

Statement of Deficiencies

Residential Habilitation Agency

HISway, LLC
RHA-236

348 N Orchard St
Boise, ID 83706-
(208) 322-0262

Survey Type: Investigation

Entrance Date: 5/30/2014

Exit Date: 7/30/2014

Initial Comments: Complaint Investigation: Eric Brown, Program Manager and Kerrie Ann Hull, Medical Program Specialist.

Date Referenced/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 training documentation revealed that 5 out of 13 staff records reviewed lacked verification that that staff had received the required training as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits" Sections 700-706. All training must be completed within six (6) months of employment.</p> <p>For example, documentation within staff records submitted by the agency for review does not reflect training having been completed in the areas of feeding, mobility, activities of daily living, and body mechanics for employee 1, 5, 8, 9, and 13.</p> <p>Staff records for employee 5 lack verification that the employee was trained on the specific needs of the participant that they work with.</p>	<p>1. Initial training is with Orientation. This first four hours of training familiarizes the new employee with the company's Policy and Procedures. An overview of our Participants and their needs is presented. The last two hours touch on the needs of Individual Participants etc.: transfers, special feeding needs, special hygiene needs, and safe lifting practices for staff. Staff then is assigned a specific home where they are trained for three shifts on the special needs of the Participants in that home. The Program Coordinator is in the home once a week for on the site training and conducts a house meeting monthly to train on identified Participant needs.</p> <p>2. It would appear that Participants have not been affected by the perceived lack of training.</p> <p>3. Training is always ongoing; however the need for detailed documentation is apparent. A memo went out August 1, 2014, stating all training must be documented for new staff and in file within the</p>	<p>8/1/2014</p>

first thirty days of employment. An employee evaluation was put in place for thirty days at which time the training and performance documented is reviewed and discussed with the staff and Program coordinator.
4. Program Coordinator

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<p>16.04.17.301.03.i 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) i. Evidence of current CPR and First Aid certifications; and (7-1-95)</p>	<p>Review of agency documentation revealed that 2 out of 13 employees lacked documentation of current CPR/First Aid certifications. Records for employee 11 reflect a lapse in CPR/FA certification from 6/21/13-6/10/2014. Records for employee 13 reflect a lapse in CPR/FA certification from 6/9/2013 to 1/14/2014. This is a repeat deficiency from May 2013 survey.</p>	<p>1. The identified employees got their recertification right away. HiSway has hired an HR person that will be responsible for maintaining all personnel records up to date. 2. HiSway now has HRIS in place to track and monitor all employee certifications. Participants were not affected by the expiration of the CPR/First Aid Training Citation. 3. HiSway HR Department will be inputting employee information at hire time and will be monitoring on a daily basis to advise employees in advance of upcoming expiration times. 4. HR is aware of IDAPA rule and the HRIS is there to give the information. An employee will be alerted thirty days in advance of any expirations with follow through. If an employee fails to bring in the required documentation they will be removed from the schedule. 5. All employees have been entered into the system, advised of their status with the expectation of having copies of necessary certification in file before they receive a pay check August 29, 2014.</p>	<p>8/29/2014</p>

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<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>Review of agency documentation revealed that 1 out of 13 employees did not have verification of a criminal history background check in accordance with 16.05.06, "Criminal History and Background Checks".</p> <p>For example: Records for employee 11 revealed that the employee transferred a previous background check upon hire but did not have an ISP check completed with the agency.</p>	<p>1. Rule says a person hiring must have a criminal background check (within three years). If there is a copy of that clearance we then ask for an Idaho State Police background check. The HR staff now in place – July 21, 2014 – does all of the hiring paperwork and ensures the rule is followed.</p> <p>2. All personnel files were reviewed in the month of August to ensure they conformed to rule. There were no participants affected by the deficiency.</p> <p>3. HR will be responsible for employee files. She reports to Administration regularly.</p> <p>4. The system "Shift Planning" will not allow procedure to be missed. Warnings are sent electronically immediately.</p>	<p>7/21/2014</p>
<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>Based on a review of agency documentation and information presented by the agency administrator, the agency failed to comply with regulations set forth in IDAPA 23.01.01, "Rules of the Board of Nursing" as they relate to the delegation of PRN medications and the limitation of functions performed by unlicensed assistive personnel.</p>	<p>1. HISway has a medication form that is signed by the Doctor that includes the identification of PRN medications. The dialog above the Doctors signature asks the doctor to agree to our procedure.(that form has been changed and new doctor signatures are being gathered)</p> <p>2. All Participants affected will have the form in there medication/doctor book.</p> <p>3. The forms are already in place, the new form wit the new dialog is going out. The Administrator</p>	<p>10/17/2014</p>

		<p>will collect the doctor signed form.</p> <p>4. Quarterly QA visits by the Program Coordinators will double check to be certain that the signed medication form from the doctor is in the home.</p> <p>5. All Participant Doctor signed medication forms were sent out in August, 2014. The challenge has been to get them back in file. The forms are now - October 17, 2014 - on file for each Participant.</p>	
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<p>16.04.17.404.03</p> <p>404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS.</p> <p>The residential habilitation agency must promote participation of participants, legal 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)</p> <p>03. Notification of Guardian of Participant's Condition. Notify the participant's legal guardian 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. (3-29-12)</p>	<p>Through review of agency documentation it was determined that critical incidents involving participant 1, all of which met one of the conditions listed in this rule, were not reported to the guardian within 24 hours.</p> <p>This is a repeat deficiency from April 2012 survey.</p>	<p>1.Moving forward all critical incidents will be reported immediately to Guardians as part of the State Reporting process.</p> <p>2.Critical Incidents are reported right away to Admin and Supervisors. In the future all incidents will be reported to Guardians and Parents immediately. Direction was given to all Program Coordinators July 30, 2014, to advise Parents and Guardians of all events crucial or critical immediately.</p> <p>3.The appropriate Program Coordinator will file the reports and advise Guardians, within 24 hours.</p> <p>4.The Administrator will be following the reporting procedure for timeliness.</p> <p>5.This procedure has always been in place, however it is clearer now the events that must be reported, and the Participants that might be involved.</p>	7/30/2014
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16.04.17.404.04

404. COMMUNICATION WITH PARTICIPANTS, PARENTS, LEGAL GUARDIANS, AND OTHERS.

The residential habilitation agency must promote participation of participants, legal 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)

Based on review of agency documentation it was determined that critical incidents involving participant 1, all of which met one of the conditions listed in this rule, were not reported to the Department through the department approved process. For example, several incidents dated 7/9/13, 7/22/13, 7/25/13, and 8/13/13 identify the participant's involvement with law enforcement; however the agency failed to report such incidents to the Department of Health and Welfare.

Further review of agency documentation also revealed that the agency did not report incidents that met one or more conditions in this rule within 24 hours, for 8 out of 8 participants.

For example, critical incident involving participant 3 occurred 5/25/14 but was not reported until 5/27/14. Critical incident involving participant 5 occurred 1/28/14 but was not reported until 1/30/14.

This is a repeat deficiency from May 2013 survey.

1. All Critical Incidents will be reported within twenty-four hours to the Department of Health and Welfare. Detailed review of Rule was reviewed July 30, 2014
2. Critical Incidents are reported immediately to Program Coordinators and Administration. No other participants were affected by this deficiency.
3. The appropriate Program Coordinator will follow Rule and report Critical Incidents to the Department of Health and Welfare within twenty-four hours.
4. The Administrator will be following the reporting timeliness.
5. This procedure has always been in effect however after careful review of Rule and the education offered by Survey HISway beginning July 30, 2014 will be more diligent.

7/30/2014

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.501.06.b</p> <p>501. ENFORCEMENT PROCESS. The Department may impose a remedy or remedies when it determines a residential habilitation agency is not in compliance with these rules. (3-29-12)</p> <p>06. Failure to Comply. The Department may impose one (1) or more of the remedies specified in Subsection 501.02 of this rule if: (3-29-12)</p> <p>b. The residential habilitation agency has failed to correct the deficiencies stated in the agency's accepted plan of correction and as verified by the Department, via resurveys. (3-29-12)</p>	<p>Review of agency documentation has determined that the agency has failed to comply with plan of correction accepted by the department on May 2013.</p> <p>On 5/2/2013 the agency were cited for rule violation 16.04.17.301.03.i: Evidence of current CPR and First Aid Certifications; where they stated that their corrective action would be corrected by May 15, 2013. The agency is found to be out of compliance with the rule during review of agency documentation in July 2014 and therefore have failed to correct the deficiency as stated in their previous plan of correction.</p> <p>On 5/2/2013, the agency was also cited for rule violation 16.04.17.404.04: Notification to the Department of a participant's condition; and stated that the action would be corrected by May 17, 2013. During review of documentation in July 2014, the agency have been found to be in violation of the rule and as a result have failed to correct the deficiency as stated in their previous plan of correction.</p>	<p>1. HISway has hired an HR person that will be responsible for maintaining all personnel records up to date.</p> <p>2. HISway now has HRIS in place to track and monitor all employee certifications.</p> <p>3. HISway HR Department will be inputting employee information at hire time and will be monitoring on a daily basis to advise employees in advance of upcoming expiration times.</p> <p>4. HR is aware of IDAPA rule and the HRIS is there to give the information. HISway now has a Program Coordinator Supervisor to manage programs and training more closely. Both of these people actively took charge August 1, 2014.</p> <p>5. Citations identified have been addressed within this current plan of correction. The new level of oversight by both HR and Program Coordinator Supervisor will ensure compliance with IDAPA rule.</p>	<p>8/1/2014</p>

Residential Habilitation Agency	HISway, LLC	7/30/2014
Administrator/Provider Signature: <i>Ellen Hampton</i>		Date: 10-20-14
Department POC Approval Signature: <i>Kerrie Ann Hill, LMSW</i>		Date: 10-21-14

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