IDAHO DEPARTMENT OF
HEALTH & WELFARE

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June 11, 2008

COPY

Administrator, Marie Graham
Canyon Creek Developmental Services
5214 E Cleveland Blvd Ste G
Caldwell, Idaho 83607

Dear Ms. Graham,

Thank you for submitting the Plan of Correction dated June 10, 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 Canyon Creek Developmental Center a full 2 year certificate effective from June 11, 2008 through June 11, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than August 15, 2008. You may submit supporting documentation as follows:

Fax to:208-364-1811
Email to: fadnessr@dhw.idaho.gov
Mail to: Survey and Certification
Attn: Rebecca Fadness
PO Box 83720
Boise, Idaho 83720
Or deliver to: 3232 Elder Street, Boise

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

Rebecca Fadness
Program Supervisor
DD Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: CANYON CREEK DEVELOPMENTAL CENTER

SURVEY DATE(s): 5/5/2008 – 5/9/2008

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.

SURVEY TEAM MEMBERS: Cyndy Jonsson, Medicaid Clinician
Rebecca Fadness, Medicaid Program Supervisor

SURVEY FINDINGS

Consumer/Family Satisfaction Survey: Interview with participants indicated they were satisfied with the service.

Therapy Observation Notes: Participant was observed while volunteering at a child daycare. The staff prompted the participant from across the room providing cuing that was unobtrusive, and promoted independence of the individual. Staff was very courteous to the needs of the participant in this environment. Staff provided appropriate reinforcement and ongoing therapy training for skill acquisition.

Deficiencies:	Agency's Plan for Compliance:
16.04.11.600.01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) **d.** Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 4 of 4 participant files contained a list of strengths needs and interests. Interests were not specific to developmental therapy. Items listed as needs were deficits identified on the functional assessment tool rather than functional needs.	16.94.11.600.01.d COMPREHENSIVE ASSESSMENTS CCDS is in the process of revising the comprehensive developmental assessment and will include relevant interests specific to developmental therapy and will list functional needs where the developmental assessment identifies the deficits. This will be completed by 6/30/08. The Developmental Specialist will be responsible for completing a developmental assessment on participants and ensuring that participants interests be related to developmental therapy and that the needs be listed as functional needs. To be corrected by 8/15/08. These will be updated annually to assure participants receive the most needed developmental therapy. It will be the responsibility of the QA and Administrator to monitor these changes and document on the file review, to ensure consistent compliance with this rule. (see exhibit # 1)
16.04.11.705.01. General Records Requirements. Each participant	

record must contain the following information: (7-1-06) **f.** When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 4 of 4 participant files the comprehensive developmental assessment did not contain narrative report summarizing the developmental status of the participants.	16.04.11.705.01.f. GENERAL REQUIREMENTS The developmental assessment implemented by CCDS will include a narrative report summarizing the developmental status of the participant, to be completed by 6-30-08. It will be the responsibility of the Developmental Specialist to complete a narrative for each participant by 8/15/08.. The QA and Administrator will monitor this change through annual file reviews, to ensure consistent compliance with this rule. (see exhibit # 1)
16.04.11.703.03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 3 of 4 (#2,3,4) participant files contained objectives that did not include the measurement of prompt level as indicated in the data collection. Measurement was not defined. (ie. Objective measured "accuracy", the criteria for achievement was not clearly defined)	16.04.11.703.03. OBJECTIVES Each responsible Developmental Specialist have been instructed to review all participant objectives to ensure each is clearly measurable with prompt level, behaviorally-stated that corresponds with data collection and the criteria for achievement is clearly defined. If any objectives need to be revised, it will be the responsibility of the Developmental Specialist to correct by 8/15/08. CCDS will utilize its QA review process to monitor and ensure all objectives are measurable, clearly defined and consistent with data collection.
16.04.11.704 General Requirements for Program Documentation..01.b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 4 of 4 participant files contained objectives measuring several components as one objective, the data collection method did not account for completion of all components in objective at the specified measurement (ie. Prompt). The data collected did not result in sufficient data to assess progress as set forth by the objectives.	16.04.11.704.01.b. PROGRAM DOCUMENTATION REQUIREMENTS It will be the goal of CCDS to simplify objectives stating one (1) component within an objective to ensure sufficient data is accurately assessed for progress. Specifically, when some components within the objective were completed at independence, it skewed the performance data when averaged. Responsible Developmental Specialists have been advised to avoid writing objectives with multiple components. If data is collected on multiple components within the objective, only one component will be recorded for skill acquisition to assess sufficient progress. The responsible DS will review each participants objectives & if it is revealed that a level of independence is obtained, that portion of the objective will indicate mastery and will be deleted from the data sheet. To be completed by 8/15/08. CCDS will utilize its QA review process to monitor and ensure objectives measure one component so that sufficient data taken will assess progress as

Low implementation was found without being addressed by the DS. (ie. Participant Tracy- cooking skills)	set forth by the objective. The Developmental Specialists are responsible for addressing why an objective might have low implementation. This takes place during quarterly progress reviews by the D.S. and monitored by the QA through file reviews. Specifically, participant #3 was absent 5 out of 13 wks. the first quarter of this yr ('08). (this was the data reviewed by the surveyors) A statement by the DS was inserted on the progress note on 5/29/08, so that an accurate assessment of her yrly. overall progress can be made.
16.04.11.705 RECORD REQUIREMENTS.. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06). **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • 4 of 4 participant records had a staff tracking system in place that documented similar information, but the participants file did not contain documentation of date, time and duration specific to the service being delivered. • 4 of 4 participant files did not contain a documented signature accompanying the service provided.	16.04.11.705 RECORD REQUIREMENTS As of May 14, 2008, Canyon Creek has been in full compliance that clearly documents date, time, duration, type of service and signature of whom is providing the service to the participant. A participant training log was revised to include all components specified in this rule and all participants now have this form in their program books. It will be the responsibility of the QA to oversee the collection and filing of each training log in participant's record, once it is full. (see exhibit # 2)
16.04.11.708.01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** **FINDINGS:** Participant #1's implementation plan contained training	16.04.11.708.01. REQUIREMENTS FOR DELIVERY OF DDA SERVICES Participant # 1 currently has an addendum in process as of 5/7/08, for approval to obtain an O.T. evaluation. The authorized addendum was received by CCDS on June 4 and an evaluation will be scheduled and completed by 7/15/08. (see exhibit # 3) Developmental Specialists will review participants implementations plans to assure that current comprehensive assessments (PT, OT, Speech, Psych) have occurred prior to the delivery of service and the qualified professional has recommended the need for therapy. To be completed by 7/15/08. It will be the responsibility of the Developmental Specialist to make recommendations for an assessment at the participants ISP annual review or submit an addendum, if one is needed. This is now included on the ISP checklist.

components specifically addressing tactile defensiveness, and sensory stimulation. The file did not contain an assessment by occupational therapist documenting the need for the service, nor specifying the recommendations for therapy provided.	Through the file review process, the QA will monitor to assure that all participants therapy is recommended through an assessment by a professional qualified to deliver the service.
16.04.11.601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: e. When a participant has been diagnosed with mental illness; **Also, 16.04.11.600.01.e**. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and *recommend the type of therapy necessary to address the participant's needs.* For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Participant #3's file did not contain a current psychological assessment. Evaluation in file was completed in 1998. File contains a DT program related to mental health without a recommendation to meet her needs.	16.04.11.601.03. PSYCHOLOGICAL ASSESSMENTS As of 5-30-08, a Psychological Evaluation appointment has been made for participant #3, scheduled for June 26, 2008. Please refer to plan of correction for 16.04.11.708.01
16.04.11.510.HEALTH REQUIREMENTS. 01 Required Health Policies and Procedures. Each DDA must develop policies and procedures that: c. Address any special medical or health care needs of particular participants being served by the agency. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Agency does not have the required policy and procedures.	16.04.510.01.c. REQUIRED POLICIES AND PROCDEURES CCDS will develop a policy and procedure that addresses special medical and health care needs of particular participants served by CCDS. The Program Administrator will be responsible for developing the policy & procedure to ensure that participant's special medical or health care needs are met.. Compliance with be made by July 1, 2008. No participants have been affected by this deficiency.
16.04.11.510.HEALTH REQUIREMENTS. 03. Employees. Each employee with direct contact with participants must be free of communicable disease and infected skin lesions while on duty.	16.04.11.510.03. HEALTH REQUIREMENTS – EMPLOYEES As of 5/14/08, CCDS policy and procedure # 3.1 (Employee Illness, Injury, Skin Lesions) has been updated to assure that employees are free of infected skin lesions while on duty. All employees have been instructed to review this

FINDINGS: Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Agency does not have documentation of a processes or practices to assure that employees are free of infected skin lesions while on duty.	policy. It is the responsibility of CCDS to ensure that a communicable disease or infected skin lesions from an employee, is not transmitted to any participant throughout the center. No participants have been affected by this deficiency. (see exhibit # 4)
16.04.11.400.01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Job description for Administrator does not describe administrator accountabilities in accordance to the rule.	16.04.11.400.01. ADMINISTRATIVE STAFFING As of 5/22/08, CCDS Program Administrator's job description has been updated to assure compliance with IDAPA rule, including being accountable for all service elements of the agency, being accountable for the overall operations of the agency, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the quality assurance program. The Program Administrator is employed on a continuous and regularly scheduled basis. (see exhibit # 5) How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? NA
16.04.11. 400.GENERAL STAFFING REQUIREMENTS FOR AGENCIES 03. Records of Licenses or Certifications. The agency must maintain documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates. **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Files do not contain a copy of psychologist's license.	16.04.11.400.03. STAFFING REQUIREMENTS FOR AGENCIES As of 5/9/08, CCDS received a license from the contracted Psychologist. CCDS is now in compliance with this IDAPA rule. QA and Program Administrator will monitor to ensure that all contracted personnel submit copies of applicable licenses and certifications on an annual basis. (see exhibit # 6) How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? NA
16.04.11.405.02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) **a.** Give instructions; (7-1-06) **b.** Review progress; and (7-1-06) **c.** Provide training on the program(s) and procedures to be	16.04.11.405.02 FREQUENCY OF SUPERVISON CCDS Developmental Specialists have been documenting the training and supervision of paraprofessionals on a weekly basis since 5/19/08. It will be the responsibility of the Developmental Specialists to continue supervision on a weekly basis or more often if necessary, to provide instruction, review

followed. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Agency records and personnel files do not contain evidence that each paraprofessional receives supervision from a professional on a weekly basis, or more often if necessary.	progress and provide training on programs to all staff under their supervision. This will be an on-going process with a visual tracking system which will include type of supervision applied. This then will be recorded monthly by the QA as part of the QA process and monitored by the Administrator on a monthly basis to ensure consistent compliance with this rule. This has been implemented. (see exhibit # 7) How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? NA
16.04.11.405.STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. 03. Professional Observation. The agency must assure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). **FINDINGS:** Based upon record review and interview with Administrator, the agency in not in compliance. Agency documents **lacked evidence as follows:** • Based on document reviews and staff interviews, the agency did not corrected a deficiency cited in the previous survey, nor did the agency follow their own plan of correction to comply with the rule requirement within three months after notification on 7/3/07. • Since February, 2008, the agency has had the Monthly Observation of the paraprofessionals completed by Developmental Specialists. Prior to that the agency was also having those completed by other non-professionals. This would have resulted in a 3rd repeat deficiency if it would not have been remediated prior to this survey. The last plan of correction stated, "the DS will continue to observe and review . . ." "the DS will be responsible for at least monthly reliability reviews on all paraprofessionals" and "the QA will ensure that the DS has completed at least 1 reliability check per month on all paraprofessionals".	16.04.11.405.03. PROFESSIONAL OBSERVATION CCDS Developmental Specialists have been performing monthly observations since 2/08 and will continue at least 1 monthly observation and review the work of paraprofessionals under their supervision to ensure adequate training and delivery of services. It is the responsibility of the Developmental Specialist to provide written documentation that supports the occurrence of monthly observations. Monthly reviews will be tracked using the same process as listed under rule 16.04.11.405.02 plan of correction. This then will be recorded monthly by the QA as part of the QA process and monitored by the Administrator on a monthly basis to ensure consistent compliance with this rule. (see exhibit # 7) How will the agency identify participants who may be affected by the deficiency? If participants are identified what corrective action will be taken? NA

9/07

IDAHO DEPARTMENT OF HEALTH & WELFARE

Agency Administrator Signature: Marie D. Graham Date: 5/28/08

Plan of correction accepted: Rebecca Jadnes Date: 6/11/08