



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 11, 2013

Katherine Hansen, Agency Administrator
Community Partnerships of Idaho, Inc.
3076 North Five Mile Road
Boise, ID 83713

Dear Ms. Hansen:

Thank you for submitting the Plan of Correction for Community Partnerships of Idaho, Inc. – Twin Falls dated July 11, 2013, in response to the residential habilitation agency recertification survey concluded on June 11, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Community Partnerships of Idaho, Inc. – Twin Falls a full certificate effective from August 1, 2013, through July 31, 2013, 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 (208) 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Certification Program

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificate



Statement of Deficiencies

Residential Habilitation Agency

Community Partnerships of Idaho, Inc. -- Twin Falls
RHA-268

1201 Falls Ave E Ste 34
Twin Falls, ID 83301
(208) 735-2134

Survey Type: Recertification

Entrance Date: 6/10/2013

Exit Date: 6/11/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; Bobbi Hamilton, Medical Program Specialist; and Eric Brown, Supervisor.

State Reference Text	Facts	Plan/Correction	Date to be Completed
16.03.10.704.02.a.v 704. ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) v. A copy of the above information will be maintained in the participant's home unless authorized to be kept elsewhere by the Department. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. (3-19-07)	Review of agency documentation revealed that 2 of 2 participant files reviewed (Participants 1 and 2) did not contain evidence that the agency ensured required documentation was present in the participant's homes.	To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.	2013-06-17

		<p>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.</p> <ol style="list-style-type: none"> 1. Whenever supported living is provided by CPI, a copy of the ISP and the Programs being run will be kept in the participant's home unless authorized to be kept elsewhere by the Department. Documentation of this will be maintained in the participant's file. 2. All supported living files in the sample and all others have been corrected as of June 17, 2013. 3. The QIDP and the Program Director 4. The ISP and programs will be added to the QA review for all supported living files to ensure that the proper documentation is at the participants home. A training for staff is being held on July 10, 2013 to ensure all staff are aware of this rule. 5. June 17, 2013 	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.704.02.b 704. ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) b. The plan of service developed by the plan developer and the person-centered planning team must specify which services are required by the participant. The plan of service must contain all elements required by Subsection 704.01 of these rules and a copy of the most current plan of service must be maintained in</p>	<p>Review of agency documentation revealed that 2 of 2 participant files reviewed (Participants 1 and 2) did not contain evidence that the agency ensured a copy of the each participant's individual support plan was present in the participant's homes.</p>	<p>To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? 3. Who will be responsible for implementing each corrective action? 4. How will the corrective actions be monitored to</p>	<p>2013-06-17</p>

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the participant's home and must be available to all service providers and the Department. (3-19-07)

ensure the problem is corrected and does not recur?
5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

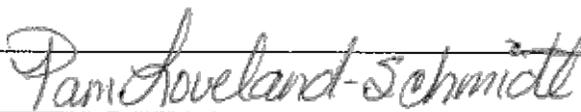
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3. The QIDP and the Program Director
4. The ISP and programs will be added to the QA review for all supported living files to ensure that the proper documentation is at the participants home. A training for staff is being held on July 10, 2013 to ensure all staff are aware of this rule.
5. June 17, 2013

Administrator/Provider Signature:



Date: 7/11/13

Department POC Approval Signature:



Date: 7/11/2013

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