



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 8, 2013

Heather Estes, Administrator
ResCare HomeCare
1015 West Ironwood Drive, Suite 101
Coeur d'Alene, ID 83814

Dear Ms. Estes:

Thank you for submitting the Plan of Correction for ResCare HomeCare dated October 10, 2013, in response to the recertification survey conducted on August 5, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued ResCare HomeCare a full certificate effective from October 11, 2013, through September 30, 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 and accommodating us through the survey process. If you have any questions, you can reach me at (208) 799-4431.

Sincerely,

KIMBERLY COLE, LSW
Medical Program Specialist
DDA/ResHab Certification Program

KC/slm

Enclosures

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



Statement of Deficiencies

Residential Habilitation Agency

ResCare HomeCare
RHA-715

1015 W Ironwood Dr Ste 101
Coeur d'Alene, ID 83814
(208) 665-5579

Survey Type: Recertification

Entrance Date: 8/5/2013

Exit Date: 8/5/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; Bobbie Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Kimberly Cole, Medical Program Specialist, DDA/ResHab Certification Program. Amended report.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.704.02.a 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)	One of one participant record reviewed (Participant1) lacked documentation that the direct service provider information included written documentation of each visit made or service provided to the participant; recorded the date and time of visit; the services provided during the visit; and the length of the visit, including time in and time out, if appropriate to the service provided. For example, Participant 1's record included 24-hour shifts for each employee, but did not address the time in and time out or the service provided during this time. Upon review of documentation and discussion with the participant, Employee 4, and agency administration, it was determined that the agency provided "on call" service. The Individual Service Plan (ISP) dated January 19, 2013 – January 18, 2014, authorized 24 hour	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. POC 1. A progress note with all assigned ADL's will be charted for each day of service. The progress note will include written documentation of each visit made or service provided to the participant; recorded date and time of visit; services provided during the visit; and the length of the visit, including time in and time out. 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? POC 2. Currently ResCare HomeCare provides Res-Hab services to only one participant. ResCare HomeCare will implement the same process as stated above in POC 1 for any new participant.	2013-08-09

	<p>high support (H2022), not "on-call" service with 3-5 hours/week alone time. The schedule included with the authorized plan addressed activities during the day only. When the participant and employee were asked about services provided at night, both stated that the agency "almost never provides services at night."</p> <p>Also, see IDAPA 16.03.10.706.01. Fee for Service. Waiver service providers will be paid on a fee for service basis based on the type of service provided as established by the Department.</p> <p>POTENTIAL RECOUPMENT</p>	<p>3. Who will be responsible for implementing each corrective action? POC 3. Heather Estes/Program Administrator and Rebecca Abbott/Qualified Intellectual Disabilities Professional (QIDP).</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur? POC 4. Progress notes will be reviewed weekly by the QIDP.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 8-9-2013.</p> <p>POTENTIAL RECOUPMENT: ResCare HomeCare is currently investigating its 2009-YTD records to appropriately respond to this POC: by 10-14-13.</p>	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.705.01.e</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)</p> <p>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</p>	<p>Based on review of 1 of 5 employee records (Employee 4), it was determined the agency lacked documentation that the employees had received ongoing training on the needs of the participant.</p>	<p>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. POC 1. The QIPD will provide ongoing training to Res-Hab providers on needs of the participant and will provide oversight for any specific training as needed (such as: mechanical restraints as ordered by a physician) prior to start of services and any time a change occurs to the service plan, thereafter. ResCare HomeCare currently provides bi-weekly training memos on topics including: safe transfers, disaster planning, and accident prevention.</p> <p>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?</p>	<p>2013-09-25</p>

employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (10-1-12)T
 e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (3-19-07)

POC 2. ResCare HomeCare will implement the same process as stated above in POC 1 for any new participant.
 3. Who will be responsible for implementing each corrective action? POC 3. Program Administrator and QIDP.
 4. How will the Corrective Actions be monitored to ensure the problem is corrected and does not reoccur? POC 4. ResCare HomeCare will monitor on-going training of Res-Hab providers quarterly, during each QA Home Visit. The QIDP, participant and Res-Hab provider will discuss any training needs.
 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 9-25-13.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.201.03.b 201. ADMINISTRATION. 03. Responsibilities. The governing authority must assume responsibility for: (3-20-04) b. Appointing an administrator qualified to carry out the agency's overall responsibilities in relation to written policies and procedures and applicable state and federal laws. The administrator must participate in deliberation of policy decisions concerning all services; (3-29-12)</p>	<p>In review of documentation and discussion with the stated administrator of the program, the administrator did not participate in the deliberation of policy decisions concerning all services.</p>	<p>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. POC 1. Program Administrator will ensure that ResCare HomeCare policies and procedures (P&Ps) are kept current with IDAPA rules, applicable state and federal laws. 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? POC 2. Staff Meetings will be held (including the Program Administrator) as needed to deliberate decisions and/or orient employees on updates to ResCare HomeCare P&Ps. 3. Who will be responsible for implementing each corrective action? POC 3. Laurie Balo/Executive Director and Program Administrator.</p>	<p>2013-09-30</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300</p> <p>300. POLICY AND PROCEDURE MANUAL. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: (3-20-04)</p>	<p>Based on review of documentation, it was determined the annual agency review did not include a review of policies and procedures.</p> <p>For example, there was no policy and procedure review for 2010, 2011, 2012 or the current year.</p>	<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? POC 4. Staff Meeting agendas/meeting notes will include documentation of deliberation of policy decisions concerning all services as needed; kept in the Staff Meeting binder and will be available to the survey team.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 9-30-13.</p> <p>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. POC 1. Program Administrator will review IDAPA rules annually with the QIDP to ensure that ResCare HomeCare policies and procedures (P&Ps) are kept current with IDAPA rules.</p> <p>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? POC 2. Staff meetings will be held as needed to orient employees on updates to ResCare HomeCare P&Ps corresponding with any revisions made to IDAPA rules.</p> <p>3. Who will be responsible for implementing each corrective action? POC 3. Laurie Balo/Executive Director, Program Administrator and QIDP.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? POC 4. Any and all revisions that are necessary will be made to ResCare HomeCare P&P's as needed. Documentation of annual P&P reviews completed will be kept in the P&P Manual binder and will be available to survey team.</p>	<p>2013-09-05</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.02</p> <p>301. PERSONNEL.</p> <p>02. Work Schedules. Coverage is scheduled to assure compliance with the Individual Support and Implementation Plans and all work schedules must be kept in writing. The agency must specify provisions and procedures to assure back-up coverage for those work schedules. (3-20-04)</p>	<p>Based on review of documentation and discussion with the program coordinator and staff, there was not coverage scheduled to assure compliance with the Individual Support and Implementation Plans, and all work schedules were not kept in writing.</p> <p>For example, in Participant 1's file the Individual Support Plan was written for high support, which is care for 24 hours a day. The attached safety plan identified 3-5 hours a week of alone time. The program coordinator and staff stated that they work on an on-call basis; are rarely there at night; and once safely transported to the community, are within 10 minutes away when called for transport and assistance.</p> <p>POTENTIAL RECOUPMENT</p>	<p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 9-5-13.</p> <p>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. POC 1. Participant schedules will be printed monthly and kept in the participant's file they will reflect any schedule changes. Current Res-Hab providers will cover shifts as needed and will be included on the Implementation Plan.</p> <p>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? POC 2. This procedure will occur for any new participants.</p> <p>3. Who will be responsible for implementing each corrective action? POC 3. Program Administrator and QIDP.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? POC 4. Schedules will be reviewed monthly by QIDP.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 9-5-13.</p> <p>POTENTIAL RECOUPMENT: ResCare HomeCare is currently investigating its 2009-YTD records to appropriately respond to this POC: by 10-14-13.</p>	<p>2013-09-05</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.04</p> <p>302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p>	<p>One of one participant record reviewed (Participant 1) lacked evidence that the agency followed their system for handling medications as outlined in agency policy.</p> <p>For example, Participant 1 was observed in her home with Employee 4. Review of the record revealed there was no documentation of a daily medication log. When asked, the participant and employee stated the employee assists with medications by taking the medications out of the bottles, puts them on a tray, and the participant then takes the medications.</p> <p>Also, see IDAPA 16.04.17.400.02.m—Daily medication log when applicable.</p>	<p>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. POC 1. A Medication Log was placed and implemented in the participant's home on 8-8-13. Medication Logs will be reviewed quarterly during each QA Home Visit, collected and filed in the participant's file. All Res-Hab providers will obtain Medication Assistance Certification by 9-18-13.</p> <p>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? POC 2. ResCare HomeCare will implement the same process as stated above in POC 1 for any new participant.</p> <p>3. Who will be responsible for implementing each corrective action? POC 3. Program Administrator and QIDP.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not reoccur? POC 4. Program Administrator will review collected Medication Logs with QIDP quarterly, during each QA audit.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. All Res-Hab providers will obtain Medication Assistance Certification by 9-18-13.</p>	<p>2013-08-08</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.05</p> <p>302. SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)</p>	<p>One of one participant record reviewed (Participant 1) lacked documentation that the residential habilitation agency submitted semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in the participant file and annual status reviews must be attached to annual plan of service.</p> <p>For example, Participant 1's record lacked documentation the semiannual and annual status reviews for the 2012 and 2013 plan years.</p>	<p>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. POC 1. Documentation of submitted semiannual(1) and annual status(2) reviews conducted by the QIDP will be kept in the participant's file(1) and attached to the participant's annual plan of service(2).</p> <p>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? POC 2. ResCare HomeCare will implement the same process as stated above in POC 1 for any new participant.</p> <p>3. Who will be responsible for implementing each corrective action POC 3. Program Administrator and QIDP.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? POC 4. QIDP will include Program Administrator on submission of all participant status reviews.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 2-6-14</p>	<p>2014-02-06</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.i</p> <p>400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>	<p>One of one participant record reviewed (Participant 1) lacked documentation of an age appropriate functional assessment.</p> <p>For example, Participant 1's record lacked documentation of a functional assessment.</p>	<p>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. POC 1. A Functional Assessment was completed on 8-8-13.</p> <p>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? POC 2. ResCare HomeCare will implement the same process as stated above in POC 1 for any new participant.</p> <p>3. Who will be responsible for implementing each corrective action POC 3. Program Administrator and QIDP.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? POC 4. Participant chart will be reviewed annually by Program Administrator and QIDP to verify and to ensure documentation is compliant.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5. 8-8-13.</p>	<p>2013-08-08</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.08.b.i-ii</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</p>	<p>Based on observation and review of one of one participant record (Participant 1), it was determined the agency lacked evidence it assured that no mechanical restraint was used unless authorized by the attending physician per rule requirements.</p>	<p>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. POC 1. The Res-Hab provider has been provided training for rule: No restraints are to be used unless ordered by the participant's</p>	<p>2013-08-05</p>

participant to include at least the following: (3-20-04)

08. Use of Restraint on Participants. No restraints, other than physical restraint in an emergency, must be used on participants prior to the use of positive behavior interventions. The following requirements apply to the use of restraint on participants: (3-20-04)

b. Mechanical restraint. (7-1-95)

i. Mechanical restraint may be used for medical purposes when authorized by an attending physician. (7-1-95)

ii. Mechanical restraint for non-medical purposes may be used only when a written behavior change plan is developed by the participant, his service coordinator, his team, and a QMRP or a behavior consultant/crisis management provider as qualified in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)

See also the definition of Mechanical Restraint: IDAPA 16.04.17.011.02

For example, Participant 1 was observed in her home working on range of motion (ROM) exercises with Employee 4, who restrained the participant's feet with a belt by wrapping it around her feet and footrests of her wheel chair. When asked if that was ordered by the physician, the staff and participant stated it was something they developed to keep her feet on the rests. There was no documentation this restraint was authorized by the attending physician in the record. In addition, the agency administration was not aware of this practice taking place.

physician.

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? POC 2: ResCare HomeCare will implement the same process as stated above in POC 1 for any new participant.

3. Who will be responsible for implementing each corrective action? POC 3: Program Administrator and QIDP.

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? POC 4: Staff Meeting held on 8-8-13 with QIDP, the participant and Res-Hab providers to orient rule: No restraints are to be used unless ordered by the participant's physician. During the quarterly QA review, the QIDP will review all tasks performed by verbal or return demonstration as needed.

5. By what date will the corrective actions be completed? Enter this date in the column to the far right. POC 5: 8-5-13.

Administrator/Provider Signature:

Leathia Estes

Date: 10-10-13

Department POC Approval Signature:

Kathy White

Date: 10/11/13

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