



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 3, 2014

CERTIFIED MAIL # 7012 3050 0001 21280 2835

Andrew Vanderbeek, Administrator
St. Fillan's, LLC
226 E 5th Street, Suite 7,
Meridian, ID 83642

Dear Mr. Vanderbeek:

Thank you for submitting the Plan of Correction for St. Fillan's, LLC dated August 28, 2014, in response to the recertification survey conducted on August 12, 2014 through August 13, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued St. Fillan's, LLC a full certificate **effective from September 14, 2014 through September 13, 2015** 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 and accommodating us through the survey process. If you have any questions, you can reach me at (208) 364-1828.

Sincerely,

KERRIE ANN HULL, LMSW
Medical Program Specialist
(208) 364-1828
Hullk@dhw.idaho.gov

Enclosures

1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificate

Statement of Deficiencies

Residential Habilitation Agency

St. Fillan's, LLC
RHA-4979

226 E 5th St # 7
Meridian, ID 83642-2774
(208) 871-4552

Survey Type: Recertification

Entrance Date: 8/12/2014

Exit Date: 8/13/2014

Initial Comments: Surveyors: Eric Brown, Program Manager and Kerrie Ann Hull, Medical Program Specialist.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.301.02 301. PERSONNEL. 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>Review of agency documentation revealed that the agency failed to provide staff coverage for participant 4 to assure compliance with the participant's individual support plan.</p> <p>For example:</p> <p>Records show that participant 4 requires assistance with his medications and that the participant is required to take medication once per day, seven days per week. Review of agency documentation revealed that the agency does not provide staff to the participant seven days a week to assist the participant with medication.</p>	<ol style="list-style-type: none"> 1. Agency understanding of this section of code was incorrect. After survey, we now understand what was meant to comply with the ISP. New schedules will be written for all participants to specifically meet their needs on a daily or weekly basis. 2. Administrator and Program Coordinator reviewed all participant ISP's to ensure participant's needs are covered by staff. No other participants were affected. 3. Administrator took responsibility for corrective action. 4. At intake, scheduling will be implemented to meet ISP and participant requirements. Needs will be reevaluated monthly to ensure scheduling is correct for every participant. 5. 8/15/2014 	8/15/2014

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.j</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>j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>Review of agency documentation revealed that 1 out of 8 employee records did not contain verification of completion of a criminal history check in accordance with IDAPA 16.05.06.</p> <p>For example: Records for employee 8 lack documentation of a clearance letter showing that the staff has satisfactorily completed a criminal history and background check.</p>	<p>1. Employee files reviewed to ensure Criminal History letter of reference was included in every file.</p> <p>2. Employee files reviewed. No other deficiencies found. No other participants were affected.</p> <p>3. Administrator.</p> <p>4. Part of the hiring process will include verification that the clearance letter is added to the employee's file and that careful consideration of IDAPA 16.05.06 is observed and followed.</p> <p>5. 8/15/2014</p>	<p>8/15/2014</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</p>	<p>Review of agency documentation revealed that 1 out of 4 participants (participant 4) did not have current and accurate records as outlined in the agency's written policy and procedures requiring content of participant records.</p>	<p>1. Participant record form reviewed and edited for content to include all necessary information. Information on form will be updated to match current ISP.</p> <p>2. All participant files were reviewed and updated to include all deficient information.</p>	<p>9/3/2014</p>

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)

3. Program Coordinator.
4. Participant information form will be updated at any change of condition or to match any new ISP or addendum.
5. 9/3/2014

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.400.02.b 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) b. Social Security and Medicaid ID numbers. (7-1-95)	Review of agency documentation revealed that 3 out of 4 participant records (participants 2, 3 & 4) did not include social security numbers.	1. Participant Profile Form for every participant was reviewed and edited for content to include all necessary information including social security numbers. Information on form will be updated to match current ISP each time ISP is updated or renewed. 2. All participant files were reviewed and updated to include all deficient information: specifically identification numbers (SSN). 3. Program Coordinator. 4. Participant Profile Form for all participants has been updated to include missing social security numbers, and will be updated at any change of condition or to match any new ISP or addendum. Prevention of re-occurrence of this error will be ensured by the addition of the new form in the intake and update process. 5. 9/3/2014	9/3/2014
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.400.02.f 400. PARTICIPANT RECORDS. 02. Required Information. Records must	Review of agency documentation revealed that 1 out of 4 participant records (participant 1) did not include information for the participant's	1. Participant Profile Form for every participant was reviewed and edited for content to include all necessary information including required	9/3/2014

<p>include at least the following information: (7-1-95) f. Physician, dentist, and other health care providers.</p>	<p>Dentist Provider.</p>	<p>physician information including dentists. Information on form will be updated to match current ISP each time ISP is updated or renewed. 2. All participant files were reviewed and updated to include all deficient information: specifically required physician and dentist information. 3. Program Coordinator. 4. Participant Profile Form for all participants updated to include deficient information, and will be current with ISP or addendum. Correction of error ensured by the addition of the new form in the intake and update process. 5. 9/3/2014</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.g 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) g. A list of medications, diet, and all other treatments prescribed for the participant. (3-20-04)</p>	<p>Review of agency documentation revealed that 1 out of 4 participant records (participant 4) did not contain a current list of medications prescribed to the participant.</p>	<p>1. List of medications for participant on ISP will be verified with physician at intake and updated with any addendum or change in condition. Medication list will be kept on Participant Profile sheet and MAR. 2. All participant files were reviewed and updated to include all deficient information. No other deficiencies were found. 3. Program Coordinator. 4. Participant Profile form and MAR will be updated at any change of condition or to match any new ISP or addendum. 5. 9/3/2014</p>	<p>9/3/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.o</p> <p>400.PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>o. The plan of service including implementation plans maintained by the agency, and data-based progress notes. (3-20-04)</p>	<p>Review of agency documentation revealed that 3 out of 4 participants did not have the plan of service within the participant record (participants 1, 2 & 4). The agency corrected the deficiency related to participants 1 and 2 during survey.</p>	<ol style="list-style-type: none"> 1. Contacted TSC's and obtained current ISP's. Copies of ISP's were placed in both the participant house binder as well as the participant binder located in office. 2. All participant files were reviewed and updated with current ISP. 3. Program Coordinator. 4. Upon intake, annual review and any addendum changes or changes of condition, most current ISP will be diligently pursued to be included in participant file. 5. 8/15/2014 	<p>8/15/2014</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.404.04</p> <p>404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS.</p> <p>The residential habilitation agency must promote participation of participants, legal guardians, relatives and friends in the process of providing services to a participant unless their participation is unobtainable or inappropriate as prescribed by the plan of service; and (3-20-04)</p> <p>04. Notification to Department of a Participant's Condition. Through a Department approved process, the agency must notify the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition,</p>	<p>Based on review of agency documentation it was determined that an incident involving participant 1, which met one or more conditions within this rule, was not reported to the Department through the department approved process.</p>	<ol style="list-style-type: none"> 1. Incident report will be filed on or before 9/3/2014. 2. Participant files were reviewed for any similar deficiencies. None were found. 3. Administrator. 4. Following survey, agency has greater understanding of code requirement. Incident reports will be filed correctly when necessary. 5. 9/3/2014. 	<p>9/3/2014</p>

including serious illness, accident, death, emergency medical care, hospitalization, adult protective services contact and investigation, or if the participant is arrested, contacted by, or under investigation by law enforcement, or involved in any legal proceedings. The events and the agency response to the events must be documented in the participant file. (3-29-12)

Administrator/Provider Signature: <i>[Handwritten Signature]</i> Administrator	Date: 9/4/14
Department PDC Approval Signature: <i>Keerie Ann Hull, LMSW</i>	Date: 9/8/14

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