



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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October 23, 2013

Hilary Western, Acting Administrator  
Back to Basic Living  
684 Grange Lane  
Twin Falls, ID 83301-5390

Dear Ms. Western:

Thank you for submitting the Plan of Correction for Back to Basic Living dated October 21, 2013, in response to the recertification survey conducted on September 9, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Back to Basic Living 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

Back to Basic Living  
RHA-223

684 Grange Ln  
Twin Falls, ID 83301-5390  
(208) 736-1856

Survey Type: Recertification

Entrance Date: 9/9/2013

Exit Date: 9/9/2013

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

16.03.10.704.02.a.iv

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)  
iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07)

Based on review of participant records (Participants 1, 2, 3, and 4), it was determined that the record lacked evidence that the delivery of service was verified by the participant as evidenced by their signature on the service record.

A form was created to maintain and record the three types of information to be maintained. This will cover the Direct Service Provider written documentation of service provided, length of visit and evidence of service by client signature.

To identify participants who may be affected by this deficiency the agency will maintain records on said mentioned form for all participants using the document from admit date to discharge date.

The admitting personnel will insure that this documentation is available to be completed from date of admission on.

The Administrator will oversee this documentation and will insure it is placed in ongoing records for each participant  
\*\*\*copy of form to be faxed by 10/16/13

2013-10-11

Residential Habilitation Agency	Back to Basic Living		9/9/2013
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16.03.10.705.01.a.iv			
<p><b>705. ADULT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.</b> 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><b>01. Residential Habilitation -- Supported Living.</b> 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><b>a. Direct service staff must meet the following minimum qualifications: (3-19-07)</b></p> <p><b>iv. Be free from communicable disease; (10-1-12)T</b></p>	<p>Based on review of agency records, it was determined that 5 of 6 employees files (Employees 2, 3, 4, 5 and 6) did not contain documentation that the employee was free from communicable diseases.</p>	<p>The agency has adapted a hiring document to include personnel being free of communicable diseases.</p> <p>All current employees will sign that to the best of their knowledge that they are free of any type of communicable disease. If while employed personnel contract any type of communicable disease they will be informed that they will not be allowed to work for the agency until a doctors release is presented to the medical supervisor. The administrator and medical supervisor will be responsible to oversee that all staff have reported and signed the document that they are free of communicable diseases.</p> <p>The administrator and medical supervisor will be responsible to oversee that all staff have reported and signed the document that they are free of communicable diseases.</p> <p>* Document to be faxed by 10/16/2013</p>	2013-10-16

<p>16.04.17.203.06</p> <p><b>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</b></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)</p> <p>06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)</p>	<p>Based on review of agency records, it was determined that 1 of 6 employees (Employee 3) did not have their First Aid and CPR certification prior to accepting participants.</p> <p>For example, Employee 3's date of hire was June 18, 2013, but did not begin providing services until mid-August. Employee 3 did not receive First Aid and CPR certification until September 3, 2013. Employee 3 was not certified from mid-August until September 3, 2013.</p>	<p>No employee working directly with participants shall provide service without being CPR/First Aid certified.</p> <p>The medical supervisor will attend training to become a CPR/First Aid instructor. Until this training can take place we will continue using our current instructor.</p> <p>The Administrator will oversee to insure that no personnel is working with the clients without certification.</p> <p>The medical supervisor will insure that no staff member is scheduled to work with out CPR/First Aid training.</p> <p>We are checking availability of training and hope to complete this by November 16th 2013</p>
		2013-11-16

T-358 P0005/0014 F-660  
10-21-'13 13:21 FROM-Back to Basic Living 208-735-8691

<p>16.04.17.300</p> <p><b>300. POLICY AND PROCEDURE MANUAL.</b> 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 the agency's policies and procedures, it was determined that the agency did not conduct an annual review of the policies and procedures for 2012.</p>	<p>A document will be placed in the beginning of the Policy Manual stating Date, and Signature of Personnel reviewing the Policy Manual Annually. The agency will conduct yearly reviews of Policy Manual and State Regulations to ensure compliance. The Administrator will oversee that yearly reviews are completed. The Administrator or designated personnel will sign and date the yearly review document located at the beginning of the Policy Manual.</p>	<p>2013-10-16</p>
<p>16.04.17.300.01</p> <p><b>300.POLICY AND PROCEDURE MANUAL.</b> A policy and procedure manual must be developed by the residential habilitation</p>	<p>Based on review of the agency's policies and procedures, it was determined that the agency did not have a policy to identify the geographic area served by the agency.</p>	<p>A Policy has been created to address the Geographical Area Deficiencies.</p>	<p>2013-10-16</p>

Residential Habilitation Agency	Back to Basic Living		9/9/2013
<p>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>01. Scope of Services and Area Served. Scope of services offered and geographic area served. (7-1-95)</p>		<p>The agency will not provide any service outside of the Southern Idaho Region unless a service is unavailable i.e. Medical. Back to Basics will provide services in Region V including the following counties: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, and Minidoka. The Administrator and QIDP will be responsible to ensure that no services outside the Southern Idaho Region occur. All staff will be made aware that no services shall be provided outside of Southern Idaho. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. * Documented to be faxed by 10/16/2013</p>	
<p>16.04.17.300.02</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 the agency's policies and procedures, it was determined that the agency did not have a policy that identified the standards for acceptance of participants.</p>	<ol style="list-style-type: none"> <li>1. Back to Basics will include the attached "Policy of Participant Acceptance" in the Policy and Procedure Manual and abide by it.</li> <li>2. To identify participants who may be affected by this deficiency the QIDP has reviewed the admission record of all current participants. It was determined that no current participants were affected by this deficiency.</li> <li>3. The administrator will insure that the "Policy of Participant Acceptance" is followed.</li> <li>4. The administrator will monitor compliance with</li> </ol>	2013-10-16

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<p>02. Acceptance Standards. Standards for acceptance of participants. (3-20-04)</p>		<p>this policy upon acceptance of each new participant Back to Basics begins serving. 5. The attached policy will be included in the Policy and Procedure Manual as of 10/21/2013.</p>	
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<p>16.04.17.301.01 301. PERSONNEL. 01. Policies. The agency is responsible for the recruitment, hiring, training, supervision, scheduling, and payroll for its employees, subcontractors or agents. Written personnel policies must be on file and provided to employees which describe the employee's rights, responsibilities, and agency's expectations. (3-29-12)</p>	<p>Based on review of the agency's policies and procedures, it was determined that the agency did not have a policy that included recruitment, hiring, supervision, or scheduling for their employees.</p>	<p>A policy has been created to address the deficiency The agency will ensure that all areas outlined in the policy are documented in each employee file. The Administrator will oversee personnel files to ensure compliance. Medical Supervisor will file and initial all personnel files quarterly. * Policy will be faxed.</p>	<p>2013-10-16</p>
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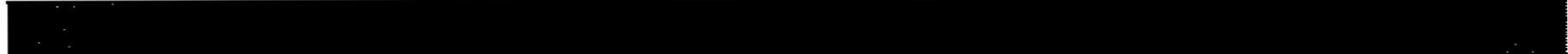
		<p>completed? Enter this date in the column to the far right.</p> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p>	
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<p>16.04.17.301.02</p> <p>301. 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 the agency's policies and procedures, it was determined that the agency did not have a policy to assure back-up coverage for work schedules..</p>	<p>A Policy was created to insure that all participants receive their services.</p> <p>All employee files will show evidence of training with each participant. All schedules will be kept in writing at the agency main office.</p> <p>Coverage is scheduled to assure compliance with the ISP. Back up coverage will be called in to insure that each participant receives their individual services.</p> <p>The Administrator will oversee the schedules and any changes made to schedules. The Medical Supervisor will ensure that personnel files reflect all needed training is in employee files. Quarterly reviews of all employees files will be conducted to ensure compliance.</p>	<p>2013-10-16</p>
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<p>16.04.17.301.03.i</p> <p>301. PERSONNEL.</p> <p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: (3-29-12)</p> <p>i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>Based on review of agency records, it was determined that for 3 of 6 employees (Employees 4, 5, and 6) the agency did not maintain CPR and First Aid certification documentation.</p> <p>For example:</p> <p>For Employee 4, it could not be identified that the employee had been certified in CPR and First Aid from November 2008 through January 2013.</p> <p>For Employee 5, it could not be identified that the employee had been certified in CPR and First Aid from August 2011 through April 2012.</p> <p>For Employee 6, it could not be identified that the employee had been certified in CPR and First Aid from April 2009 through May 2013.</p>	<p>The agency will keep copies of all CPR/First Aid certifications from date of hire to date of termination.</p> <p>The agency will conduct quarterly checks of all employee files to ensure no time lapse between certifications.</p> <p>The Administrator will oversee that each employee file maintains all CPR/First Aid Certifications</p> <p>The Medical Supervisor will conduct Quarterly reviews of all Personnel Files to insure compliance.</p>	2013-10-16

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<p>16.04.17.302.04</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>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>Based on review of the agency's policies and procedures, it was determined that the agency did not have a policy that included disposal of medications.</p> <p>In addition, Participant 4 had a rash prescription that stated to dispose of the medication as of August 2013, and the medication was still with the participant's medications. The agency stated their process is to take it to the pharmacy to have them dispose of it, but this was not done.</p>	<p>A new Policy was created to address medication disposal:</p> <p>The agency will conduct quarterly reviews of all participants medication, including OTC to insure medication is not expired. If for any reason medication needs disposal the Medical supervisor will return medication to pharmacy for disposal.</p> <p>All disposed medication will have documentation from the pharmacy that states it was disposed of properly.</p> <p>*** New policy to be faxed by 10/21/13</p>	<p>2013-10-16</p>
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16.04.17.400.02.n

400. PARTICIPANT RECORDS.

02. Required Information. Records must include at least the following information: (3-20-04)

n. Daily record of the date, time, duration, and type of service provided. (7-1-95)

Based on review of 4 of 4 participant records (Participants 1, 2, 3, and 4), it was determined that agency documentation lacked documentation of the type of service provided.

A form was created to maintain and record the three types of information to be maintained. This will cover the Direct Service Provider written documentation of service provided, length of visit and evidence of service by client signature.

2013-10-16

To identify participants who may be affected by this deficiency the agency will maintain records on said mentioned form for all participants using the agency from admit date to discharge date.

The admitting personnel will insure that this documentation is available to be completed from date of admission on.

The Administrator will oversee this documentation and will insure it is placed in ongoing records for each participant

\*\*this is included with 16.03.10.704.02.a.iv as one form was created for these two deficiencies  
\*\*\*copy of form to be faxed by 10/16/13

Administrator/Provider Signature:



Date: 10/21/13

Department POC Approval Signature:



Date: 10/23/2013

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

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