

# 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: Recertification

Entrance Date: 8/5/2014

Exit Date: 8/7/2014

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; Kerrie Ann Hull, Medical Program Specialist, Licensing & Certification; and, Eric Brown, Program Manager, Licensing & Certification.

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<p>16.04.17.203.06</p> <p><b>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</b> Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (3-29-12) 06. First Aid and CPR. First aid, CPR, and universal precautions. (7-1-95)</p>	<p>Two of six employee records lacked evidence of current CPR and First Aid certifications.</p> <p>For example: Employee 3's date of hire was 3/28/14, CPR/1st Aid certification was not completed until 7/15/14. Employee 4's date of hire was 3/18/14, CPR/1st Aid certification was not completed until 4/12/14.</p>	<p>1. What actions will be taken to correct the deficiency? The agency will not allow reshab staff to work without current CPR/First Aid upon hire and ongoing. The agency will not allow exceptions.</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? All employees will be expected to comply with this requirement and will not be scheduled work unless certified.</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?</p>	<p>9/1/14</p>

		This will be monitoring ongoing and a condition of employment and will not be allowed to work without complying. It will be a core performance metric of the personnel division of the agency.	
[REDACTED]			
16.04.17.404.03	One of three participant record lacked evidence that the participant's legal guardian was notified within twenty-four (24) hours (if one exists) of any significant incidents, or changes in participant's condition including serious illness, accident, death, or abuse.  For example: Participant 2's record lacked documentation the guardian was notified regarding the 6/21/14 incident where urgent care was sought.	1. What actions will be taken to correct the deficiency? The agency will ensure all guardians are notified of significant incidents and will be documented in the participants' records. Training on the criteria for guardian notification will be conducted. 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? All incident reports will be reviewed and if any are deemed to merit guardian notification, the agency will do so and document the contact. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? This will be monitored ongoing as incident reports are completed, and in quarterly QA reviews.	9/25/14
16.04.17.404.04	One of three participant record lacked documentation through a Department approved process. The agency notified the Department within twenty-four (24) hours of any significant incidents affecting health and safety or changes in a participant's condition,	1. What actions will be taken to correct the deficiency? The agency will ensure IDHW is notified of significant incidents and will be documented in the participants' records. Training on the criteria for CIR will be conducted.	9/25/14

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)  
 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, 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)

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's response to the events must be documented in the participant file.

For example:  
 Participant 2's record lacked documentation about the incident on 6-21-14 and was reported to the Department. The incident report states the participant went to urgent care for upper right abdominal pain.

Failure to comply with agency plan of correction. (Repeat deficiency-10/05/12)

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?

All incident reports will be reviewed and if any are deemed to merit CIR, the agency will do so and submit the CIR information.

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

The administrator or designee

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

This will be monitored ongoing as incident reports are completed, and in quarterly QA reviews.

Administrator/Provider Signature



Date:

9/16/14

Department PDC Approval Signature



Date:

9/19/14

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