	<p>One of one participant record reviewed (Participant 1) lacked documentation that the Program Coordinator's core functions included all aspects identified in the provider agreement.</p> <p>For example:</p> <p>Participant 1's record lacked documentation of phone contacts specific to residential habilitation services identified on the ISP. In addition, the agency lacked documentation of face-to-face contact with direct service providers and/or the participant regarding oversight, supervision, and provision of residential habilitation services.</p> <p>Also, see IDAPA 16.03.10.704.02.a.i and IDAPA 16.03.10.704.02.a.iv</p>	<ol style="list-style-type: none"> 1. QIDP will document all face to face contacts with participants. Documentation of visits will be turned into the Agency (at minimum) once a quarter. Also, the Agency has requested that the Service Coordinator add the Agencies phone # to all current and future ISP's. 2. Quality Assurance Specialist (QAS) at Agency will audit all participant files to ensure face to face reports are documented quarterly. Also, QAS will request copies of the new ISP's with Agency phone #'s. Updated ISP's will be saved to participant files. 3. Agency Home Care Director, will serve as the QAS for Res/Hab participants. 4. Participant records will be audited quarterly to ensure compliance with face to face requirement. 5. 07/26/2013, Agency will have completed audit of all face to face documents and Agency phone #'s added to ISP. 	2013-07-26

--	--	--	--

Administrator/Provider Signature:



Date: 2013-07-01

Department POC Approval Signature:



Date: 07/05/2013

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