



Statement of Deficiencies

Residential Habilitation Agency

Kinde Kare, LLC
RHA-1055

4453 Ute PI
Boise, ID 83704-
(208) 830-2051

Survey Type: Recertification

Entrance Date: 6/17/2014

Exit Date: 6/23/2014

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
16.04.17.201.03.c 201. ADMINISTRATION. 03. Responsibilities. The governing authority must assume responsibility for: (3-20-04) c. Providing a continuing and annual program of overall agency evaluation; (3-29-12)	Review of agency documentation reveal a lack of documentation verifying that the administrator has completed annual program evaluation.	1a) Annual Program Integrity Evaluation (APIE) to be developed in accordance with IDAPA and completed annually by Administrator 2) No participants affected 3) Administrator 4a) Monitored through agency revised Comprehensive Monthly Review (CMR) 4b) Administrator's APIE.	2014-10-10

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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>Review of agency documentation revealed a lack of staff training at time of orientation. The administrator has failed to assure that appropriate training has been provided to staff so that they can carry out their responsibilities.</p>	<p>1a) A new employee / contractor orientation protocol has been implemented.</p> <p>1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures.</p> <p>1c) Full-time QIDP hired by agency 6/2/2014 to ensure accurate and timely orientation training and ongoing/relevant training for current employees/contractors.</p> <p>2) No participants affected.</p> <p>3a) Administrator (1a,1b,1c)</p> <p>3b) QIDP (1c).</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.a</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>a. Developing and implementing written administrative policies and procedures which comply with applicable rules; (3-29-12)</p>	<p>Review of agency documentation revealed the agency has failed to develop and implement written administrative policies and procedures that comply with applicable rules.</p>	<p>1a) Agency policy to be revised and comprehensive procedures developed based on IDAPA rules and regulations regarding administrative policies</p> <p>2) No participants affected</p> <p>3) Administrator</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p>	<p>2014-10-10</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-</p>	<p>Review of agency documentation revealed that agency policy and procedures have indicated that staff will be provided training at orientation as well as ongoing training of twelve hours per year. The agency failed to implement their own policy.</p>	<p>1a) A new employee / contractor orientation protocol has been implemented.</p> <p>1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures.</p> <p>1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for</p>	<p>2014-10-10</p>

20-04)
 b. Developing and implementing policies and procedures for agency staff and provider training, quality assurance, evaluation, and supervision; (3-29-12)

1c) CONT. - current employee / contractors
 1d) Twelve hours per year to be removed from training protocol.
 1e) Agency to develop and follow up with 6 month and 12 month employee evaluations
 2) No participants affected
 3) Administrator
 4a) Monitored through agency revised CMR
 4b) Administrator's APIE.
 4c) Agency revised 6 month and 12 month employee evaluation forms / process
 4d) Revised new employee / contractor orientation checklist and current employee / contractor file checklist

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.202.03.c 202. ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04) 03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04) c. Conducting regular agency staff meetings to review program and general participant needs and plan appropriate strategies for meeting those needs; (3-29-12)</p>	<p>Review of agency documentation revealed that the agency failed to conduct regular agency staff meetings to review program and general participant needs and plan appropriate strategies for meeting those needs. The agency was unable to produce documentation verifying that regular staff meetings were conducted.</p>	<p>1a) Agency to develop a schedule of bi-monthly staff meetings to address participant needs and plan strategies for meeting those needs. 1b) Staff meetings to be coordinated, completed, documented by QIDP. 1c) QIDP to maintain a staff meeting log, where completed staff meeting agendas will be kept. 2) No participants affected 3) QIDP 4a) Monitored through agency revised CMR 4b) Administrator's APIE</p>	<p>2014-10-10</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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)</p>	<p>Review of agency documentation revealed that 3 out of 12 employees lacked orientation training prior to accepting participants.</p> <p>For example:</p> <p>Records for employee #6 indicate that the employee received orientation training on 5/2/2014; however agency documentation revealed that employee #6 worked with participants as early as 12/5/2013.</p> <p>Records for employee #10 and employee #12 indicate that both staff did not receive orientation training prior to accepting participants.</p>	<p>1a) A new employee / contractor orientation protocol has been implemented to include training regarding participants: rights, disabilities, individual needs, supervision, review of services, first aid and CPR.</p> <p>1b) A new employee / contractor orientation and checklist has been added to agency revised policy and comprehensive procedures ensuring that applicants will not be accepting participants until orientation is completed.</p> <p>1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees. Employees identified in this deficiency were trained through agency revised orientation on rights, disabilities, individual needs, supervision, review of services, first aid and CPR.</p> <p>2) No participants affected.</p> <p>3) QIDP</p>	<p>2014-10-10</p>

		<p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) Revised new employee / contractor orientation checklist and current employee / contractor file checklist</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203.01</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>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) 01. Rights, Personal, civil, and human rights. (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 12 employees (employee 10 & 12) did not receive orientation training in the areas of rights, personal, civil and human rights.</p>	<p>1a) A new employee / contractor orientation protocol has been implemented to include training regarding participants: rights, personal, civil and human rights</p> <p>1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures</p> <p>1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees / contractors. Employees identified in this deficiency were trained through agency revised orientation on rights, personal, civil and human rights.</p> <p>1d) Agency to develop and follow 6 month and 12 month employee evaluations</p> <p>2) No participants affected.</p> <p>3) QIDP</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) Agency revised 6 month and 12 month</p>	2014-10-10

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.203.02 203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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) 02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)	Review of agency documentation revealed that 12 out of 12 employees did not receive training in the area of disabilities. Agency was unable to provide verification that training occurred.	employee evaluation forms / process 4d) Revised new employee / contractor orientation checklist and current employee / contractor file checklist 1a) A new employee / contractor orientation protocol has been implemented to include training regarding participants: developmental disabilities. 1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures 1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees / contractors. Employees identified in this deficiency were trained through agency revised orientation on developmental disabilities. 1d) Agency to develop and follow up with 6 month and 12 month employee evaluations. 2) No participants affected. 3) QIDP 4a) Monitored through agency revised CMR 4b) Administrator APIE 4c) Agency revised 6 month and 12 month employee evaluation forms / process 4d) Revised new employee / contractor orientation checklist and current employee / contractor file checklist	2014-10-10
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.203.03 203. STAFF RESIDENTIAL HABILITATION	Review of agency documentation revealed that 4 out of 12 employees (Employee 7, 8, 9,		2014-10-10

PROVIDER TRAINING.
 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)
 03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04)

& 10) did not receive training in the area of understanding the participants needs.

- 1a) A new employee / contractor orientation protocol has been implemented to include training regarding participants: individual needs
- 1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures
- 1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees / contractors. Employees identified in this deficiency were trained through agency revised orientation on participant needs.
- 1d) Agency to develop and follow up with 6 month and 12 month employee evaluations
- 2) No participants affected.
- 3) QIDP
- 4a) Monitored through agency revised CMR
- 4b) Administrator's APIE.
- 4c) Revised new employee / contractor orientation checklist and current employee / contractor file checklist
- 4d) Agency revised 6 month and 12 month employee evaluation forms / process

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.203.04 203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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	Review of agency documentation revealed that 12 out of 12 employees did not receive training in appropriate methods of supervision. Agency was unable to provide verification that training occurred.	1a) A new employee / contractor orientation protocol has been implemented to include training regarding appropriate supervision needs. 1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures	2014-10-10

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)
04. Supervision. Appropriate methods of supervision. (7-1-95)

1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees / contractors. Employees identified in this deficiency were trained through agency revised orientation appropriate methods of supervision.
1d) Agency to develop and follow up with 6 month and 12 month employee evaluations
2) No participants affected.
3) QIDP
4a) Monitored through agency revised CMR
4b) Administrator's APIE.
4c) Revised new employee / contractor orientation checklist and current employee / contractor file checklist
4d) Agency revised 6 month and 12 month employee evaluation forms / process

2014-10-10

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203.05 203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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)</p>	<p>Review of agency documentation revealed that 12 out of 12 employees did not receive training in the area of services that the participant requires. Agency was unable to provide verification that training occurred.</p>	<p>1a) A new employee / contractor orientation protocol has been implemented to include training regarding participants: special services 1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures 1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees / contractors. Employees identified in this deficiency were trained through agency revised orientation on specific participant services.</p>	2014-10-10

05. Review of Services. A review of the specific services that the participant requires. (3-20-04)

1d) Agency to develop and follow up with 6 month and 12 month employee evaluations
 2) No participants affected.
 3) QIDP
 4a) Monitored through agency revised CMR
 4b) Administrator's APIE.
 4c) Revised new employee / contractor orientation checklist and current employee / contractor file checklist
 4d) Agency revised 6 month and 12 month employee evaluation forms / process

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203.06</p> <p>203. STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. 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>Review of agency documentation revealed that 1 out of 12 employee records lacked documentation of current CPR and First Aid. Record for employee 2 revealed CPR and First Aid documentation that expired 9/2011. The employee was employed with the agency until 3/2014. Agency was unable to provide verification of the employee's CPR/First Aid certification between 9/2011 and 3/2014.</p>	<p>1a) Agency reviewed all current employee files for current CPR/First Aid certification. Agency added CPR, First Aid certification verification including expiration date, and pre scheduled certification date to agency employee record form. Potential employees will not be considered for employment until they have successfully completed CPR, First aid training, provided a copy in the potential employee record. If employees certification expires while employed, they will not be allowed to work with participants until certified. 1b) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employee / contractors. Employees identified in this deficiency were trained on orientation. 2) No participants affected. 3) Administrator</p>	<p>2014-10-10</p>

		<p>4a) Potential Employee Records will be reviewed for current CPR, and First Aid certification prior to securing employment, as needed.</p> <p>4b) Current employees CPR, First Aid re-certification date scheduled to overlap to avoid expiration in certification.</p> <p>4c) Monthly, Quarterly QA</p> <p>4d) Revised new employee / contractor orientation checklist and current employee / contractor file checklist</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300</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>Review of agency documentation revealed that the agency policy and procedure manual does not include a procedure component. In addition, the agency was unable to verify that the policies and procedures have been reviewed annually.</p>	<p>1. Agency policy and procedure manual to be revised and procedure component added. Policy and Procedures Quality Assurance review document system added to verify an annual review.</p> <p>2) No participants affected.</p> <p>3) Administrator</p> <p>4) Monitored monthly for necessary revisions. Policy and Procedure reviewed Annually.</p>	2014-10-10

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300.03</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>03. Records Standards. Standards for clinical records maintained. (7-1-95)</p>	<p>Review of agency documentation revealed that the agency failed to effectively implement their policy regarding clinical records to be maintained.</p> <p>For example, the agency has a written policy stating that they will not have blanks within participant records; review of documentation revealed blank areas with medication records for participant 1.</p>	<p>1a) Agency Participant Profile Record form reviewed and revised for compliance regarding IDAPA rules and regulations.</p> <p>1b) Agency revised policy and updated procedures to include a system of maintenance for participants records.</p> <p>2a) All Participants profile record forms updated to meet clinical record standards.</p> <p>2b) All Participant medication records will be reviewed with revised policy regarding clinical records.</p> <p>3) Administrator, QIDP</p> <p>4a) Participant record updated as needed in conjunction with IDAPA rules and regulations.</p> <p>4b) Monitored through agency QA Monthly, Quarterly and Annually.</p>	2014-10-10

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.a</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>a. Name, current address and phone number of the employee; and (7-1-95)</p>	<p>Review of agency documentation revealed that 3 out of 12 employee files (employee 1, 2 & 4) lacked the phone number for the employee.</p>	<p>1a) Implementation of a revised employment application in compliance with 16.04.17.301.03.a PERSONNEL, containing basic employee demographic information and phone number.</p> <p>1b) Revised employee / contractor file checklist</p> <p>1c) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee / contractor file checklist.</p> <p>2) No participants affected.</p> <p>3) Administrator, QIDP</p> <p>4a) Revised employment application</p> <p>4b) Revised new employee / contractor orientation checklist and current employee / contractor file checklist</p>	<p>2014-10-10</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.b</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</p>	<p>Review of agency documentation revealed that 1 out of 12 employee files reviewed lacked identification of the employee's social security number.</p> <p>For example:</p>		<p>2014-10-10</p>

following: (3-29-12)
b. Social Security number; and (7-1-95)

Employee #2 did not have documentation within the employee record that identified a social security number.

1a) Implementation of a revised employment application in compliance with 16.04.17.301.03.b PERSONNEL, containing basic employee social security number.
1b) All current employees / contractors completed revised application containing social security #.
1c) Revised employee / contractor file checklist
1d) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee file checklist
2) No participants affected.
3) Administrator
4a) Revised employment / contractor application
4b) Revised new employee / contractor orientation checklist and current employee / contractor file checklist to ensure Social Security number is present.
4c) New employment applications completed by current employee / contractors.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.301.03.d 301. PERSONNEL 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) d. Other qualifications (if licensed in Idaho, the	Review of agency documentation revealed that 1 out of 12 employee files lacked documentation of the employee's certification. For example: Employee #2 was identified as a licensed clinical social worker in the State of Idaho however the employee file did not have a copy of the employee's license or certificate of		2014-10-10

original license number and the date the current registration expires, or if certificated, a copy of the certificate); and (7-1-95)

licensure.

Agency documentation also revealed that 3 out of 12 employees lacked other qualifications such as the QIDP. Agency Records revealed that employees 1 and 4 acted as QIDP since 2010 until present; however both employees do not meet QIDP qualifications. In addition, employee 2 was not qualified to act as QIDP from date of hire until February 2011; agency record revealed that employee 2 acted as a QIDP within this time frame.

- 1a) Implementation of a revised employment application in compliance with 16.04.17.301.03.d PERSONNEL, regarding employee / contractor qualifications
- 1b) Agency revised policy and comprehensive procedures to reflect IDAPA rules and regulations regarding QIDP qualifications
- 1c) Verification and follow up of information requested based on revised employment application is carried over on to new employee / contractor checklist and revised employee checklist.
- 1d) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee / contractor file checklist addressing qualifications
- 2) No participants affected.
- 3) Administrator
- 4a) Monitored through agency revised CMR
- 4b) Administrator's APIE
- 4c) Agency revised employee / contractor file checklist for new and current employees / contractors regarding qualifications
- 4d) Revised employment application

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.e</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>e. Date of employment; and (3-29-12)</p>	<p>Review of agency documentation revealed that 1 out 12 employee files (employee 6) lacked information regarding the employee's date of employment.</p>	<p>1a) Implementation of a revised employment application in compliance with 16.04.17.301.03.e PERSONNEL, containing employee / contractor date of hire.</p> <p>1b) Revised employee / contractor file checklist to include employees / contractor date of hire.</p> <p>1c) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee / contractor file checklist to reflect date of hire.</p> <p>2) No participants affected.</p> <p>3) Administrator</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) Revised employee / contractor file checklist for new and current employee / contractors</p>	<p>2014-10-10</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.f</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</p>	<p>Review of agency documentation revealed that 1 out 12 employee files (employee 8) lacked information that identified the employees position in the agency.</p>	<p>1a) Implementation of a revised employment application in compliance with 16.04.17.301.03.f PERSONNEL, containing employee / contractor candidates proposed position.</p>	<p>2014-10-10</p>

employee is no longer employed by the agency, and must include at least the following: (3-29-12)
f. Position in the agency; and (7-1-95)

1b) Employee / contractor file checklist to include employees position in the agency.
1c) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee / contractor file checklist.
1d) New and current employee / contractor to sign / date job description form
2) No participants affected.
3) Administrator
4a) Monitored through agency revised CMR
4b) Administrator's APIE.
4d) New and current employee / contractor signed / dated job description forms
4e) Revised employee / contractor file checklist for new and current employee / contractors.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.g 301. PERSONNEL. 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) g. Date of termination of employment and reason for termination, if applicable; and (3-29-12)</p>	<p>Review of agency documentation revealed that 1 out 12 employee files lacked information regarding the employee's termination to include the date of termination and reason for the termination. The agency reports that Employee #2 was terminated in March 2014; however the employee's file does not identify such information.</p>	<p>1a) Agency has revised its policy regarding termination of a an employee and develop comprehensive procedures regarding this process. 1b) Revised employee / contractor file checklist identified location for date of termination / separation and reason for termination / separation. 1c) Agency to develop formal termination / separation form with date of termination / separation and reason for termination /separation</p>	<p>2014-10-10</p>

		<p>2) No participants affected. 3) Administrator 4a) Monitored through agency revised CMR 4b) Administrator's APIE. 4c) Revised employee / contractor file checklist with updated termination information (i.e. date and reason) 4d) New termination / separation form identifying date and reason for termination</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.h 301. PERSONNEL. 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) h. Documentation of initial orientation and required training; and (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 12 employee files (employee 10 & 12) lacked documentation of initial orientation and required training.</p>	<p>1a) A new employee / contractor orientation protocol has been implemented to include initial orientation training and on going regular training. 1b) A new employee / contractor orientation has been added to agency revised policy and comprehensive procedures 1c) Documented, orientation training for new employee / contractors prior to accepting participants and ongoing/required training for current employees / contractors. 1d) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee / contractor file checklist to reflect orientation and on going training 2) No participants affected. 3) QIDP 4a) Monitored through agency revised CMR 4b) Administrator's APIE.</p>	<p>2014-10-10</p>

		<p>4c) Revised employee / contractor file checklist 4d) New employee / contractor orientation per revised policy and comprehensive procedures</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.j 301. PERSONNEL 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) 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 12 out 12 employee files lacked documentation reflecting verification of satisfactory completion of criminal history checks.</p> <p>For example:</p> <p>Records for employee #1, 2, 3, 4, 6, 7, 8, 9, 10, 11 & 12 lacked documentation of a clearance letter readily available for inspection.</p> <p>Agency records for employee #3, 5 & 6 lacked documentation of a completed Idaho State Police Check.</p> <p>Records for employee #7, 8, 9, & 12 indicated that the employees were not fingerprinted within the 21 days from the date of application.</p>	<p>1a) Agency revised policy and comprehensive procedures regarding criminal history and background checks in compliance with current IDAPA 16.05.06 - 7/1/2014. 1b) A new employee / contractor orientation checklist has been added to agency revised policy and comprehensive procedures to ensure background process through to completion in accordance with IDAPA 16.05.06 rules and time lines 1c) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee file checklist which addresses ISP name check, background check and fingerprinting 2) No participants affected. 3) Administrator 4a) Monitored through agency revised CMR 4b) Administrator's APIE. 4c) New employee / contractor orientation checklist ensuring agency compliance with IDAPA 16.05.06 4d) Revised employee / contractor file checklist ensuring agency compliance with IDAPA 16.05.06</p>	<p>2014-10-10</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.301.03.k 301. PERSONNEL. 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) k. Evidence that the employee has received a job description and understands his duties. (3-29-12)</p>	<p>Review of agency documentation revealed that 2 out of 12 employee records (employee 10 & 12) lacked documentation that the employee received a job description and understand their duties.</p>	<p>1a) New employee / contractor orientation checklist to include employees / contractor position in the agency. 1b) Agency revised 6 month and 12 month employee evaluation identifying job description 1c) New and current employee / contractor files including those affected by the deficiency will be checked/updated according to the revised employee / contractor file checklist to ensure dated / signed job description form is in place. 2) No participants affected. 3) Administrator</p>	<p>2014-10-10</p>

		<p>4a) Monitored through agency revised CMR 4b) Administrator's APIE 4c) Agency revised 6 month and 12 month employee evaluation forms / process to address / update job description and duties 4d) Revised employee / contractor file checklist 4e) Revised new employee / contractor orientation checklist</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.02 302. SERVICE PROVISION PROCEDURES. 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>Review of agency documentation revealed that 4 out of 4 participants lacked implementation plans that include the goals and objectives specific to the plan of service. For example: Records for participant 1, 2 and 4 identify goals listed on plan of service that are not present on the implementation plans. Records for participant #3 lack copies of implementation plans. Agency was unable to produce the implementation plans at the time</p>	<p>1a) New service plan and implementation plans developed for each individual participant according to current ISP 's with observable measurable objectives based on and updated assessments and baseline data completed by QIDP. 1b) Protocol regarding service provisions revised in agency policy and comprehensive procedures in line with IDAPA and best practice to be developed.</p>	<p>2014-10-10</p>

	<p>of survey.</p>	<p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR to identify and address participants that may have been affected by this deficiency. 2b) New service plans and implementation plans implemented for participants affected by this deficiency. 3) QIDP (1a-2b) 4a) Monitored through agency revised CMR 4b) Administrator's APIE. 4c) Provider Status Reviews</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.03 302. SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)</p>	<p>Review of agency documentation revealed that 4 out of 4 participant records lacked documentation of review of services or satisfaction having been completed quarterly.</p>	<p>1a) Agency to revise policy and develop specific procedures according to IDAPA rules and regulations, to address quarterly participant satisfaction. 1b) Participant quarterly satisfaction forms to be revised. 1c) QIDP monthly on-site QA to be updated and participant satisfaction expanded.</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.05</p> <p>302. SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)</p>	<p>Review of agency documentation revealed that 4 out of 4 participant records lacked documentation of most recent provider status review. Agency was unable to produce semi-annual and annual provider status reviews reflecting status of participant objectives identified in the plan of service.</p>	<p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR, QIDP on-site monthly QA to address participants that may have been affected by this deficiency.</p> <p>2b) QIDP to complete and document monthly on-site QA.</p> <p>2c) Quarterly participant satisfaction forms completed</p> <p>3) QIDP (1a-2b)</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Revised quarterly participant satisfaction form.</p> <p>4c) QIDP on site monthly QA with revised participant satisfaction component</p>	<p>2014-10-10</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 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)</p>	<p>Review of agency documentation revealed that the agency does not have a written policy outlining the required content of participant records, criteria for completeness and methodology to be used to ensure current and accurate records. In addition, the agency failed to maintain accurate and current participant records.</p>	<p>1a) Agency policy on content within participant records to be revised and comprehensive methods of procedure to be developed in accordance with IDAPA rules and regulations</p> <p>1b) Participant records brought into compliance and updated in accordance with agency revised policy and comprehensive procedures.</p> <p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR and QIDP on-site monthly QA to identify and address participants that may have been affected by this deficiency.</p> <p>3) Administrator</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) QIDP Monthly on site QA</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.a</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>a. Name, address and current phone number of the participant. (3-20-04)</p>	<p>Review of agency documentation revealed that 1 out of 4 participant records (participant 3) lacked the current address and phone number for the participant.</p>	<p>1a) Agency policy on participant records to be revised and comprehensive methods of procedure to be developed.</p> <p>1b) Agency to revise new participant application and participant profile to reflect participant current phone number and address</p> <p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR, to address participants affected by this deficiency.</p> <p>2b) New participant profiles and agency service applications to be completed for all 4 participants to ensure accurate name, address and phone number is recorded.</p> <p>3) QIDP (1a-2b)</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) New participant applications completed with accurate name, address and phone number of participant.</p> <p>4d) New participant profiles completed with accurate name, address and phone number of participant.</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.c</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>c. Gender and marital status. (3-20-04)</p>	<p>Review of agency documentation revealed that 2 out of 4 participant records (participant 3 & 4) lacked information that identifies the marital status of the participant.</p>	<p>1a) Agency policy on participant records to be revised and comprehensive methods of procedure to be developed.</p> <p>1b) Agency to revise new participant application and participant profile to reflect accurate gender and current marital status.</p> <p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR to address participants affected by this deficiency.</p> <p>2b) New participant profiles and agency service applications to be completed for all 4 participants to ensure accurate gender information and current marital status is recorded.</p> <p>3) QIDP (1a-2b)</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) New participant applications completed with accurate gender and marital status of participant.</p> <p>4d) New participant profiles completed with accurate gender and marital status of participant.</p>	<p>2014-10-10</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.f</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (7-1-95)</p>	<p>Review of agency documentation revealed that 1 out of 4 participant records (participant 3) lacked information identifying dentist provider.</p>		<p>2014-10-10</p>

f. Physician, dentist, and other health care providers.

1a) Agency policy on participant records to be revised and comprehensive methods of procedure to be developed.
 1b) Agency to revise new service application and participant profile.
 2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR to address participants affected by this deficiency.
 2b) New participant profiles and service application to be completed for all 4 participants to ensure current medical/provider information is recorded.
 3) QIDP (1a-2b)
 4a) Monitored through agency revised CMR
 4b) Administrator's APIE.
 4c) New service applications completed with accurate health care provider information of participant.
 4d) New participant profiles completed with accurate health care provider information of participant.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.g</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>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 3 out of 4 participants (participants 1, 3 & 4) did not have a list that reflected medications, diet and all other treatments prescribed for the participant.</p>	<p>1a) Participant records brought into compliance and updated in accordance with agency policy to be revised and comprehensive procedures based on IDAPA rules and regulations.</p>	<p>2014-10-10</p>

		<p>1b) Agency to revise new service application and participant profile. 2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR to address participants affected by this deficiency. 2b) New participant profiles to be completed for all 4 participants to ensure current treatment / medication information is recorded. 3) QIDP (1a-2b) 4a) Monitored through agency revised CMR 4b) Administrator's APIE. 4c) New service applications completed with accurate treatment information of participant. 4d) New participant profiles completed with accurate treatment information of participant.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.h 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) h. Results of a history and physical when necessary. (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 4 participants (participants 3 & 4) lacked results of a history and physical when necessary.</p>	<p>1a) Participant records brought into compliance and updated in accordance with agency policy to be revised and comprehensive procedures based on IDAPA rules and regulations. 1b) History and physical results to be placed in participant file upon receipt by agency and follow up of result / recommendations completed when necessary. 2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR, to address participants affected by this deficiency.</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.i</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>i. Results of an age appropriate functional assessment, and person centered plan. (7-1-95)</p>	<p>Review of agency documentation revealed that 1 out of 4 participants (participant 3) lacked an age appropriate functional assessment. Agency records also revealed that 3 out of 4 participants (participants 1, 3 & 4) lacked documentation of a person centered plan.</p>	<p>2b) New participant profiles to be completed for all 4 participants to ensure current history and physical information is recorded and results followed up with as needed.</p> <p>3) QIDP (1a-2b)</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>1a) Designation of person centered plan process to be addressed within agency revised policy and comprehensive procedures.</p> <p>1b) Agency to revise PCP form to include information about appropriate functional assessment for an individual participant.</p> <p>1c) Documentation and follow up of person centered plan form to be completed by QIDP at each participants next annual ISP meeting.</p> <p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR to address participants affected by this deficiency.</p> <p>2b) New PCP forms to be completed at each participants next annual ISP meeting.</p> <p>2c) Revised age appropriate FBA's completed</p> <p>3) QIDP (1a-2b)</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) Revised PCP forms</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.j 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) j. Psychosocial information. (7-1-95)</p>	<p>Review of agency documentation revealed that 4 out of 4 participants lacked psychosocial information within the record.</p>	<p>1a) Agency policy on participant records to be revised and comprehensive methods of procedure to be developed. 1b) Agency new participant application to require current psychosocial information prior to intake. 2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR to identify and address participants that may have been affected by this deficiency. 2b) QIDP ensure appropriate / current psychosocial information is included with in affected participants record through assessment process. 3) QIDP (1a-2b) 4a) Monitored through agency revised CMR 4b) Administrator's APIE.</p>	<p>2014-10-10</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.k 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) k. Habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program. (3-20-04)</p>	<p>Review of agency documentation revealed that 4 out of 4 participants lacked documentation of planning, continuous evaluation, and participant satisfaction with the program.</p>	<p>1a) Agency policy on participant records to be revised and comprehensive methods of procedure to be developed. 1b) Quarterly participant satisfaction form to be developed 1c) Participant satisfaction added to participant annual person centered planning meeting/ process. 2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR, QIDP on-site monthly QA and participant quarterly satisfaction form to identify and address participants that may have been affected by this deficiency. 2b) QIDP to complete monthly on-site QA's and provide all 4 participants affected by this deficiency with a quarterly participant satisfaction form. 3) QIDP (1a-2b) 4a) Monitored through agency revised CMR 4b) Administrator's APIE. 4c) PCP meeting and QIDP on-site monthly QA 4d) Quarterly participant satisfaction form completed</p>	<p>2014-10-10</p>

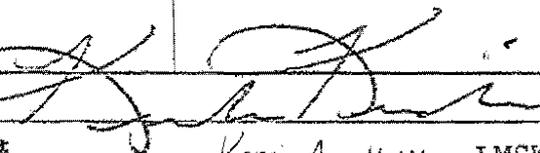
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.n</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>n. Daily record of the date, time, duration, and type of service provided. (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 4 participants lacked documentation of a daily record of the date, time, duration and type of service provided.</p> <p>For example:</p> <p>Participant 3 lacked record of the service provided since 10/18/2014. Records for Participant 4 revealed documentation that was missing date, time, duration and type of service provided.</p>	<p>1a) Agency policy on participant records to be revised and comprehensive methods of procedure to be developed.</p> <p>1b) Monthly data monitoring and documentation regarding participant data to be completed and followed up with during agency monthly on site QA process by QIDP.</p> <p>1c) Consistent and complete documentation in participant records part of initial and ongoing agency training for staff.</p> <p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR and QIDP on-site monthly QA to identify and address participants that may have been affected by this deficiency.</p> <p>2b) Daily record with date, time, duration and service type revised and implemented for participants affected by this deficiency</p> <p>3) QIDP (1a-2b)</p> <p>4a) Monitored through agency revised CMR</p> <p>4b) Administrator's APIE.</p> <p>4c) QIDP on-site monthly QA</p> <p>4d) Semi-annual and annual Provider Status Reviews</p>	<p>2014-10-10</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 (participants 1, 3 & 4) lacked documentation of a plan of service.</p> <p>In addition, agency records revealed that 4 out of 4 participants lacked documentation of implementation plans that include the goals and objectives specific to the plan of service.</p> <p>Furthermore, agency records revealed that 1 out of 4 participants (participant 3) lacked data-based progress notes from 10/18/14 until 6/18/14.</p>	<p>1a) New service plans and implementation plans developed and implemented for each individual participant according to current ISP's with observable measurable objectives specific to the plan of service.</p> <p>1b) Agency protocol regarding service provisions revised in agency policy and comprehensive procedures in line with IDAPA and best practice to be developed.</p> <p>1c) Implementation data to be monitored and documented on monthly by QIDP in preparation for Provider Status Reviews</p> <p>2a) Once agency implements revised policy and comprehensive procedures, each individual participant record(s) in the agency's care will be cross checked via agency revised CMR and QIDP on-site monthly QA to identify and address participants that may have been affected by this deficiency.</p> <p>2b) New service plans developed and implemented for affected participants based on current ISP with measurable objectives.</p>	<p>2014-10-10</p>

		<p>3) QIDP (1a-2b) 4a) Monitored through agency revised CMR 4b) Administrator's APIE. 4c) QIDP on-site monthly QA 4d) Quarterly Provider Status Reviews</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.03 405. 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 participant to include at least the following: (3-20-04) 03. No Punishment. Employees or contractors of the agency must not withhold food or hydration that contributes to a nutritionally adequate diet. (3-29-12)</p>	<p>Review of agency documentation revealed that the agency lacked documentation of a written policy that addresses punishment and not withholding food and hydration.</p>	<p>1a) Agency policy to be revised and comprehensive procedures developed based on IDAPA rules and regulation regarding punishment and not withholding food and hydration. 1b) Revised new employee / contractor orientation checklist and revised employee / contractor file checklist to include punishment and not withholding of food and hydration. 2) No participants affected. 3) Administrator 4a) Monitored through agency revised CMR 4b) Administrator's APIE 4c) Revised new employee / contractor orientation checklist 4d) Revised current employee / contractor file checklist</p>	2014-10-10

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Administrator/Provider Signature:



Date: 10/6/14

Department POC Approval Signature:

Kecie Ann Hull, LMSW

Date: 10/6/14

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