



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 18, 2013

Teresa Walker, Administrator
Adolescent and Child Development Center, LLC
151 North 3rd Avenue, Suite 110
Pocatello, ID 83201-6367

Dear Ms. Walker:

Thank you for submitting the Plans of Correction for Adolescent and Child Development Center, LLC dated November 12, 2013, in response to the recertification survey concluded on September 20, 2013, and the complaint investigation survey concluded on October 25, 2013. The Department has reviewed and approved the Plans of Correction.

As a result of the recertification survey, we previously issued Adolescent and Child Development Center, LLC a full certificate effective from October 14, 2013, through September 30, 2014, 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 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS
Medical Program Specialist
DDA/ResHab Recertification Program

PLS/slm

Enclosures

1. Approved Plan of Correction – Recertification Survey of September 20, 2013
2. Approved Plan of Correction – Complaint Investigation Survey of October 25, 2013



Statement of Deficiencies

Residential Habilitation Agency

Adolescent and Child Development Center, LLC
RHA-2335

151 N 3rd Ave Ste 110
Pocatello, ID 83201-6367
(208) 232-5622

Survey Type: Investigation

Entrance Date: 10/25/2013

Exit Date: 10/25/2013

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

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|--|--|----------------------|
| <p>16.03.10.705.01.b</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 employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (10-1-12)T</p> <p>b. All skill training for agency direct service</p> | <p>Based on record review of one of one employee (Employee 1), it was determined the agency lacked documentation that all skill training for direct service staff was provided by a Qualified Intellectual Disabilities Professional (QIDP) who had demonstrated experience in writing skill training programs.</p> <p>For example, Employee 1’s record included skill training documentation completed by Employee 2. Based on agency documentation and interview, Employee 2 did not meet the QIDP qualifications.</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. Skills training will only be rendered by QIDP. All staff needing training will be retrained.</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 address this as though all participants’ services are affected. The corrective action identified will address the deficiency</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 done upon hire and screened quarterly</p> | <p>2013-12-16</p> |

staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
|---|---|--|----------------------|
| <p>18.04.17.302.04</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>Two of two participant records reviewed (Participants 1 and 2) lacked documentation that agency staff were following the agency's policy describing the program's system for handling participant medications.</p> <p>For example:</p> <p>Through the course of the investigation and review of documentations, it was determined that medication logs and narcotic sign-off sheets for Participant 1 and his roommate, Participant 2, were not completed per agency policy and procedure.</p> <p>The medication logs for Participant 1's Lorazepam (a narcotic) lacked documentation that he received the medication according to physician orders. Per Employee 2 and 4, the agency procedure was to count the narcotic medication at night and again in the morning. Both employees are to have the other staff in the home, whether medication certified or not,</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. All medication will be assisted with pursuant to regulations. All staff will be correctively trained on the procedures.</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 address this as though all participants' services are affected. The corrective action identified will address the deficiency</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 and during quarterly quality assurance review.</p> | <p>2013-12-16</p> |

| | <p>to witness the count by signing the sheet. The narcotic sign-off sheet as completed did not correlate with the agency's procedure. Based upon staff documentation for the following dates, medication was not counted and witnessed.</p> <ul style="list-style-type: none"> • September 20, 2013 • September 29, 2013 • October 4, 2013 • October 6, 2013 • October 7, 2013 <p>Participant 1's Medication Assistance Record (MAR) for Lorazepam dated October 1, 2013, was initialed by staff. On the back of the MAR, under nurse's notes, it stated, "8pm the staff missed med." On the narcotic sign-off sheet, it stated the medication was given at 7:00 p.m.</p> <p>Participant 2's MAR for October 8 and 9, 2013, it was stated under the nurse's notes for 8:00 a.m. that the medications were "accidentally dropped on floor so new set of meds were popped," but it did not address whether or not the medications were disposed of or whether or not the RN was contacted. Employee 4 was interviewed regarding the medications and stated she had provided training to the staff on the medications for these two participants. The RN stated that Participant 2 had morning medications missing around October 8 and "no one will fess up" to what happened to those medications.</p> | | |
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| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
| <p>16.04.17.405.04 405. 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 review of one of one participant record (Participant 1) and staff interview, it was determined that the agency lacked evidence it reported a staff arrested for abuse or neglect of a vulnerable adult to Adult Protection Services as per rule requirements. Employee 1 was arrested for abuse or neglect of a vulnerable</p> | | 2013-11-29 |

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

04. Reporting Violations. Any agency employee or contractor must report immediately report all allegations of mistreatment, abuse, neglect, injuries of unknown origin, or exploitation to the administrator and to adult protection workers and law enforcement officials, as required by law under Section 39-5202, Idaho Code, or to the Idaho Commission on Aging, IDAPA 15.01.03, "Rules Governing Ombudsman for the Elderly Program," or the designated state protection and advocacy system for persons with developmental disabilities when applicable. (3-29-12)

adult on October 22, 2013. The agency lacked evidence it reported this incident to Adult Protective Services.

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.

All suspected occurrences of abuse, neglect, and exploitation will be reported to APS. All staff will be immediately retrained on the policies pertaining to reporting

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 address this as though all participants' services are affected. The corrective action identified will address the deficiency

3. Who will be responsible for implementing each corrective action?

Administrator or designee

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?

This will be done upon hire, ongoing, and screened quarterly

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| Administrator/Provider Signature: <i>Teresa Walker QIDP, CHI, BA</i> | Date: 11/12/13 |
| Departmental POC Approval Signature: <i>Pam Louvain-Schmitt</i> | Date: 11/14/13 |

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