



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
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PHONE (208) 364-1959  
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November 25, 2013

Mike Wilson, LMSW, Administrator  
Inclusion South, Inc.  
3067 East Copper Point Drive  
Meridian, ID 83642

Dear Mr. Wilson:

Thank you for submitting the Plan of Correction for Inclusion South, Inc. dated November 15, 2013, in response to the recertification survey concluded on October 23, 2013. The Department has reviewed and approved the Plan of Correction.

As a result, we have issued Inclusion South, Inc. a full certificate effective from December 1, 2013, through November 30, 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*

Inclusion South, Inc.  
RHA-270

1122 Eastland Dr N Ste 1  
Twin Falls, ID 83301  
(208) 888-1758

**Survey Type:** Recertification

**Entrance Date:** 10/22/2013

**Exit Date:** 10/23/2013

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.704.02.a.iv</p> <p>704. ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07)</p> <p>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)</p> <p>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)</p>	<p>Two of two records reviewed (Participants 1 and 2) lacked written documentation that the participant verified service delivery. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery should be verified by the participant as evidenced by their signature on the service record.</p> <p>For example, based on review of agency records, it was determined that for 2 out of 2 participant records reviewed (Participants 1 and 2) the agency lacked documentation that the provider records included the participant's signature.</p>	<p>1. What actions will be taken to correct the deficiency? All service delivery will be verified by the participants by way of their signature on the service records. Signatures will be obtained weekly.</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? The agency will correct this as though all participants are affected. The corrective action should effectively remedy deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? This will be monitored ongoing, weekly, and</p>	2013-11-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>Additional Terms A-5.10</p> <p>A-5. Quality Improvement. The Provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. Results of individual quality improvement reviews conducted by the Department shall be transmitted to the Provider within forty-five (45) days of a review being completed. If deficiencies have been identified by the review, the Provider shall submit to the Department a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to the Department within forty-five (45) days of receiving the results of a quality assurance review. Upon request, a provider shall also forward to the Department the results of any implemented corrective action plan. At a minimum quality of services shall be evaluated according to the following criteria: A-5.10 The Provider discusses the</p>	<p>One of two participant records reviewed (Participant 2) lacked evidence that the provider discussed the implementation plans with the participant and provided him/her a copy of each plan.</p> <p>For example, Participant 2's record had documentation an Individual Service Plan (ISP) meeting was conducted on June 19, 2013, with a services start date of August 30, 2013. The receipt of Program Implementation Plans (PIP's) located within the participants file was dated April 30, 2013, which was before the implementation of the ISP and current PIP's.</p>	<p>through quarterly quality assurance reviews.</p> <p>1. What actions will be taken to correct the deficiency? A copy of the implementation plan will be provided to all participants at redetermination. Evidence of this will maintained in the participants' records.</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? The agency will correct this as though all participants are affected. The corrective action should effectively remedy deficient practice.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? This will be monitored ongoing, at redetermination, and quarterly quality assurance reviews.</p>	<p>2013-11-15</p>

implementation plan(s) with the participant and provides him/her a copy of each plan.

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**Administrator/Provider Signature:**

 LCSW

**Date:** 11/15/2013

**Department POC Approval Signature:**



**Date:** 11/22/2013

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