



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 12, 2013

Lonna Smith, Administrator
Innovative Health Care Concepts, Inc.
790 S Holmes Ave
Idaho Falls, ID 83401

Dear Ms. Smith:

Thank you for submitting the Plan of Correction for Innovative Health Care Concepts, Inc. dated August 6, 2013, in response to the recertification survey conducted 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. a full certificate effective from September 1, 2013, through August 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 (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

Innovative Health Care Concepts, Inc.
RHA-316

790 S Holmes
Idaho Falls, ID 83401
(208) 529-8526

Survey Type: Recertification

Entrance Date: 7/9/2013

Exit Date: 7/12/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Bobbi Hamilton, Medical Program Specialist; DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.705.01.a.iv</p> <p>705. ADULT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation – Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and must supervise the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (10-1-12)T</p>	<p>Two of five employee records reviewed (Employees 2 and 5) lacked evidence that direct service staff were free from communicable disease.</p> <p>For example, Employees 2 and 5's records lacked evidence that direct service staff were free from communicable diseases.</p>	<p>1. All residential habilitation employees will upon hire sign an acknowledgement verifying that they are free of communicable diseases. This acknowledgement will be kept in their employee file.</p> <p>2. A QA will be completed for all current employee files to ensure that they have signed the communicable disease acknowledgment.</p> <p>3. The Human Resources Director will ensure that acknowledgments regarding communicable disease are signed upon hire and retained in the employee file, files will be audited to ensure completeness quarterly.</p> <p>4. The Communicable Disease Acknowledgment is part of the New Hire paperwork that new employees sign at their orientation.</p> <p>5. 7/15/13</p>	2013-07-15

a. Direct service staff must meet the following minimum qualifications: (3-19-07)
 iv. Be free from communicable disease; (10-1-12)T

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203.06</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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) 06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)</p>	<p>Two of five employee records reviewed (Employees 4 and 5) lacked documentation of current CPR and First Aid certification.</p> <p>For example:</p> <p>Employee 4's record included a date of hire of February 1, 2013. Agency documentation stated the employee transferred from DDA to ResHab. The employee record lacked documentation that the employee had current CPR and First Aid certification prior to accepting participants. The employee CPR and First Aid certification was not completed until May 15, 2013.</p> <p>Employee 5's record included CPR and First Aid certificates from December 2010–December 2012 and from May 2013–May 2015. There was a lapse in certification of approximately 5 months.</p>	<p>1. Employee 4 was a service coordinator for IHCC prior to moving to Res. Hab. She was not required to have First Aid and CPR as a service coordinator but upon switching to Res. Hab was scheduled for a First Aid and CPR course through IHCC as soon as a seat was available. All staff lacking First Aid/ CPR prior to being hired will be provided with options for obtaining First Aid/ CPR certification prior to providing services. These options are: online courses, a scheduled course through IHCC or they may find their own course through an accredited institution such as American Red Cross, or American Heart Association. No residential habilitation employees will provide direct care services without a current certification for First Aid and CPR in their employee file.</p>	<p>2013-07-15</p>

	<p>Also, see IDAPA 16.03.10.705.01.a.iii.</p>	<p>2. All employee files will be reviewed to ensure that necessary certification is valid and was obtained prior to delivery of direct service. 3. The Human Resource Director will communicate with the Res. Hab. Program Director if any new hires are lacking the necessary certification so that no new hire will provide direct care until certification is obtained. The Human Resources Director will keep all certified employees in a database so that the courses will be scheduled before certification lapses. 4. Certifications are maintained in the employee file and logged on the Training log used by the HR department to track training hours and necessary certifications. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	
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Rule Reference/Fact	Findings	Plan of Correction	Date to be Completed
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<p>16.04.17.400.02.b 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) b. Social Security and Medicaid ID numbers. (7-1-95)</p>	<p>One of four participant records reviewed (Participant 1) lacked documentation that the record included Social Security Numbers. For example, Participant 1's record lacked documentation of her Social Security Number.</p>	<p>1. The participant information record is placed in each intake and annual paperwork packet, the program coordinator will fill out the necessary information on the record at the ISP meeting. 2. A review of all participant files will be conducted to ensure that all social security numbers as recorded on the participant info record. 3. The Res. Hab. Program Director will review the intake packet to ensure all documents are up to date and will train program coordinators on questions to ask to ensure that information is accurately recorded on the participant information record. 4. Quarterly Internal Audits will be conducted to ensure that all files are complete, any missing documentation will be obtained and filed. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	<p>2013-07-31</p>
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.e</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. (3-20-04)</p>	<p>One of 4 participant records reviewed (Participant 3) lacked documentation that the record included at least the names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency.</p> <p>For example, Participant 3's Information Sheet had a location for emergency contact information. The grandmother was listed as an emergency contact name, and a phone number was included, but it lacked documentation of an address.</p>	<ol style="list-style-type: none"> 1. The participant information record is placed in each intake and annual paperwork packet, the program coordinator will fill out the necessary information on the record at the ISP meeting. 2. A review of all participant files will be conducted to ensure that necessary contact information is recorded properly on the participant info record. 3. The Res. Hab. Program Director will review the intake packet to ensure all documents are up to date and will train program coordinators on questions to ask to ensure that information is accurately recorded on the participant information record. 4. Quarterly Internal Audits will be conducted to ensure that all files are complete, any missing documentation will be obtained and filed. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. 	2013-07-23

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<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>Through a review of the agency's policy and procedure, it was determined that the agency was not reporting all instances of significant incidents affecting the 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 was arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings.</p> <p>After reviewing the agency's incident reporting documentation, it was identified that during 2013 two participants had been taken to the Emergency Room for emergency medical care. These instances were not reported to the Department.</p>	<ol style="list-style-type: none"> 1. Policy and Procedure regarding incident reporting has been updated to ensure that all incidents regarding emergency care (ie. ER visits, as well as any care outside of normal scheduled visits with participant's PCP) will be reported to the department effective 7/15/13. 2. All files have been reviewed to ensure that no other incidents have gone unreported to the department. 3. The program director will educate and train all program coordinators on how to complete documentation as well as report incidents to the department. 4. The program director will receive documentation for all incidents involving emergency medical treatment and keep a QA database of all incident reports for each year ensuring that all incidents were reported to the necessary 	2013-07-15

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)

authorities.

5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<p>16.04.17.405.04</p> <p>405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04)</p> <p>04. Reporting Violations. Any agency employee or contractor must report immediately report all allegations of mistreatment, abuse, neglect, injuries of unknown origin, or exploitation to the administrator and to adult protection workers and law enforcement officials, as required by</p>	<p>The agency's policy and procedure lacked definitions that prohibited mistreatment of participants. In addition, the agency's policy lacked instruction that employees or contractors must immediately report all allegations of mistreatment, injuries of unknown origin, or exploitation.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must answer questions 2-4 on the Plan of Correction).</p>	<p>2. Policy has been corrected to include protocol for mistreatment, injuries of unknown origin and exploitation. For current staff, education on which policy and procedure for recording incidents for mistreatment, injuries of unknown origin and exploitation will be part of staff meeting on 8/28/13. It will then be implemented to accompany new hire orientation on abuse and neglect incident reporting for all new hires effective 7/15/13.</p> <p>3. The program director will educate and train all current staff regarding the update in policy and new hires will receive training on this policy and procedure during orientation by a QIDP.</p> <p>4. The program director will receive</p>	<p>2013-07-15</p>

law under Section 39-5202, Idaho Code, or to the Idaho Commission on Aging, IDAPA 15.01.03, "Rules Governing Ombudsman for the Elderly Program," or the designated state protection and advocacy system for persons with developmental disabilities when applicable. (3-29-12)

documentation for all incidents involving abuse, neglect, mistreatment, injuries of unknown origin as exploitation and keep a QA database of all incident reports to ensure all incidents were reported to necessary authorities.
5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Administrator/Provider Signature:

[Handwritten Signature] BS HHS IDP

Date: 2013-08-06

Department POC Approval Signature:

[Handwritten Signature] Pam Cleveland-Schmidt

Date: 2013-08-12

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