



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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October 21, 2013

Deb Bennett, Administrator  
MDC Magic Valley  
798 Lawrence Avenue  
Twin Falls, ID 83301-3635

Dear Ms. Bennett:

Thank you for submitting the Plan of Correction for MDC Magic Valley dated October 8, 2013, in response to the recertification survey concluded on September 5, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued MDC Magic Valley a full certificate effective from November 1, 2013, through October 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.

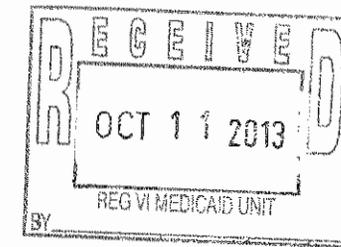
Sincerely,

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

MDC Magic Valley  
RHA-272

798 Lawrence Ave  
Twin Falls, ID 83301-3635  
(208) 324-6776

Survey Type: Recertification

Entrance Date: 9/4/2013

Exit Date: 9/5/2013

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.302.04 302. 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)	Based on observation and review of 3 of 4 participant records (Participants 1, 2, and 3), it was determined the agency lacked documentation it followed its policy for handling participant medications, which is to ensure compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing."  For example:  Participant 1's record addressed pro re nata (PRN) medications Hydrocodone and Albuteral, but there was no documentation of delegation instructions to staff per Nursing Requirements IDAPA 23.01.01.  Participant 2's medication logs included PRN's given for over-the-counter (OTC) Ibuprofen and Docusate Sodium, but they were not prescribed by a physician and there was no documentation of delegation instructions to staff.	1. All over the counter medications will be authorized by a physician before they are given to any participant. The agency RN will delegate instructions to staff for all PRN medications. 2. All participants who have over the counter medications were affected. All over the counter medications will be authorized by a physician and delegated by the agency RN. 3. The agency RN and QIDP. 4. All prescription and over the counter medication administration will be reviewed as part of the quarterly quality assurance process completed by the program administrator. 5. All PRN medications will be reviewed and delegated by the agency RN by November, 1, 2013.	11/01/2013

	<p>Participant 3's record included PRN OTC for Acetaminophen, but there was no delegation instruction to staff.</p> <p>Also see IDAPA 16.04.17.400.02.m.</p>		
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.05 302. 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>Two of 4 participant records reviewed (Participants 1 and 2) lacked documentation that the 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 the annual plan of service.</p> <p>Also see IDAPA 16.04.17.011.14. Provider Status Review (PSR). The written documentation that identifies the participant's progress toward goals defined in the plan of service.</p>	<ol style="list-style-type: none"> <li>1. All behavioral objectives that are mastered will be deleted upon the mastery date.</li> <li>2. The program administrator reviewed all objectives and found no other occurrences of mastered objectives being run.</li> <li>3. Agency QIDP staff will be responsible for ensuring mastered objectives are deleted upon the mastery date.</li> <li>4. The program administrator will review the status of behavioral objectives as part of the quarterly quality assurance program.</li> </ol>	<p>10/01/2013</p>

For example:

Participant 1's PSR for "will arrange transportation 80% success for 3 consecutive months" had been met for 5 consecutive months (December 2012 100%; January 2013 81%; February 2013 100%; March 2013 100%; and April 2013 100%) with no change or discontinuation. Comments for February 2013 stated she had met achievement criteria, but that no change or discontinuation was made.

Participant 2's PSR for "after participant lights her cigarette she will hand her lighter to staff for safety purposes at 50% for 3 consecutive months" had been met for 4 consecutive months (January 2013 100%; February 2013 95%; March 2013 96%; and April 2013 96%) and as of March 2013 the comments stated it was mastered and would be deleted, but for April 2013 it continued and the comment stated, "New objectives developed for her and will not be implemented until May 1, 2013," so it continued although it should have been discontinued.

5. The objectives for Participant 1 and 2 have been removed from their programs and replaced with new objectives.

Administrator/Provider Signature: *Deb Burnett Lew Program administrator*

Date: *10/8/2013*

Department POC Approval Signature: *Pam Loveland-Schmidt*

Date: *10/16/13*

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