

Statement of Deficiencies

Residential Habilitation Agency

Community Outreach Counseling, LLC -- Nampa
RHA-3900

1031 W Sanetta St
Nampa, ID 83651-5047
(208) 466-7443

Survey Type: Investigation

Entrance Date: 10/3/2014

Exit Date: 11/17/2014

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.203</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)</p>	<p>Review of supporting documentation submitted by the agency revealed that the agency failed to provide on-going training specific to the needs of the participant as needed as required in 16.03.10.705.01.e. 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.</p> <p>Documentation reveals that employee 1 was initially trained on the individual needs of participant A in February 2014. The occurrence of a health and safety incident in August 2014 involving participant A while in the care of Employee 1 constituted a need for on-going training related to the needs of participant A. Documentation submitted by the agency failed to verify that such ongoing training occurred for employee 1 in relation to the needs of participant A.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. Community Outreach Counseling will create a Quality Assurance Form (QA) and a Staff Observation Form to be used by the Program Coordinators, Program Coordinator Assistants and the On Call Supervisors. These forms will be used to check compliance with rules and address participant needs. One of the questions on all the forms will be if there was a need to retrain staff on anything in relation to rules or participant needs. If a yes is circled in answer to this question a corresponding retraining form will be filled out and staff will be immediately retrained on site.</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?</p>	<p>12/10/2014</p>

In a collaborative effort, a supervisor (the Program Coordinators, Program Coordinator Assistants and the On Call Supervisors) will visit each participant's home at least twice monthly and observe each staff member at least once monthly. The Program Directors will keep a checklist to ensure that each participant has been visited by a supervisor at least twice monthly and each staff member has been directly observed by a supervisor at least once monthly.

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

The Program Coordinators, Program Coordinator Assistants, and the On Call Supervisors will be responsible for completing Staff Observations and Quality Assurance Checks. The Program Directors will be responsible for keeping a checklist to ensure that each participant has been visited by a supervisor at least twice monthly and each staff member has been visited by a supervisor at least once monthly.

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

This corrective action will be monitored through the usage and review of the QA and Staff Observation Forms as well as the checklist kept by the Program Directors.

5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.04</p> <p>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)</p> <p>04. Reporting Violations. Any agency employee or contractor must report immediately report all allegations of mistreatment, abuse, neglect, injuries of unknown origin, or exploitation to the administrator and to adult protection workers and law enforcement officials, as required by law under Section 39-5202, Idaho Code, or to the Idaho Commission on Aging, IDAPA 15.01.03, "Rules Governing Ombudsman for the Elderly Program," or the designated state protection and advocacy system for persons with developmental disabilities when applicable. (3-29-12)</p>	<p>Review of agency documentation revealed that the agency failed to report allegations of abuse to law enforcement officials as required by law under Section 39-5303 Idaho code.</p> <p>For example:</p> <p>On two separate occasions, the agency was made aware of an alleged sexual assault toward participant A and in both incidences, failed to notify law enforcement officials.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.</p> <p>A training on reporting responsibilities as required by law will be given to administrative staff/ supervisors on 12/16/14. A training on reporting responsibilities as required by law will be given to direct care staff on 12/8/14, 12/10/14, 12/12/14 and 12/19/14.</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?</p> <p>If there are any participants alleging any form of mistreatment, abuse, neglect, injuries of unknown origin or exploitation, these allegations will not only be reported to Adult Protection and BDDS, but also to law enforcement officials.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>The Program Directors will be responsible for this training.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p>If reportable issues arise and they are brought to the attention of staff or supervisors they will be immediately reported to law enforcement. The Program Directors and Supervisors will ensure a report is made and a police report number is given. Training on reporting responsibilities will be emphasized in all initial orientation of direct care staff.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	<p>12/19/2014</p>

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Residential Habilitation Agency

Community Outreach Counseling, LLC – Nampa

11/17/2014

Administrator/Provider Signature:

Paula Bartholmer, LCSW

Date:

12/15/14

Department POC Approval Signature:

Kerrie Ann Hull, LMSW

Date:

12/15/2014

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