



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF LICENSING & CERTIFICATION
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November 14, 2013

James Moss, M.P.A., Administrator
Living Independently Forever, Inc. dba LIFE
545 North Benjamin Lane, Suite 155
Boise, ID 83704

Dear Mr. Moss:

Thank you for submitting the Plan of Correction for Living Independently Forever, Inc. (LIFE) dated November 14, 2013, in response to the recertification survey concluded on October 10, 2013. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey, we issued LIFE a full certificate effective from November 15, 2013, through November 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate was 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) 364-1906.

Sincerely,

ERIC D. BROWN
Manager
DDA/ResHab Certification Program

EDB/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Residential Habilitation Agency

Living Independently Forever, Inc.
RHA-240

545 N Benjamin Ln Ste 155
Boise, ID 83704
(208) 888-0076

Survey Type: Recertification

Entrance Date: 10/8/2013

Exit Date: 10/10/2013

Initial Comments:

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300 300. 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 agency policies and procedures, it was determined that the agency did not conduct an annual review of its policies and procedures manual to identify the specific date and content of revisions made for 2010, 2011, or 2012.</p>	<ol style="list-style-type: none"> 1. Program Administrator will conduct annual review of policy manual to comply with IDAPA standards. 2. Changes will be program-wide. 3. Program Administrator will be primarily responsible for completing annual reviews. 4. Documentation of annual review will be maintained on file and available upon request. 5. Policy Manual review was completed in 2013 and will occur annually hereafter. 	<p>2013-11-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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 1 of 2 participant records (Participant 2), it was determined that the documentation associated with a participant's medications logs did not meet the agency's policy for handling medication.</p>	<ol style="list-style-type: none"> 1. Program Coordinators have been retrained on documenting medication administration. Program Coordinators will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Participant records have been reviewed for accuracy. 3. Program Coordinators will be primarily responsible for enforcing documentation requirements. 4. Program Director or designee will complete ongoing reviews of medication logs to ensure compliancy. 5. Retraining has been conducted and reviews will be ongoing. 	<p>2013-11-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.01</p> <p>400. PARTICIPANT RECORDS.</p> <p>01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. All entries made into a participant record must be dated and signed in ink. (3-20-04)</p>	<p>Based on review of agency policies and procedures, it was determined that the agency did not have a policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records.</p>	<ol style="list-style-type: none"> 1. Agency utilizes electronic databases to track required documentation, including participant records. Policy Manual has been revised to include list of mandatory documents. 2. Changes will be program-wide. 3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation. 4. Program Administrator or designee will complete ongoing review of databases to ensure compliancy. 5. Policy Manual has been revised and reviews will be ongoing. 	<p>2013-11-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.03</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>03. No Punishment. Employees or contractors of the agency must not withhold food or hydration that contributes to a nutritionally adequate diet. (3-29-12)</p>	<p>Based on review of agency policies and procedures, it was determined that the agency did not have a policy that included that an employee or contractor of the agency must not withhold food or hydration that contributes to a nutritionally adequate diet.</p>	<ol style="list-style-type: none"> 1. Agency policies have been revised to prohibit withholding food or hydration as part of nutritional diet. Program Coordinators will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation. 4. Program Director or designee will complete ongoing review of participant calorie charts to ensure compliancy. 5. Policy Manual has been revised and reviews will be ongoing. 	<p>2013-11-01</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.05</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>Based on review of agency policies and procedures, it was determined that the agency did not have a policy that included how the agency would demonstrate that evidence of all alleged violations are thoroughly investigated and protect the participant from the possibility of abuse while the investigation is in progress.</p>	<ol style="list-style-type: none"> 1. Agency policies have been revised to require protection of participants during investigations of reported abuse. Program Coordinators will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 	<p>2013-11-01</p>

05. Providing Evidence of Violation. Agencies must provide evidence that all alleged violations are thoroughly investigated and must protect the participant from the possibility of abuse while the investigation is in progress. (3-20-04)

2. Changes will be program-wide.
3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation.
4. Program Director or designee will complete ongoing review of internal investigation forms to ensure compliancy.
5. Policy Manual has been revised and reviews will be ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.08.a</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>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</p>	<p>Based on review of agency policies and procedures, it was determined that the agency did not have a policy that contained all of the required information listed in this rule.</p>	<ol style="list-style-type: none"> 1. Agency policies have been revised to prohibit mechanical restraints and limit physical restraints to emergency situations. Program Coordinators will receive ongoing training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation. 	<p>2013-11-01</p>

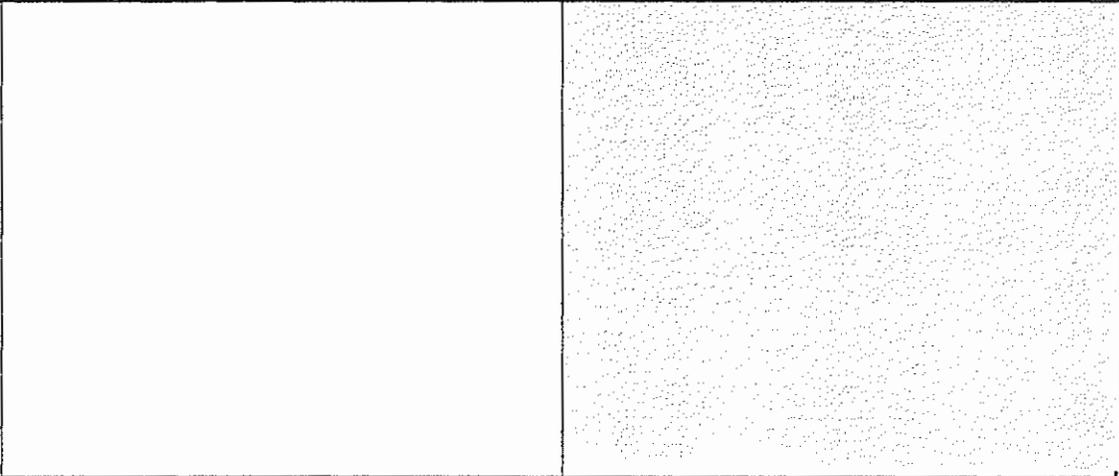
restraint on participants: (3-20-04)
 a. Chemical restraint. Employees or contractors of the agency must not use chemical restraint unless authorized by an attending physician. (3-29-12)

4. Program Director or designee will complete ongoing review of incident reports to ensure compliancy.

5. Policy Manual has been revised and reviews will be ongoing.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.08.d 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) 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) d. Seclusionary Time Out. Seclusionary time out 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</p>	<p>Based on review of agency policies and procedures, it was determined that the agency did not have a policy that contained all of the required information listed in this rule.</p>	<p>1. Agency policies have been revised to require informed participant consent for seclusionary time outs. Program Coordinators will receive training and be required to demonstrate awareness and proficiency of standards. 2. Changes will be program-wide. 3. Program Administrator is primarily responsible for revising policies, while Program Director will be primarily responsible for implementation. 4. Program Director or designee will complete ongoing review of incident reports to ensure compliancy. 5. Policy Manual has been revised and reviews will be ongoing.</p>	<p>2013-11-01</p>

consultant as qualified in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Informed participant consent is required. (3-20-04)



Administrator/Provider Signature:

[Handwritten Signature]

Date:

11/14/13

Department POC Approval Signature:

Robbi Hamilton, RCoBA

Date:

11/14/13

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