IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 31, 2008

Administrator, Brenda Montgomery
Opportunities Unlimited Inc
325 Snake River Ave
Lewiston, Idaho 83501

Dear Ms Montgomery,

Thank you for submitting the Opportunities Unlimited Inc Plan of Correction dated July 11, 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 Opportunities Unlimited Inc a full two year certificate effective from July 2, 2008 through July 1, 2008.

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 October 3, 2008. You may submit supporting documentation as follows:

Fax to: 364-1811, Attn Rebecca Fadness
Email to: fadnessr@dhw.idaho.gov
Mail to: Medicaid, Health and Welfare
Attn Rebecca Fadness, DD Survey and Certification
P.O Box 83720
Boise, ID 83720-0036

Or deliver to: Rebecca Fadness
Division of Medicaid
3232 Elder St.
Boise, ID 83705

You can reach me if you have any questions at 364-1841.

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

Cynthia Jonsson
Clinician
DD Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: OPPORTUNITIES UNLIMITED

SURVEY DATE(s): 5/19 - 5/23/08

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: Rebecca Fadness, Medicaid Program Supervisor
Cynthia Jonsson, Medicaid Clinician
Pete Peterson, FACS Human Services Regional Program Specialist

SURVEY FINDINGS

Therapy Observation Notes:
One person was observed in the community in Lewiston. The staff encouraged him to make choices regarding his purchases and he kept track of how much money he had to spend, etc. Staff prompted appropriately, giving the person time to make choices and selections. He selected items that he needed and continued with the purchasing of those items. (#6)

Group center observation was completed at the Moscow center. The group activity was a "cooking" class. Generally group classes with topics such as cooking are difficult to assure direct relevant therapy is being provided. This group was very interactive, the staff provided continuous therapy to all participants in the group relevant to the individualized programming. Most of the programming was not directly related to "cooking" and was relevant to each persons individual need. The participants indicated that they enjoyed the activity. Staff provided constant and continuous interaction appropriate to the activity.

Lewiston center was observed. The location was a bit noisy at the beginning of the observation since the center is very open with high ceilings it is difficult to prevent the travel of noise in such a building. Adult daycare was observed. The participants were actively involved in crafts. It is recommended that the Adult daycare be more separate from the center to decrease distraction. . It was observed that "play" money was being used for programming. Agency was encouraged to assure that the materials utilized for therapy are actual rather than "mock" materials in order to create a natural setting conducive to learning. The activity of money identification and utilizing money often cannot often be generalized into the natural environment (stores in the community) when "play" money is used. This would not meet the relevant need for the individual.

Participant #12 was observed during a general observation of center-based services. Based on the observation, the file was reviewed to determine if there were assessments completed by the qualified professionals for her programming for motor skills and mobility. There were not. The agency must assure the

required assessments are completed.

Participant #2 was observed in the community in Moscow. The program was not written toward a skill training program. The program was not being run as written. It would have been extremely difficult to run as written because it relied upon the participant running into strangers while on the Main Street and then interacting with them inappropriately. There was no assessed need for was what actually occurring between the trainer and the participant.

Participant H was observed receiving IBI therapy. The setting was conducive to therapy and free of objects or activities that distract this child? There were plenty of objects that could have been distracting; however, they did not appear to be. Observed therapy was not easily recognizable in relation to the plan. Therapist's attention fully engaged with the child and is the therapist calm and respectful? Report from mother was that progress was being made.

Participant D was observed receiving center based developmental therapy This was one of the most professional and therapeutic interactions in the sense that you could tell that a real, genuine, professional effort was being made to be therapeutic.

Deficiencies:	**Agency's Plan for Compliance:**
16.04.11.201.04.g. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice; **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Code of Ethics policy is not relevant to the practice setting of a DDA. NASW Code of Ethics is specific to Social Workers in their practice settings.	1. What corrective action(s) will be taken? ***Adopt IADDA code of Ethics which will be relevant to OUI staff and participants.*** 2. Who will be responsible for implementing each corrective action? ***President & Program Managers.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***Acknowledgement form signed by staff.*** 4. Dates for when the corrective action will be completed? ***7/18/08***
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 documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There are no copies of licenses for a representative Physical Therapist, Occupational Therapist or Speech Language Pathologist from the entity with which the agency has a written agreement for services.	1. What corrective action(s) will be taken? ***Copies of License will be maintained for representative PT, OT, and SLP who provide service through written agreement.*** 2. Who will be responsible for implementing each corrective action? ***President and Program Managers.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will check for compliance annually.*** 4. Dates for when the corrective action will be completed? ***7/18/08***

16.04.11.500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. **04. Evacuation Plans.** Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Evacuation plans were not correctly oriented to show where a person is and where the evacuation route is.	1. What corrective action(s) will be taken? ***Evacuation plans will be updated to show correct orientation.*** 2. Who will be responsible for implementing each corrective action? ***President and Program Manager.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***Program manager to check quarterly for correct placement and orientation of evacuation plans.*** 4. Dates for when the corrective action will be completed? ***7/18/08***
16.04.11.511.MEDICATION STANDARDS AND REQUIREMENTS. **01. Medication Policy.** Each DDA must develop written medication policies and procedures that outline in detail how the agency will assure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to assure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Policy does not include the requirement that medication assistance is delivered by qualified, fully-trained staff.	1. What corrective action(s) will be taken? ***Although medications are not administered at OUI the policy will be updated to include the requirement that medication assistance if it occurs is only delivered by qualified, fully-trained staff.*** 2. Who will be responsible for implementing each corrective action? ***President and Program Manager.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***President and Program Managers will review P&P as new IDAPA rules are generated to ensure continued compliance.*** 4. Dates for when the corrective action will be completed? ***9/1/08.***
16.04.11. 511.MEDICATION STANDARDS AND REQUIREMENTS **04. Assistance with Medication. g.** Procedures for disposal or destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There are no procedures for the disposal or destruction of medications.	1. What corrective action(s) will be taken? ***Although medications are not administered at OUI the policy will be updated to include procedures for disposal or destruction of medications and the documentation which is consistent with procedures outlined in the "Assistance with Medications" course.*** 2. Who will be responsible for implementing each corrective action? ***President and Program Manager.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***Disposal forms will be turned in to Site manager and reviewed at Monthly Manager's meeting.*** 4. Dates for when the corrective action will be completed? ***9/1/08***

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 documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There are no policy and procedures that states how the agency addresses any special medical or health care needs of particular participants being served by the agency	1. What corrective action(s) will be taken? ***Policy and Procedures will be written that state how the agency will address any special medical or health care needs of particular participants being served by the agency.*** 2. Who will be responsible for implementing each corrective action? ***President and Program Managers.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***President and Program Managers will review P&P as new IDAPA rules are generated to ensure continued compliance.*** 4. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.705.RECORD REQUIREMENTS.01. General Records Requirements. d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Profile sheet format used by the agency does not include special dietary or medical needs.	1. What corrective action(s) will be taken? ***The profile sheet format will be revised to include*** *special dietary or medical needs.* 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken***? Each participant's profile sheet will be reviewed and any*** *special dietary or medical needs information pertaining to the individual will be added and addressed.* 3. Who will be responsible for implementing each corrective action? ***President and Program Managers.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team quarterly monitoring of 20 % sample of participant's files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.905.PARTICIPANT RIGHTS. 03. Method of Informing Participants of Their Rights c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Participant rights form used by the agency does not indicate if a verbal explanation was given to promote individual understanding of these rights. Rights list that was posted in the Lewiston center is very detailed and articulated in very difficult verbiage.	1. What corrective action(s) will be taken? ***Participant rights acknowledgement form will be revised to indicate that a verbal explanation that was understandable was provided to the participant and if applicable parent or guardian. Rights posting at sites will be augmented to include a version that has easily understood verbiage.*** 2. Who will be responsible for implementing each corrective action? ***President and Program Managers.*** 3. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will monitor each participant file for compliance annually.*** 4. Dates for when the corrective action will be completed? ***7/30/08***
16.04.11.706.REQUIREMENTS FOR COLLABORATION WITH OTHER	1. What corrective action(s) will be taken? ***Particpants.permanent files***

PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There were no Reshab plans in the file for Participants 1, 2, 4 & 5. (2 of 2 in Moscow and 2 of 4 in Lewiston) • There was no documentation of the collaboration that occurred on behalf of Participants A. • For Participants A and C, there was no clear documentation that a copy of the IPP was given to the school.	***will contain ResHab plans when they receive ResHab services. DSs and QA team will receive further training on proper documentation of collaboration and of how and when to use the record of documents sent form.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***Permanent files will be audited for missing items and documentation. Deficits found will be noted and corrected by DS.*** 3. Who will be responsible for implementing each corrective action? ***Program Managers and DSs.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will monitor for compliance by DS. Failure to comply after training will result in disciplinary action.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. 04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Files contain objectives that do not include the teaching of alternative adaptive skills to replace the inappropriate behavior. i.e. "not interrupt", "successfully reduce"	1. What corrective action(s) will be taken? ***QA team and DSs to receive further training in the area of objective writing.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***Participant objectives will be reviewed after DS training and those found to lack the teaching of alternative adaptive skills to replace the inappropriate behavior will be rewritten or replaced.*** 3. Who will be responsible for implementing each corrective action? ***President, Program Managers and DSs.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will monitor a sample quarterly.*** 5. Dates for when the corrective action will be completed? ***8/30/08***
16.04.11.600.01. Comprehensive Assessments. A comprehensive assessment must: **d.** Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline **FINDINGS:** Based upon documents review the agency is not in	1. What corrective action(s) will be taken? ***QA team and DSs will be trained in writing Comprehensive Developmental Assessments that reflect participant's current and relevant strengths, needs, and interests. The SIB-R performed by DHW contractors will no longer be used for this purpose as OUI was previously instructed to do by the Department. Alternative assessment methods will be***

compliance. Agency files **lacked evidence as follows:** • Comprehensive Developmental Assessment used by the agency (utilizing results from SIB-R conducted by DHW contractor) does not include interests that are relevant to Developmental Therapy. • SIB-R Report does not reflect the participant's relevant needs for developmental therapy. The tool is constructed to assess and reports deficits and determine a need regardless of its relevancy to an individual given their age, living situation, goals, etc.	***used which better reflect the needed areas to generate an adequate report.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***DSs will audit Participant Developmental Assessments and correct as they come due.*** 3. Who will be responsible for implementing each corrective action? ***President, Program Managers and DSs.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a sample of permanent participant files.*** 5. Dates for when the corrective action will be completed? ***8/30/08***
16.04.11.602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. **01.** Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There is no documentation on the SIB-R report used by the agency as the tool for the comprehensive developmental, that the information is reviewed annually and updated if it does not accurately reflect the current status of the participant.	1. What corrective action(s) will be taken? ***SIB-R will no longer be used as a tool for the comprehensive developmental.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***DSs will audit Participant Developmental Assessments and correct the audited ones by 9/1/08 and the remainder files will be corrected by 10/30/08*** 3. Who will be responsible for implementing each corrective action? ***President, Program Managers and DSs.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.705. RECORD REQUIREMENTS. 01. General Records Requirements 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. **16.04.11.604.TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment.** A comprehensive developmental assessment must be conducted by a qualified Developmental Specialist **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • In all applicable files, The SIB-R Report is being utilized by the	6. What corrective action(s) will be taken? ***SIB-R will no longer be used as a tool for the comprehensive developmental. Any tool for evaluation used when completing a Comprehensive Developmental Evaluation will be dated and contain signature, credentials, and be performed by a qualified Developmental Specialist.*** 7. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? ***DSs will audit Participant Developmental Assessments and correct audited files by 9/1/08 and the remainder fof the files by 10/30/08.*** 8. Who will be responsible for implementing each corrective action? ***President, Program Managers and DSs.*** 9. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 10. Dates for when the corrective action will be completed? ***9/01/08***

agency as a tool for the comprehensive developmental therefore, ○ The SIB-R report completed by DHW contractor is not signed with credentials and dated by the respective evaluators. ○ The SIB-R report completed by DHW contractor does provide evidence that the SIB-R is completed by a qualified Developmental Specialist.	
16.04.11.703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: **02. Baseline Statement**. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. **16.04.11.605.REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS.** Specific skill assessments must: **01. Further Assessment**. Further assess an area of limitation or deficit identified on a comprehensive assessment. **05. Determine Baselines**. Be used to determine baselines and develop the program implementation plan. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Implementation plans do not include baselines indicating the participant's skill level and abilities related to the skill to be learned. • There are no skill assessments to further assess limitations or deficits identified on a comprehensive assessment. • There are no specific skill assessments to use for determining baselines.	1. What corrective action(s) will be taken? ***Program Implementation Plan writing training will be provided to all DSs. The training will cover baselines development, skill assessment, writing clear measurable objectives, improving written instruction to staff to include therapeutic interventions for skill acquisition and environments for community settings in which training is to take place. Such as grocery store, department store, park, library, etc.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***After above stated training DSs will audit and correct all PIPs found to be deficit.*** 3. Who will be responsible for implementing each corrective action? ***President and Program managers.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: **03. Objectives**. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Objectives are not measurable. They include several components	1. What corrective action(s) will be taken? ***Program Implementation Plan writing training will be provided to all DSs. The training will cover baselines development, skill assessment, writing clear measurable objectives, improving written instruction to staff to include therapeutic interventions for skill acquisition and environments for community settings in which training is to take place. Such as grocery store, department store, park, library, etc.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***After above stated training DSs will audit and correct all PIPs found to be deficit.***

that combined cannot be measured when indicated by one data response. • Objective such as "maintain personal boundaries", "successfully learn" are not behaviorally-stated.	3. Who will be responsible for implementing each corrective action? ***President and Program managers.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: **04. Written Instructions to Staff.** These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. **16.04.11.010.14. Developmental Therapy**. Developmental therapy is the use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Written instructions do not include therapeutic interventions for skill acquisition. Instructions such as "Encourage", "participate", etc. do not reflect a skill training intervention.	1. What corrective action(s) will be taken? ***Program Implementation Plan writing training will be provided to all DSs. The training will cover baselines development, skill assessment, writing clear measurable objectives, improving written instruction to staff to include therapeutic interventions for skill acquisition and environments for community settings in which training is to take place. Such as grocery store, department store, park, library, etc.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***After above stated training DSs will audit and correct all PIPs found to be deficit.*** 3. Who will be responsible for implementing each corrective action? ***President and Program managers.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.703.PROGRAM IMPLEMENTATION PLAN REQUIREMENTS The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: **05. Service Environments.** Identification of the type of environment(s) where services will be provided. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • All participant implementation plans did not include the type of environments for community settings in which training is to take place.	1. What corrective action(s) will be taken? ***Program Implementation Plan writing training will be provided to all DSs. The training will cover baselines development, skill assessment, writing clear measurable objectives, improving written instruction to staff to include therapeutic interventions for skill acquisition and environments for community settings in which training is to take place. Such as grocery store, department store, park, library, etc.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***After above stated training DSs will audit and correct all PIPs found to be deficit.*** 3. Who will be responsible for implementing each corrective action? ***President and Program managers.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews***

	of a 20 % sample of participant files. 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. **01. General Requirements for Program Documentation**. For each participant the following program documentation is required: **b.** Sufficient progress data to accurately assess the participant's progress toward each objective; **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • The agency program objectives are written in a way that the objectives contain multiple steps and the data from the multiple steps are averaged to reflect one measurement for the objective. There is not sufficient progress data to accurately assess the participant's progress in the program steps being trained. The data is not accurate in that if there are 6 steps in the program and the participant is at the outcome desired for 3 steps at 100% and then 0% at 3 steps, the reflection of averaged data of 50% is not an accurate reflection of the person's status in terms of skill mastery.	***1.*** What corrective action(s) will be taken? ***DDA will restructure how progress is determined for multiple step strategies so that the data is accurate.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***Internal QA will note this deficiency on participants and DS will correct for each case.*** 3. Who will be responsible for implementing each corrective action? ***President and Program manager.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. **01. General Requirements for Program Documentation**. For each participant the following program documentation is required: **c.** A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. **d.** When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services.	***1.*** What corrective action(s) will be taken? ***Training for DSs will be provided to address better documentation of progress, modification, and regression. These areas will be reflected in greater depth on status reviews.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***Internal QA will note this deficiency on participants and DS will correct for each case.*** 3. Who will be responsible for implementing each corrective action? ***President and Program manager.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***

FINDINGS: Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Review of program data indicates programs where objectives have regression of performance or no progress, and there is no documentation of review by professional indicating changes in activities or procedures. • There is documentation of review where DS indicates the program should be modified, but there is evidence of the modification. • Documentation on 6 month and annual reviews do not include descriptions to account for no progress at all or to describe wide fluctuations between months. In these situations there is no description of why the participant continues to need the program service.	
16.04.11.701.05. Individual Program Plan (IPP). e. iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06) **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • For participant's B and D, there was not adequate documentation that the agency assured therapy does not exceed 20% deviation.	1. What corrective action(s) will be taken? ***DSs have been trained on the 20% rule and are writing all children's IPPs to note the reason for the different hour usage during school time and summer & holidays.*** 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? ***Internal audit of participant files. For any deficit files found a corrected IPP will be provided.*** 3. Who will be responsible for implementing each corrective action? ***President and Program manager.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.*** 5. Dates for when the corrective action will be completed? ***9/1/08***
16.04.11.701.05. Individual Program Plan (IPP). b The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • For Participant A, E no documentation that a copy of the plan was given to parent.	1. What corrective action(s) will be taken? ***Further training provided to DS on proper use of Record of Documents sent form. IPP provided again and documented on Record of Documents sent.*** 2. How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? ***Internal audit of participant files. For any deficit files found the IPP will be sent and noted on the Record of Documents sent form.*** 3. Who will be responsible for implementing each corrective action? ***President and Program manager.*** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? ***QA team will perform quarterly reviews of a 20 % sample of participant files.***

9/07

5. Dates for when the corrective action will be completed? *9/1/08*

Survey report completed by : Cynthia Jonsson

Date: 6/13/08

Agency Administrator Signature: Brenda Montgomery MSW

Date: 7/11/08

Plan of correction accepted: Cynthia Jonsson

Date: 7-18-08

PAGE 2/2 * RCVD AT 7/18/2008 11:38:00 AM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID:2087988721 * DURATION (mm-ss):00-52