

Statement of Deficiencies

Residential Habilitation Agency

Independent Living Specialists, LLC
RHA-5188

379 Yellowstone Avenue
Pocatello, ID 83201-
(208) 234-8525

Survey Type: Initial

Entrance Date: 9/23/2014

Exit Date: 9/25/2014

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.04.17.301.03.c 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) c. Education and experience; and (7-1-95)	Two of four employee record review lacked documentation education and experience. For example: Employee 3 and 4's record lacked documentation of experience. The agency corrected the deficiency during the survey.	When existing staff transferred over to the new agency (from SIDC to ILS), they were not required to fill in new applications, and thus their previous experience missed being documented in their files. This was corrected in the sample files at the time of survey. A check of all staff files was completed before the end of survey, and the process of ensuring that all those files had the required experience documentation was begun. As of 10-13-14, this was completed on the majority of files. Staff who had not yet responded to the request for the required documentation have been notified and are to complete the rest of the documentation by the end of the week (10-17-14). Director will then do another staff file QA and document the results in the QA record. Future employees are required to fill in the application which includes the list of previous experience. This will prevent their files from missing the required documentation in future.	10-17-14

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.04</p> <p>302. SERVICE PROVISION PROCEDURES.</p> <p>04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p>	<p>Two of two participant record lack documentation the agency complies with it's policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing."</p> <p>For example: Participant 1's record lacks documentation the staff assisted with medications for multiple days during for 06/15/14 to present. Participant 2's record lacks documentation the agency assisted her with medications. Per agency administrator the agency reminds her to take medications and checks to see if she knows what the medication is for, but the agency is not keeping med. Logs for 06/16/15 to present. In addition the assistance with medication is authorized as an objective on the ISP.</p>	<p>Staff instructions and med log forms have been updated to include space for staff to document if they are not present when medications are taken, as was the case with Participant 1.</p> <p>Participant 2 is independent in taking meds, but is not fully able to identify why or what the side effects may be. Medication logs were used until new plan started 7-1-14. QIDP consulted with participant and TSC following survey. It has been decided to continue providing support informally, and that staff will document daily that they have discussed her medications with her and verified/checked med packs. This will be documented in the same way as with Participant 1 on a log with space to document when staff are not present when medications are taken.</p> <p>The updated medication logs and notation page will now be implemented for all participants with whom staff check or assist with medications, and will replace documentation forms in place up to this point. This will be completed by 10-24-14 and will be done by the QIDP.</p> <p>Staff will be instructed by the QIDP regarding the updated forms at staff meetings on 10-17-14 and 10-20-14. The Director will then perform a review and QA by 12-15-14, to ensure forms are being</p>	<p>10-24-14</p>

		completed correctly. Director will then document the results in the QA record, including any corrections needed. Monitoring of medication forms will then be frequent and ongoing.	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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)	The agency's written policy lacks rule components addressing a criteria for completeness, and methodology to be used to ensure current and accurate records.	Agency policies and procedures have been updated to include the requirements as specified in IDAPA 16.04.17.400.01, as of 10-13-14. This was completed by the Director, and has been changed in all copies of the policy manual. Completed.	10-13-14

Administrator/Provider Signature:

Janet Boyer owner/Director

Date:

10-17-14

Department POC Approval Signature:

Pam Axelrod-Schmidt

Date:

10/20/14

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