



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 14, 2013

Lisa Smith, Administrator
Innovative Health Care Concepts, Inc.
790 South Holmes Avenue
Idaho Falls, ID 83401-2511

Dear Ms. Smith:

Thank you for submitting the Plan of Correction for Innovative Health Care Concepts, Inc. dated August 13, 2013, in response to the recertification survey concluded on July 12, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Innovative Health Care Concepts, Inc. three-year certificates effective from September 1, 2013, through August 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates are issued on the basis of substantial compliance and are 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,

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

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disabilities Agency Certificates



Statement of Deficiencies

Developmental Disabilities Agency

Innovative Health Care Concepts, Inc.
7INOVHLTH091-1

267 Gladstone St
Idaho Falls, ID 83401-
(208) 529-8526

Survey Type: Recertification

Entrance Date: 7/9/2013

Exit Date: 7/12/2013

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Bobbi Hamilton, Medical Program Specialist, Licensing & Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.b</p> <p>656.GENERAL STAFFING REQUIREMENTS. 01. Standards for Paraprofessionals Providing Developmental Therapy. When a paraprofessional provides developmental therapy, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 655 of these rules. A paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. For paraprofessionals to provide developmental therapy in a DDA, the agency must adhere to the following standards: (7-1-13)</p> <p>b. Frequency of Supervision. The agency must ensure that a professional qualified to provide</p>	<p>One of nine employee records reviewed (Employee 1) lacked evidence the agency ensured that a professional qualified to provide the service had, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary, ensured that the paraprofessional received supervision.</p> <p>For example, Employee 1's record included a weekly supervision form in the employee record that was dated for each week in January 2013 and signed by a clinical supervisor, but the supervision form was not completed, boxes were not checked, and questions/comments were left blank. It could not be identified through this documentation that supervision had occurred for the entire month of January 2013.</p>	<ol style="list-style-type: none"> 1. This was an oversight and the form was not properly completed. We currently have a system in place in which any employee who requires weekly supervision has a form completed weekly indicating the outcome of the supervision and this form is filed monthly and maintained in the employee file. 2. Human Resource has reviewed all files to ensure all employees have completed weekly supervision forms who require supervision. 3. Clinical Supervisor staff and Human Resource staff 4. Quarterly QA is completed to monitor that all employees requiring weekly supervision have documentation completed accurately and maintained in their personnel file. Each CS has a tracking system for monitoring the required 6-month supervision and Human Resource updates tracking system on a monthly basis. Upon hire, a 	2013-07-15

the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-11)

a new employee reports their experience via a resume. If they require weekly supervision for the allotted 6 month time period, they are placed on the weekly supervision monitoring tracking list. The CS is informed and weekly supervision forms are submitted to Human Resource on a monthly basis. Human Resource reviews completion and submission of all weekly forms for all employees requiring supervision. This system has been in place for several years, although one of the employees in January of 2013 did not have a complete form in the file.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.04 684.CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 04. Reporting Requirements. The clinical supervisor must complete, at a minimum, six-(6) month and annual provider status reviews for habilitative intervention and family training services provided. These provider status reviews must be completed more frequently when so required on the plan of service. (7-1-11)</p>	<p>One of three participant records reviewed (Participant A) lacked evidence that the clinical supervisor completed, at a minimum, six-month and annual provider status reviews for habilitative intervention and family training services provided. These provider status reviews must be completed more frequently when so required on the plan of service.</p> <p>For example, Participant A's provider status review dated April 3, 2013, was completed by the HI professional (Employee 3), not the clinical supervisor.</p>	<p>1. All Clinical Supervisors will integrate data, review, and complete all provider status reviews. The Habilitative Interventionist will supply data and progress toward objectives to the clinical supervisor. Both individuals will be named on the completed review. 2. Any client eligible for a 6 month review under the new redesign program has been reviewed. There were only a very few who were this far along in the new program and thus, it was not a widespread issue. All files have been reviewed that have been receiving CBR services for more than 6 months and no other deficiencies were</p>	<p>2013-07-15</p>

		<p>noted.</p> <p>3. Responsible parties will be clinical supervisor staff.</p> <p>4. The Program Director will ensure compliance through annual QA of files. The CS staff will QA all files to ensure compliance on a quarterly basis.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>Two of nine employee records reviewed (Employees 3 and 6) lacked documentation that staff who provided services to participants were certified in CPR and First Aid within 90 days of hire and maintained current certification thereafter.</p> <p>For example:</p> <p>Employee 3's record included CPR and First Aid certificates effective from August 2009–August 2011 and October 2011–October 2013. There was a lapse in certification of approximately 2 months.</p> <p>Employee 6's record included CPR and First Aid certificates from January 2008–January</p>	<p>1. We currently have a process in place to monitor expiration of all CPR and First Aide certifications. The employee's identified here missed their classes and were rescheduled at the next available class. Employees are scheduled a month or two prior to their expiration date to allow for missed classes. We now have a monthly class that is offered, with the option of adding another class as well as some online options. This will allow for greater speed in obtaining certification.</p> <p>2. All employee files were reviewed in June 2013 and all employees have current certification.</p> <p>3. Human Resource Department</p> <p>4. A monthly QA process is in place to monitor certification expiration dates currently. The identified lapses occurred in 2010 and 2011 and we</p>	<p>2013-07-15</p>

	<p>2010 and July 2010–July 2012. There was a lapse in certification of approximately 6 months.</p>	<p>now have more options for quick certification. No lapses were found since our current process has been place since 2011. The Program Director does an annual QA to monitor all employee training and certification practices and ensure compliance. Results are reported on the annual QA report.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b.i 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current</p>	<p>One of nine employee records reviewed (Employee 2) lacked evidence the agency ensured that staff certified in CPR and First Aid were present or accompanied participants when services or DDA-sponsored activities were being provided. For example, Employee 2 provided direct one-to-one DDA services before she was certified in CPR and First Aid. During that time, the agency did not ensure that there was another staff trained in CPR and First Aid present when DDA services were being provided.</p>	<p>1. Employees providing 1:1 services such as individual HS or Intervention in community and home based settings will be required to obtain CPR and First Aide certification prior to delivering service. Until the employee is certified, a child will not receive services outside of a facility based setting where certified staff are present (such as respite). In the event this changes the start date of services on the Plan of Service, the case manager will be informed. 2. All other employees were veteran staff who have had certification. The employee mentioned was a newly hired staff who was scheduled to complete CPR within the first 90 days of hire. However, she</p>	<p>2013-07-15</p>

<p>certification thereafter; and (7-1-11) i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)</p>		<p>she was certified to provide Habilitative Intervention and we were trying to meet the start date and deadlines as indicated on the Plan of Service. From this point forward, all staff required to provide 1:1 service in the home or community will be certified prior to providing services. 3. Human Resource, Clinical Supervisors 4. Certification dates will be monitored to ensure no billing has occurred outside of a facility setting where other staff are present who are certified. This will be an ongoing process.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.06.a 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 06. Housekeeping and Maintenance Services. (7-1-11) a. The interior and exterior of the center must</p>	<p>One of five facilities lacked evidence that the interior and exterior of the center was maintained in a clean, safe, and orderly manner and was kept in good repair. For example, The Learning Center II facility lacked evidence it was kept in good repair. The vent covers in one therapy room were in poor condition and the metal venting was exposed. (The agency corrected the deficiency during the</p>	<p>2. No other facilities had missing vent covers or other issues. We employ a handyman on a continuous basis to provide any maintenance needs necessary. We have a building incident report that is completed whenever there is an issue that requires attention. This is faxed to administration and the handyman is contacted to complete the task. This process has worked well in the past. The heat vents in question had the covers intentionally left off because they had</p>	

be maintained in a clean, safe, and orderly manner and must be kept in good repair; (7-1-11)

course of the survey. The agency must answer questions 2-4 on the plan of correction.)

become an object that could be removed and thrown by a client with aggression. The heat vents have now been bolted to the floor.
 3. Clinical Supervisor of TLC II and Program Director with the help of hired handyman.
 4. We have a building incident report that is completed whenever there is an issue that requires attention. This is faxed to administration and the handyman is contacted to complete the task. This process has worked well in the past.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.510.01.a 510. HEALTH REQUIREMENTS. 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-11) a. Describe how the agency will ensure that each staff person is free from communicable disease; (7-1-11)</p>	<p>Three of nine employee records reviewed (Employees 1, 8, and 9) lacked documentation the employee was free of communicable disease and infected skin lesions while on duty and had direct contact with participants.</p> <p>For example, Employees 1, 8, and 9's records lacked documentation that he/she was free of communicable diseases and infected skin lesions while on duty.</p>	<p>2. All employees are required to sign an acknowledgement that they are free from communicable disease upon hire. This form is part of our orientation process now and will be completed upon hire. In the event an employee contracts a communicable disease through the duration of employment, they will be suspended immediately pending a doctor release to return to work. 3. Human Resource and Clinical Supervisors</p>	

(The agency corrected the deficiency during the course of the survey. The agency must answer questions 2-4 on the Plan of Correction.)

4. All employee files are QA'd on a quarterly basis by Human Resource to ensure all paperwork is completed and all acknowledgements are complete. The Program Director monitors employee files annually and reports results of quality assurance program.

Administrator/Provider Signature:



Date: 8/13/13

Department POC Approval Signature:



Date: 8/14/2013

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