

# Statement of Deficiencies

Residential Habilitation Agency

SL Start and Associates -- Twin Falls  
RHA-278

200 2nd Ave N Ste E  
Twin Falls, ID 83301-6158  
(208) 732-0910

**Survey Type:** Recertification

**Entrance Date:** 9/9/2014

**Exit Date:** 9/10/2014

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

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)	The agency lacked evidence the governing authority assumed responsibility for providing a continuing and annual program of overall agency evaluation.  For example: The agency lacked documentation of a continual and annual agency evaluation for 2012.	You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. A quality assurance program has been developed with a designated quality assurance manager assigned to RH. A minimum of bi-annual review will be completed. Policy was updated July 2014. 2. Quality Assurance Manager will conduct review to ensure all participant files are re-viewed biannually with oversight by Quality Assurance Director 3. Director of Quality Assurance and Quality Assurance Manager 4. Bi-annual review by quality asurance Director will be connected to ensure policy is followed. 5. 11/1/14	11/1/14

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>Two of eight employee record lacked verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks".</p> <p>For example: Employee 7's date of hire was 07/29/14 and no fingerprints until 09/09/14. Employee 8's date of hire was 04/14/14 and no Idaho State Police (ISP) check until 06/10/14 and was not cleared through ISP 06/18/14.</p>	<p>Text does not flow to the next page; you will need to click in the field on the next page to continue.</p> <p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> <li>1. A CHU background tracking spreadsheet was implemented and trained to all HRC's to track new hires through compliance.</li> <li>2. An audit will be completed on all CHU files by the HRC by 12/31/14.</li> <li>3. HRC at each branch location</li> <li>4. Monthly review and oversight of spreadsheet by the HR Manager.</li> <li>5. This will be implemented 4th quarter of 2014</li> </ol> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p>	<p>12/1/14</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.03</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>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>Three of four participant record lacked documentation of a review of services and participant satisfaction conducted at least quarterly or more often if required by the participant's condition or program.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p>	<p>12/31/14</p>

For example:  
 Participant 2's record lacked the 1st quarter for 2013.  
 Participant 3's record lacked quarterly satisfaction and program reviews. Many reviews are missing.  
 Participant 4's record lacked quarterly satisfaction and program reviews.  
  
 Repeat deficiency from 09/15/11 and 09/24/09 survey.

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:  
 1. A CHU background tracking spreadsheet was c1. A process has been created in which the QIDP will meet face to face each quarter to do a review of services and satisfaction  
 2. Going forward this process will address all individuals and correct any deficiencies.  
 3. QIDP at each branch location  
 4. Each QIDP will submit a report to the program manager with a summary by the 15th of the month following the prior quarter.  
 5. This will be implemented 4th quarter of 2014  
  
 Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.

Administrator/Provider Signature:

*Sully Brubaker*

Date: 10-3-14

Department POC Approval Signature:

*Pam Loveland-Schmidt*

Date: 10/7/14

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