

Statement of Deficiencies

Residential Habilitation Agency

Kinde Kare, LLC
RHA-1055

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

Survey Type: Recertification

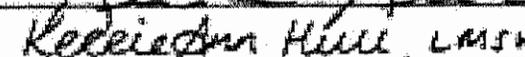
Entrance Date: 11/18/2014

Exit Date: 11/20/2014

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
<p>16.04.17.202.03.b 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) b. Developing and implementing policies and procedures for agency staff and provider training, quality assurance, evaluation, and supervision; (3-29-12)</p>	<p>Through review of agency documentation, it was determined that the agency failed to properly implement their policy and procedure related to quality assurance.</p>	<p>1. The agency will adhere to its policies of quality assurance. The agency will implement a schedule of quality assurance activities to include all rule requirements. 2. The agency will implement the corrective action as if all participants, employees and systems are affected. The corrective action will effectively remedy the deficient practices 3. Administrator or designee 4. The schedule of QA activities and responsibilities will monitored as a core element of the QA program and will drive the QA outcomes. It will be monitored ongoing and quarterly.</p>	<p>12/31/14</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Completed
<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 re-surveys. (3-29-12)</p>	<p>Review of agency documentation revealed that the agency failed to comply with their accepted plan of correction dated October 6, 2014.</p> <p>For example:</p> <p>The plan of correction indicates that revised employee profile sheets were to be added to staff files as a method of ensuring all employee information required would be captured. It was found that 2 out of 8 employee records did not have a profile sheet as indicated in the plan of correction.</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>The agency will complete the employee profiles and file them in the records.</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>All current and new employees will have profiles updated and/or completed.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>Administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p>The corrections will be monitored ongoing, upon hire, and quarterly as part of the agency's QA program.</p>	<p>12/31/14</p>

<p>Administrator/Provider Signature:</p>		<p>Date:</p>	<p>12/15/14</p>
<p>Department POC Approval Signature:</p>		<p>Date:</p>	<p>12/15/14</p>

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

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Administrator/Provider Signature:

Date:

Department POC Approval Signature: *KerrieAnn Hull, LMSW*

Date:

12/15/14

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** Same as page 2. Attached due to poor resolution of previous page.*