IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 7, 2008

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Sally Ball, Administrator
The Res Hab Provider Agency
3705 S. Montana
Caldwell, Idaho 83605

Dear Sally,

Thank you for submitting the Res/Hab Provider Agency Plan of Correction dated March 3, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued The Res/Hab Provider Agency a Residential Habilitation certificate effective March 7, 2008.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency is required to submit documentation to substantiate that you your Plan of Correction. The documents that you have submitted will correct the deficient practices if implemented according to your plan.

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

Rebecca Fadness
Program Supervisor
DD Survey and Certification

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RESIDENTIAL HABILITATION AGENCY COMPLIANCE REVIEW

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AGENCY NAME: THE RESHAB PROVIDER AGENCY

REVIEW DATE(S): JANUARY 9, 2008

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

REVIEW TEAM MEMBERS: Rebecca Fadness, Program Supervisor, Survey and Certification

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:
Two participants were interviewed. Both participants indicated that they were satisfied with the agency services. **SATISFIED**
One advocate was interviewed and voiced concerns with staffing and oversight of supported living homes. **NOT SATISFIED**

Therapy Observation Notes:
Participant #4: Observation occurred in participant's home. Staff assisted participant with programming and provided him support in his residence. Therapy was observable in practice. Staff was courteous respectful to the participant and appeared to have a good report.

Participant #5: Observation completed in participants home. Participant indicated that he was happy with the staff and services provided by the agency. Staff was observed assisting in daily living activities. Participant independence was encouraged by staff. Staff was courteous respectful to the participant and appeared to have a good report.

Participant #6. Observation completed in participant's home. Participant indicated that she is satisfied with the services. Therapy was observable in practice. Services are being provided to her by her mother. There appeared to be a clear distinction between the parental roll and service technician role, and staff encouraged participant to complete tasks independently.

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Deficiencies:	Agency's Plan for Compliance:
16.04.11.301.03. Personnel Records. h. Documentation of initial orientation and required training; and (7-1-95) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • 2 of 4 providers did not contain documentation of initial orientation. *This is a repeat deficient practice from agency certification review May 2005. Immediate correction is required.*	**16.04.11.301.03 Personnel records h. the program coordinator has provided orientation training to providers #1, #2, #3 and the care giver of #4. The signed documentation is in their files. All new providers/employees will have training before they can work. This will be completed 4/1/08**
16.04.11.301.03. Personnel Records. k. Evidence that the employee or affiliated residential habilitation provider has received a job description and understands his duties. (7-1-95) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • 4 of 4 affiliate provider files did not contain documented evidence. *This is a repeat deficient practice from agency certification review May 2005. Immediate correction is required.*	**16.04.11.301.03 h. all affiliate providers and employees have a signed job description in their files as of 2/18/08 they have signed the documentation and acknowledge their duties. Please note a check list submitted to describe what procedure is in place for new employees/providers.**
16.04.17.705.01. d. Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency and include at a minimum: (3-19-07) i. Instructional techniques: Methodologies for training in a systematic and effective manner;(3-19-07) ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07) iii. Feeding; (3-19-07) iv. Communication; (3-19-07) v. Mobility; (3-19-07) vi. Activities of daily living; (3-19-07) vii. Body mechanics and lifting techniques; (3-19-07) viii. Housekeeping techniques; and (3-19-07) ix. Maintenance of a clean, safe, and healthy environment. (3-19-07) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • 4 of 4 affiliate provider files did not contain documented evidence. *This is a repeat deficient practice from agency certification review May 2005. Immediate correction is required.*	**16.04.17.705.01.d the agency and the program coordinator will provide training on an individual basis on i. instructional techniques: methodologies for training in a systematic and effective manner, ii. Managing behaviors: techniques and strategies for teaching adaptive behaviors, iii. feeding. iv. Communication, v. mobility, vi. Activities of daily living, vii. Body mechanics and lifting techniques, viii. Housekeeping techniques and xi. Maintenance of a clean, safe, and healthy environment. The training on each of these will have been done by 7/30/08. Providers #1, #2, and #3 will have signed certificate of compliance in their files in each of the instructional areas. The care giver of #4 will also have signed certificates in her file.**

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16.04.17.400. 02. Required Information. Records must include at least the following information: (3-20-04) **i.** Results of an age appropriate functional assessment, and person centered plan. (7-1-95) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • 3 of 4 participant files did not contain results of age appropriate functional assessment.	**16.04.17.400.02. required information. i. the functional assessment determines the specific need that exists for each participant. The Program Coordinator takes this information and identifies on the functional assessment chart the specific level and frequency of care of each participant. All participants will be addressed by 7/30/2008. See attached.**
16.04.17.402. PARTICIPANT RIGHTS.01 Responsibilities. **a.** Inform each participant, or legal guardian, of the participant's rights and the rules of the agency; (3-20-04). **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • 2 of 4 participant files did not contain documented evidence that participant or legal guardian had been informed of their rights.	**16.04.17.402. Participants Rights.01 Responsilities. Participant's rights have always been in the files within the home. Since being made aware that the participants rights need to be in the Agency's files it has been corrected and all the files within the agency's office now have a signed Rights form in each of their files signed and dated. We have in place a check list for all new and current participants to assure all will have their Rights in their file. See attached**
16.04.17.402. PARTICIPANT RIGHTS.01 Responsibilities c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • 4 of 4 participant files did not contain documented evidence that participants had been informed.	**16.04.17.402. Participants Rights.01 Responsilities c. we have in each file (every participants) a copy of the services to be received, the expected benefits, the right to receive services as presented in Health and Welfares directive of admission policy and agreement revised 3/06. The Program Coordinator will check these concerns each month for all new and current participants including provider #2 and the care giver of #4. The agency has in place a check list to assure all new and current participants in the agency have all been informed of their rights.** **See attached**

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16.04.17.405 TREATMENT OF PARTICIPANTS 04. Reporting Violations. Any agency employee, affiliated residential habilitation provider 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. (3-20-04) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • Participant #4's file had documentation that medication was found to be missing by staff. There no documentation that incident was reported to law enforcement.	**16.04.17.405 Treatment of participants 04. Reporting violations. The Program Coordinator will give the care givers of #4 and #5 an incident report to be put in the care book for participant #4 and #5. This will cover any and all, mistreatment, abuse, neglect, injuries of unknown origin or exploitation to the administrator, and adult protection, and law enforcement officials such as required by law**
16.04.17.405 TREATMENT OF PARTICIPANTS 04. Reporting Violations 05. Providing Evidence of Violation. Agencies must provide evidence that all alleged violations are thoroughly investigated and must protect the participant from the possibility of abuse while the investigation is in progress. (3-20-04) **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • Participant #4's file had documentation that medication was missing. There was no documentation in the file that a thorough investigation was completed. Report did not clearly indicate if/how medication was missing nor interviews with staff to determine the location of medication. Documentation did not indicate a thorough investigation.	**16.04.17.405 Treatment of Participants 04. Reporting violations 05. The Q&A and progress notes will be reviewed by the Administrator, if any violation is found the Program Coordinator will have an incident report filed in duplicate, 1 for Health and Welfare and 1 for the participants file and the proper authorities will be notified. The Program Coordinator had a meeting with the accused staff member, they were questioned and their person, home and vehicle was searched – no meds were found. To insure the safety of the participant #4 the staff member was fired.**
A-7.4. Inform the Department within forty-eight (48) hours of any criminal conduct, any accusation of fraudulent, negligent or abusive conduct, and any termination for poor performance by any employee, subcontractor or agent. **FINDINGS:** Based upon record review interview with Administrator, the agency is not in compliance. The findings included: • Accusation of abusive conduct was made to agency regarding staff stealing medication from a participant. No report was made to Department.	**A-7.4. In regards to the accusation to staff stealing. This refers to medication missing. All staff and participant were interviewed by the Program Coordinator. All denied any knowledge. Since this had not ever occurred prior to new night staff being hired. This will not reoccur, but immediate notification to Health and Welfare and law enforcement will be made. The agency Administrator and/ or Program Coordinator will visit all supported living participants on a periodic unannounced visit to make sure all abuse, misconduct, is not reoccurring.**

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Survey report completed by : Rebecca Fadness, Program Supervisor

Date: 1/22/2008

Agency Administrator Signature: Sally J Beel

Date: 3/7/08

Plan of correction accepted: Rebecca Fadness

Date: 3/7/08

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