

# Statement of Deficiencies

Residential Habilitation Agency

ResCare HomeCare  
RHA-715

1015 W Ironwood Dr Ste 101  
Coeur d'Alene, ID 83814-  
(208) 665-5579

**Survey Type:** Recertification

**Entrance Date:** 8/18/2014

**Exit Date:** 8/19/2014

**Initial Comments:** Surveyors: Pam Loveland Schmidt and Kimberly Cole, LSW

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.201.03.b 201. ADMINISTRATION. 03. Responsibilities. The governing authority must assume responsibility for: (3-20-04) b. Appointing an administrator qualified to carry out the agency's overall responsibilities in relation to written policies and procedures and applicable state and federal laws. The administrator must participate in deliberation of policy decisions concerning all services; (3-29-12)	There is no documentation to demonstrate that the new policy is being implemented. Repeat rule deficiency from survey 8/5/2013.	1. Executive Director (ED) & Program Administrator (PA) will ensure ResCare HomeCare policies and procedures (P&P's) are current with IDAPA rules, applicable State and Federal laws. The ED will ensure there are meeting minutes to show that this POC is met. This review will take place on an annual basis. 2. The PA and QIDP will have monthly documented meetings. The PA and the QIDP will deliberate before the QIDP orientates any current or new ResHab provider's (RHP) on updates to ResCare HomeCare P&P's. 3. The ED, PA & QIDP. 4. The ED will review the monthly meeting minutes between QIDP and PA each month and document. All reviews will be available for department review.	10-12-2014

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<p>16.04.17.201.03.c</p> <p>201. ADMINISTRATION.</p> <p>03. Responsibilities. The governing authority must assume responsibility for: (3-20-04)</p> <p>c. Providing a continuing and annual program of overall agency evaluation; (3-29-12)</p>	<p>There is no documentation to demonstrate that the policy is being implemented.</p>	<p>1. The ED and PA will update policy SD-041 to include a specific process for a ResHab annual program review and ensure this process is completed annually. This will be documented and available for the survey team. Quarterly reviews will also be done.</p> <p>2. Any new participants will be included in our corrected process for annual reviews.</p> <p>3. ED &amp; PA</p> <p>4. The ED will ensure this is documented.</p>	<p>10/12/2014</p>

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<p>16.04.17.201.03.d</p> <p>201. ADMINISTRATION.</p> <p>03. Responsibilities. The governing authority must assume responsibility for: (3-20-04)</p> <p>d. Assuring that appropriate training, space requirements, support services, and equipment for residential habilitation agency staff are provided to carry out assigned responsibilities; and (3-29-12)</p>	<p>There was no documentation to demonstrate that policy is being implemented.</p>	<p>1. RCHC will establish documented applications of trainings specific to participants needs by assessing during home visits. The QIDP will assess participant's space requirements and equipment needs at quarterly home visits to ensure services can be completed efficiently and effectively. QIDP will communication with client and external team concerns and make appropriate changes to participants plan and policy SD41. QIDP will have documented application of trainings.</p> <p>2. The QIDP and PA will ensure current ResHab participant training is specific and documented and will do so with any new ResHab participant.</p> <p>3. The PA and QIDP.</p> <p>4. The ED will review all trainings and training documentation each month.</p>	<p>10/12/2014</p>

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<p>16.04.17.201.03.e</p> <p>201. ADMINISTRATION.</p> <p>03. Responsibilities. The governing authority must assume responsibility for: (3-20-04)</p> <p>e. Cooperating in participating in a system by which to coordinate with other service providers continuity of the delivery of residential habilitation services in the plan of service. (3-20-04)</p>	<p>Policy provided to demonstrate compliance did not have this component of rule. There was no documentation supporting that this practice is being implemented.</p>	<p>1. ResCare HomeCare created a communication log to show documented communication with external service providers such as Team Service Coordinator, Goodwill and RMS-DD Services.</p> <p>2. This process will be used for any and all participants moving forward.</p> <p>3. The QIDP and all ResCare HomeCare staff that has external communication on participant.</p> <p>4. The ED will check the communication log monthly and document.</p>	<p>9/4/2014</p>

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<p>16.04.17.202.03.a</p> <p>202. ADMINISTRATOR.</p> <p>An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)</p> <p>03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04)</p> <p>a. Developing and implementing written administrative policies and procedures which comply with applicable rules; (3-29-12)</p>	<p>There is no documentation that administrator or designee are ensuring policies are implemented due to repeat deficiencies and failure to comply with Plan of Correction.</p>	<p>1.The ED will ensure that this repeat deficiency does not happen again and will be present for the annual review of P&amp;P's and IDAPA. Any changes in P&amp;P's will be submitted to the Governing Body for approval.</p> <p>2. Any new participants will be included in our corrected process.</p> <p>3. The ED</p> <p>4. The ED will be present to ensure meeting minutes and agenda will be signed by all involved in the review.</p>	<p>10/12/2014</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.b</p> <p>202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)</p> <p>03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04)</p> <p>b. Developing and implementing policies and procedures for agency staff and provider training, quality assurance, evaluation, and supervision; (3-29-12)</p>	<p>Text does not flow to the next page.</p> <p>There is no evidence that the agency is conducting quality assurance and evaluation. This is based on no QA meeting minutes as well as repeat deficiencies.</p>	<p>1. ResCare HomeCare's current P&amp;P SD-042 Quality Improvement Process will be updated to list a more specific QA process for our ResHab program. Quarterly quality assurance reviews will be done by the ED, PA and QIDP with meeting minutes and available to survey team.</p> <p>2. Any new participants will be included in our corrected process.</p> <p>3. The ED, PA &amp; QIPD</p> <p>4. ResCare has established an improved system of ResHab quality assurance and evaluation. Through documentation and communication, this will be monitored by ED, PA &amp; QIDP.</p>	<p>10/12/2014</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300.04</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>04. Required Services. Procedures that must be performed by each service. (7-1-95)</p>	<p>The policy provided to meet rule did not include ResHab and the required services for ResHab.</p>	<p>1. ResCare HomeCare will add ResHab to current Scope of Service Policy SD45 to include the components listed in IDAPA. 16.03.10.703.01.a These components are assessed by use of a functional assessment tool. Data collected from the tool and PCP meeting is developed into an IP.</p> <p>2. Any new participants will be included in our corrected process.</p> <p>3. The ED</p> <p>4 NA</p>	<p>10/12/2014</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>Although staff was scheduled to comply with ISP, they were allowing for more alone time than was authorized on the ISP. This is a Repeat deficiency and failure to comply with Plan of Correction.</p>	<p>Text does not flow to the next page</p> <p>1. ResCare HomeCare will remain with the participant 24 hours a day, five days a week except for the three hours of approved alone time. Documented re-training for the ResHab providers will be available to the survey team.</p> <p>2. All new providers and participants will be included in our corrected process to ensure schedules and back-up coverage is scheduled to comply with the ISP.</p> <p>3. The QIDP and PA</p> <p>4. This will be monitored by the QIDP with weekly progress notes from ResHab providers.</p>	<p>8/22/2014</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.02</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)</p>	<p>16.04.17.302.02 One of one participant record lacks documentation the participant 's implementation plan includes goals and objectives specific to his plan of service residential habilitation program meets rule requirements implementation plan. Also see IDAPA 16.04.17.010.22 and 16.04.17.011.01 Implementation Plans are not measurable. For example: All 4 implementation plan objectives are not measurable as they lack a baseline, only a current status which states "provider will observe the participant to see if she will independently state she needs to _____. If she does not, follow the prompt levels to assist her in completing the task. When she completes the task, give verbal praise and/or reinforcement. This is not measurable as it</p>	<p>1. The QIDP will engage in on-going documented trainings to develop skills on writing measurable objectives. QIDP will develop implementation plan with objectives that are measurable and have baseline to progression criteria for the participant.</p> <p>2. Any new participants will be included in our corrected process.</p> <p>3. The QIDP</p> <p>4. The QIDP will monitor at quarterly home visits.</p>	<p>10/12/2014</p>

	does not address a quantifiable criteria.		
<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Plan of Correction</b>	<b>Date to be Corrected</b>
16.04.17.400.01 400. PARTICIPANT RECORDS. 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)	One of one participant record lacks documentation the agency follows its policy regarding 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. For example: Employee 1 stated during home visit that she had assisted with the participant's medication on 08/18/14 but has not documented the medication has been given. In addition, the medication logs lack documentation the agency assisted with medications for several days from 01/14-present.	1.The QIDP will develop and implement a medication administration log to include a legend code and comment section to accurately and completely monitor medication assistance. QIDP will have documented training to all staff and participate on medication assistance and use of the new form and policies and procedures. 2. Any new participants or providers will be included in our corrected process. 3. The QIDP 4. The QIDP will be responsible for implementing and monitoring quarterly at visits or as needed with medication changes.	10/12/2014

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<p>16.04.17.402.01.d</p> <p>402. PARTICIPANT RIGHTS.</p> <p>01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04)</p> <p>d. Provide each participant with the opportunity for personal privacy and ensure privacy during provision of services; (3-20-04)</p>	<p>One of one participant record lacked evidence the agency provides each participant with the opportunity for personal privacy and ensure privacy during provision of services. For example: Direct care staff stays in the participant's home when the participant is not at home. In addition, a letter submitted to the participant dated 03/19/14 stated the agency staff allowed an unauthorized individual into the participant's home during services 02/20/14-02/21/14.</p>	<p>1. The QIDP will conduct a re-training with the ResHab providers on ensuring privacy for the participant during service hours. This re-training will be documented. Re-training will include clear instructions that providers are not authorized in participants home when participant is not there.</p> <p>2. Any new participants and providers will be included in our corrected process.</p> <p>3. The QIDP</p> <p>4. The PA will consult with the QIDP to verify the retraining of the current ResHab providers has occurred.</p>	<p>10/12/2014</p>

Residential Habilitation Agency

ResCare HomeCare

8/19/2014

Administrator/Provider Signature:

*Heather Estes*

Date:

9/9/2014

Department POC Approval Signature:

*Kimberly Heli*

Date:

9-15-14

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