IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 19, 2007

Corey Makizuru, Administrator
Gem State Developmental Center
818 West 15th St.
Meridian, ID 83642

COPY

Dear Mr. Makizuru,

Thank you for submitting the Gem State Developmental Center Plan of Correction dated December 12, 2007. 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 Gem State Developmental Center a full one year certificate effective from December 18, 2007 through December 18, 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. You may submit supporting documentation as follows:

Fax to: 364-1811, Attention Cyndy Jonsson
Email to: jonssonc@dhw.idaho.gov
Mail to: DD Survey and Certification Unit, Attn Cyndy Jonsson
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0036
Or deliver to: Medicaid Office, 3232 Elder St., Boise

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

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

Cyndy Jonsson

Cynthia Jonsson
Clinician
DD Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: ___GEM STATE_____ **SURVEY DATE(S):** ___OCT 9-12, 2007_____

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, Cynthia Jonsson – Medicaid, DD Survey and Certification; Mike Breuer, Ebony Jorgensen – Region 3 Childrens Program; Linda Kiernes, Victoria Martinez – Region 4 Childrens Program

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:
Consumer satisfaction surveys were very positive. Parents/guardians stated feeling extremely satisfied with the services received by the agency. They stated that the staff at Gem State Developmental Services is accommodating, flexible, understanding and very receptive to their children needs. Parents/guardians expressed feeling very happy with the progress that their children have made, especially in areas of behavior and social functioning.

Therapy Observation Notes:
Therapist seemed to have an excellent rapport with the children. The interaction between the children and their therapist seem appropriate and positive. The therapists worked on the objectives identified in the PIP and seemed to follow the instructions and the reinforcements suggested in the plan. Both of the participants were successful in completing the tasks and activities presented by the therapist.

Participant #2 seemed to have difficulty engaging and staying on task, however the therapist actively redirected him and he was able to successfully complete two programs. Both of the therapists referred back to their books and gathered data during the transition activity.

The staff interaction with adult participants is appropriate and "natural". Staff interact is respectful and professional when relating to participants.

During the observations in Meridian during group therapy at lunch, it did not appear that active therapy was being delivered in a way that was observable. The Nampa group room was small and a bit crowded and noisy with different people working on different things and talking and chatting.

Deficiencies:	Agency's Plan for Compliance:
16.04.11.010.23. Staff. Employees or contractors of an agency who provide services, including those persons with whom the agency has a formal, written agreement. **16.04.11.009.01. Verification of Compliance**. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Criminal History and Background Checks." **16.04.11.400.03. 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. **FINDING**: Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • There is no evidence of a formal written agreement or contract in place with Speech-Language staff, Occupational Therapy staff or Physical Therapy staff. There were no individuals identified as staff, therefore, there are no verifications of Criminal History Checks or records of Licenses present.	➢ On October 16, 2007, the Administrator met with a representative from Saint Alphonsus Rehabilitation Services, a Medicaid provider, to seek a formal written agreement for physical therapy, occupational therapy, and speech therapy services. As a condition for delivery of services, Saint Alphonsus Rehabilitation Services will verify and maintain records that all employees, subcontractors, and agents of the agency delivering physical therapy, occupational therapy, and speech therapy services have complied with applicable licenses and certificates and IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." ➢ On October 31, 2007, Saint Alphonsus Rehabilitation Services respectfully denied our request and cited its internal policy, with legal counsel recommendations, which prohibits formal written agreements with other service providers. ➢ GSDC will contact other professionals and attempt to secure a formal written agreement which complies with applicable licenses and certificates and IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." ➢ As per IDAPA 16.04.11.710.02, when a required service is not available due to a documented shortage of available providers in a specific geographic area, GSDC will document its effort to secure the service or facilitate the referral for the needed service. ➢ If GSDC is unable to obtain a formal written agreement for physical therapy, occupational therapy, and speech therapy services and copies of licenses and criminal history background checks, GSDC will contact the Department and Health and Welfare and seek further recommendations. ➢ Compliance will be made by January 1, 2008 and ongoing full compliance thereafter.
16.04.11.405.03. 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	➢ GSDC structures its service delivery system by pairing the paraprofessional with professional. The professional has daily face-

paraprofessional under his supervision, **FINDING**: Based upon record review, the agency is not in compliance. The findings included: • There is no evidence of monthly monitoring for one paraprofessional (TA -Meridian location) for Oct 06, Nov 06, Dec 06.	to-face contact with the paraprofessional and works jointly with each other at 90% of the time or higher. Therefore, the professional observes and reviews the work of each paraprofessional occurs at a higher frequency than once per month. ➢ Prior to January 31, 2008, Supervising Developmental Specialists will review all documentation to verify that all twenty-four paraprofessionals' have been observed and their work is reviewed, on a monthly basis. At the conclusion of the review, if any paraprofessional lacked documentation that a monthly observation and review of work did not take place, then appropriate documentation will be made. ➢ GSDC will utilize its Quality Assurance Document Control System Manual and Quarterly Review Report process to incorporate an ongoing review of monthly observations and review of work conducted by the paraprofessional to ensure adequate training and delivery of services. ➢ Compliance will be made on January 31, 2008 with ongoing full compliance thereafter.
16.04.11.420.STAFF WHO ARE QUALIFIED TO PROVIDE SERVICES FOR AGENCIES **05.Developmental Specialist for Adults** **FINDING**: Based upon record review, the agency is not in compliance. The findings included: • One staff file did not contain evidence of required credentials. This was corrected at the time of the survey. One staff file did not contain resume. This was corrected at the time of the survey. **Note:** The files reviewed were corrected at the time of the survey. A Plan of Correction must be submitted to identify other staff files that may be affected by the deficiency, identify who will be responsible for implementing the action, how files will be monitored to ensure consistent compliance with IDAPA Rules and the date by which the action will be taken.	➢ Effective immediately, upon employment or reclassification, the Senior Secretary and Senior Developmental Specialist has been directed to obtain a resume which verifies the Developmental Specialist qualifications, e.g. 240 hours of supervised work with individuals with developmental disabilities. ➢ Administrator will regularly meet with Senior Secretary and Senior Developmental Specialist to review personnel records. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.420. ➢ Compliance system has been initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.510.04. A documented review of all incident reports must be	

completed at least annually with written recommendations. **FINDING:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • There is no documentation of annual review of all incident reports.	➢ Currently, all direct training personnel are required to document all atypical medical and maladaptive behavior incidents that may or may not endanger a participant for administrative review. Upon any accidents, injuries, or other events that endanger a participant, the administrative personnel and/or Supervising Developmental Specialist are immediately notified. Appropriate direction and actions take place. ➢ Upon completion of incident reports, the administrative personnel and/or Supervising Developmental Specialist reviews and initials the incident reports. Further directive actions, recommendations, and proper follow-up occur. ➢ Administrative Office has instructed Supervising Developmental Specialists on the specific citation and regulatory requirements. ➢ Administrative Office developed an Incident Report(s) Review form to document the review of all participants' incident reports. ➢ Effective immediately, the administrative office will file and collate separately, by participant, all incident reports from the participant's case record. ➢ Prior to January 31, 2008, all incident reports will be reviewed with written recommendations, using the Incident Report(s) Review form. GSDC will continue to review, accordingly, on at least an annual basis. ➢ GSDC will utilize its Quality Assurance Document Control System Manual process to incorporate an ongoing review of Incident Reports to ensure health, safety, and continuity of service. ➢ Compliance will be made by January 31, 2008 with ongoing full compliance thereafter.
16.04.11.511.02.d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. **FINDING:** Based upon facility review, the agency is not in compliance. The findings included: • At Meridian center location, the agency retained one medication that expired 4/07.	➢ On November 5, 2007, all Supervising Developmental Specialists and/or Self- Assistance Medication certified personnel have conducted a medication inventory review on all safeguarded medication to insure prescriptive medication have not expired. Any expired medication has been returned to the participant and/or properly destroyed. ➢ Effective immediately, all safeguarded medications on site are not

	expired. ➢ On a quarterly basis, Supervising Developmental Specialists and/or Self- Assistance Medication certified personnel will conduct a medication inventory review on all safeguarded medication to insure prescriptive medication have not expired. ➢ GSDC will utilize its Quality Assurance Document Control System Manual process to incorporate an ongoing review of safeguarded medications to ensure prescriptive medication have not expired. ➢ As of November 5, 2007, effective immediately with ongoing full compliance thereafter.
16.04.11.511.04.c. The participant's health status does not require nursing assessment, as outlined in IDAPA 23.01.01, "Rules for the Idaho Board of Nursing," before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken; **FINDING:** Based upon facility review, the agency is not in compliance. The findings included: • At the Nampa location, there were two medications for non-routine (PRN) use for behavior management. Prior to use, nursing assessment is necessary to assess the person's health status, determine the monitoring required and assess the degree of psychological instability.	➢ Effective November 1, 2007, GSDC instituted a policy change, which states that "Prior to Pro Re Nata (PRN) behavior modifying medication assistance (take as needed as the situation arises), a licensed nurse or other licensed health professionals assessment will be completed." ➢ Therefore, all professionals and paraprofessionals have been instructed to comply with GSDC Policies and Procedures. ➢ Upon request to assist in administering Pro Re Nata (PRN) behavior modifying medication, GSDC will cite policy and seek licensed nurse or other licensed health professionals assessment before medication assistance is initiated. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of assistance with Pro Re Nata (PRN) behavior modifying medication by staff that successfully completed the Assistance with Medications. ➢ Compliance was made on November 1, 2007 with ongoing full compliance thereafter.
16.04.11.601.03. Psychological Assessment. A current psychological assessment must be completed or obtained: d. When a participant has been diagnosed with mental illness; **16.04.11.703**. Program Implementation Plan Requirements. 07. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or	➢ On October 29, 2007, Administrative Office developed a spreadsheet with all participant names with columns to identify where or not each participant is receiving (1) a behavior modifying drug(s); (2) restrictive interventions to modify inappropriate behavior(s); and (3) supportive counseling. In addition, the

psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status.

FINDING: Based upon record review, the agency is not in compliance. The findings included:

- Participant 4's file did not contain a current psychological assessment. There are two diagnoses in the file that would warrant an assessment. Participant 4's implementation plan was written without the assurances required in 703.07. For example, the goals on the implementation plan that require him to focus without responding to distractions may not be effective given his diagnoses.

spreadsheet will identify if (4) it is necessary to determine eligibility for services or establish a diagnosis; (5) a participant has been diagnosed with mental illness; or (6) a child has been identified to have a severe emotional disturbance.

- On November 5, 2007, the Administrative Office met and discussed the specific citation and regulatory requirements with the Supervising Developmental Specialists.
- On November 7, 2007, the Administrator met and discussed the specific citation with the contracted Licensed Psychologist.
- Prior to November 30, 2007, GSDC will review each case file and complete the spreadsheet, accordingly.
- Prior to December 7, 2007, a psychological assessment schedule will be developed, which identifies each participant under IDAPA 16.04.11.601.03 and when (what month) the psychological assessment will be initiated.
- GSDC will contact plan developers or plan monitors, parents or guardians, or other pertinent providers to acquire or obtain current psychological assessments.
- Prior to January 31, 2008, if GSDC is unable to obtain psychological assessments, then Supervising Developmental Specialists will contact plan developers and/or plan monitors and seek prior authorization for psychological assessments through the Behavior Health Care Management System.
- Upon written authorization from the Idaho Center for Disabilities Evaluation (Independent Assessment Provider) under the Behavior Health Care Management System, psychological assessments will commence each month, accordingly.
- Administrator will regularly meet with licensed psychologist to monitor on-going schedule and work.
- Supervising Developmental Specialist will review all completed psychological assessments used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status.
- GSDC will utilize its Quality Assurance Quarterly Review Report

	process to incorporate an ongoing review of compliance to IDAPA 16.04.11.601 and IDAPA 16.04.11.703. ➢ Compliance system has been initiated on October 29, 2007 with ongoing full compliance thereafter.
16.04.11.600.01. Comprehensive Assessments Conducted by the DDA. **a.** Determine the necessity of the service; (7-1-06) **b.** Determine the participant's needs; (7-1-06) **c.** Guide treatment; (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) **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. (7-1-06) **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Developmental Assessment for adults did not identify the participant's current and relevant strengths, needs, and interests as applicable to Developmental Therapy. • The Developmental Assessment is comprised of two parts. One is a Skill Acquisition Inventory and one is a document called "Implementation Plan". Utilized separately, they do not function as one comprehensive assessment that meets all components of the rule cited above. For example, Participant #3's Skill Acquisition Inventory was completed in 1993 (per agency staff report) and archived.	➢ On November 9, 2007, the Supervising Developmental Specialists met and prompted all Developmental Specialists of all required comprehensive evaluation components, e.g. determine the necessity of the service; determine the participant's needs; guide treatment; identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and recommend the type and amount of therapy necessary to address the participant's needs. ➢ Administrator will regularly meet with Supervising Developmental Specialists to monitor on-going schedule and work. ➢ Administrator will periodically review comprehensive developmental therapy assessments to ensure all components are included as per IDAPA 16.04.11.600. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.600. ➢ Compliance system has been initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.600.03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Neither part of the Developmental Assessment (Skill Acquisition Inventory and "Implementation Plan") for Participant 4 was properly signed.	➢ On November 9, 2007, Supervising Developmental Specialists met and discussed the specific citation and regulatory requirements with the Developmental Specialists. ➢ Administrator will regularly meet with Supervising Developmental Specialists and periodically review the assessments to ensure date, signature, and credentials are recorded. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report

• Participant 5's Developmental Assessment did not include credential of professional who completed the assessment. • Participant 6's Skill Acquisition Inventory was not signed.	process to incorporate an ongoing review of compliance to IDAPA 16.04.11.600. ➢ Compliance system has been initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.602. 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. **02. Updated Assessments**. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation from the professional stating so. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • For Participants 3,4,5 and 6 there is no documentation that the adult Developmental Therapy Assessments are reviewed and updated. • In three of the five files (7-11) reviewed, the medical/social evaluations were not updated. For Participant 7, last medical/social evaluation was completed 05/21/04. Participant 8, medical /social evaluation was last updated on 06/05/06. Participant 9, medical/social evaluation was conducted in the fall of 2005. • Participant 7-11 files reviewed, there was no evidence indicating that a review process had taken place to assess participant's current status. • Participants 1 & 2 did not have documentation indicating that the outdated Medical/Social Histories had been reviewed for currency. **Region 4 Childrens files #7-11: This is a repeat deficiency from the survey completed in 2005.**	➢ Upon review of GSDC existing system, the Administrative personnel reformatted its assessment update form to ensure all required components are included. Developmental Therapy ➢ On October 29, 2007, Administrative personnel developed a spreadsheet with all participant names with columns to identify each participant's service plan end date. ➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with the Supervising Developmental Specialists. ➢ Prior to November 30, 2007, a developmental therapy functional assessment updates schedule will be developed, which identifies each participant and when (what month) the developmental therapy will be initiated. ➢ Prior to January 31, 2008, Supervising Developmental Specialists will contact plan developers and/or plan monitors and seek prior authorization developmental therapy assessment updates through the Behavior Health Care Management System. ➢ Upon written authorization from the Idaho Center for Disabilities Evaluation (Independent Assessment Provider) under the Behavior Health Care Management System, developmental therapy assessment updates will commence each month, accordingly. ➢ Administrator will regularly meet with Supervising Developmental Specialist to monitor on-going schedule and work. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.402. ➢ Compliance system has been initiated on October 29, 2007 with ongoing full compliance thereafter.

	Medical Social History ➢ On October 29, 2007, Administrative personnel developed a spreadsheet with all participant names with columns to identify each child's service plan end date. ➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with the Licensed Social Worker. ➢ Prior to November 30, 2007, a Medical Social History updates schedule will be developed, which identifies each child and when (what month) the Medical Social assessment updates will be initiated. ➢ Prior to January 31, 2008, Administrator will contact contracting Physician and/or Healthy Connection Physician and seek prior authorization Medical Social History assessment updates for children ages 3 to 17. ➢ Administrator will regularly meet with Licensed Social Worker to monitor on-going schedule and work. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.602. ➢ Compliance system has been initiated on October 29, 2007 with ongoing full compliance thereafter.
16.04.11.601.01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. **16.04.11.604.03. Occupational Therapy Assessment**. Occupational therapy assessments must be conducted by an occupational therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. **16.04.11.604.04. Physical Therapy Assessment**. Physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. **FINDING:** Based upon record review, the agency is not in compliance. The findings included:	➢ On October 29, 2007, Administrative Office developed a spreadsheet with all participant names with columns to identify whether or not each participant's assessment prioritized developmental therapy objectives in the areas of (1) gross motor skills and (2) fine motor skills. ➢ On November 5, 2007, the Administrative Office met and discussed the specific citation and regulatory requirements with the Supervising Developmental Specialists. ➢ Prior to November 30, 2007, GSDC will review each case file and complete the spreadsheet which identifies whether or not the

• Participant #5 is receiving gross and fine motor programming without an assessment by a qualified professional to recommend the types of therapy necessary to address her needs.	participant has gross and fine motor priority needs, accordingly. ➢ Prior to December 31, 2007, participants with developmental therapy objectives, that address their gross and fine motor priority needs, will be discontinued until a physical therapy evaluation and/or occupational therapy evaluation are obtained or completed. Applicable notification and documentation will be made. ➢ If assessments are warranted due to service request, GSDC will contact plan developers or plan monitors, parents or guardians, or other pertinent providers to acquire, obtain, or conduct current assessments. ➢ Upon written authorization from the Idaho Center for Disabilities Evaluation (Independent Assessment Provider) under the Behavior Health Care Management System, pertinent assessments will commence, accordingly. ➢ Upon receipt of physical therapy evaluation and/or occupational therapy evaluation, any developmental therapy objective, that addresses the participant's gross and fine motor priority needs, will be initiated with the physical therapy evaluation and/or occupational therapy evaluation recommendations. The developmental therapy objective and written instructions will be placed on the respective developmental therapy implementation plan, accordingly. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.604.03 and IDAPA 16.04.11.604.04. ➢ Compliance system has been initiated on October 29, 2007 with ongoing full compliance thereafter.
16.04.11.604.06. Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and accurately reflects the current status and needs of the person. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Participants (#1 & 2) medical assessments in file were outdated.	➢ On November 1, 2007, GSDC renewed its contract with its Licensed Physician. ➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with the Licensed Social Worker and Director of Children and Family Services. ➢ Prior to December 7, 2007, a file review will be conducted on all

Participant #1 contained a medical note dated 7/2/03, and Participant #2's most recent medical assessment in file was dated 1998.	children being served by GSDC to determine the currency of medical assessments. ➢ The Administrator directed the Licensed Social Worker and Director of Children and Family Services to request, obtain, and/or document status towards gaining current medical assessments from the participant's family physician. ➢ Prior to December 30, 2007, the Licensed Social Worker and Director of Children and Family Services will update Administrator on medical assessment status, e.g. obtained medical assessments from the participant's family physician. ➢ Prior to January 7, 2008, a medical assessment updates schedule will be developed which identifies each child receiving GSDC services, whether or not a medical assessment is needed, and when (what month) the medical assessment will be initiated by GSDC contracting Licensed Physician. ➢ Administrator will periodically meet with Licensed Physician to review the medical assessment status. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.604.06. ➢ Compliance system has been initiated on November 1, 2007 with ongoing compliance thereafter.
16.04.11.604.07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) **d.** Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06) **e.** Educational history including any participation in special education; (7-1-06) **f.** Prevocational or vocational paid and unpaid work experiences; (7-1-06) **g.** Financial resources; and (7-1-06) **h.** Recommendation of services necessary to address the participant's needs. (7-1-06). **FINDING:** Based upon record review, the agency is not in compliance.	➢ Upon review of GSDC existing system, the Administrative personnel reformatted its assessment form to ensure all required components are included. ➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with the Licensed Social Worker. ➢ Effective November 19, 2007, the Licensed Social Worker will utilize (newly) Social History Assessment form and complete accordingly. ➢ Administrator will periodically review the Medical Social History assessments to ensure that all components are being addressed, accordingly. ➢ Administrator will regularly meet with Licensed Social Worker to monitor on-going schedule and work.

The findings included: • Medical/Social evaluations for the reviewed files contained a form titled "Medical/Social Diagnostic Screening", this document failed to address several of the core areas identified in the comprehensive assessment component. • Participants 7 – 11 files reviewed, the evaluation did not address participants' resources within the family. In addition, it failed to provide information on the participants' educational history. • For Participant 10, there was no information provided to address prevocational experiences • In four of the five Region 4 children files reviewed, the evaluations did not include information on financial resources.	➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.601 and IDAPA 16.04.11.604.07 ➢ Compliance system has been initiated on November 19, 2007 with ongoing full compliance thereafter.
16.04.11.701.01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: **a.** Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or **b.** Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code. **c.** Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06) **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Participant #1's medical information was dated 7/2/03, and not considered a medical assessment as it was only labeled as a "medical note". School Psychologist evaluation of 4/12/ 05 was insufficient to determine categorical information. • Participant #2's medical assessments were not current. A medical report from Dr. Opitz was dated 1998, and an EEG was	➢ Immediately, the agency reviewed each child's case record and clearly verified their developmental disability eligibility by noting documented impairment that may be attributed from mental retardation, cerebral palsy, epilepsy, autism, or other condition found to be closely related to or similar to one of these impairments that require similar treatment or services. ➢ Immediately, the agency will obtain or initiate standardized assessments to yield standardized scores, age equivalencies, or percentile ranks in substantial functional limitations in three or more of the following major life activities, in self care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living, or economic self-sufficiency. In doing so, such practice will be consistent with the Department of Health and Welfare's interpretive guidelines on Idaho Code 66-402. ➢ Prior to delivery of direct services, the agency will obtain or determine developmental disability eligibility by utilizing standardized assessments. ➢ In cases where the agency cannot validate or support developmental disability eligibility, developmental disabilities agency services will cease and claims adjustments will be made, if necessary, prior to March 31, 2008. ➢ Administrator will regularly meet with Licensed Social Worker and Director of Children and Family Services to monitor continual work

dated 1995. No psychological evaluation was found in file, hence neither medical or psychological evaluations were sufficient to meet standards of eligibility. • Participants #1, 2, and two of the five (7-11) children files reviewed, contained insufficient documentation to establish categorical eligibility of the participants. • Participant 10, there was no documentation to establish diagnosis. No medical assessment, psychological assessment and/or Scales of Independent Behaviors- Revised (SIB-R) • Participant #1's file contained only a note dated 7/2/03 stating Autism Spectrum Disorder. A second, latter Healthy Connections referral for services dated 7/1/05 indicated ADHD only. • Participant #2 contained only a physician's order for services dated 1/20/05 indicating PDD. A report from Dr. Opitz in file indicated dated 7/28/07 stated no syndrome and an EEG of 1995 stated seizure disorder. **This is a repeat deficiency from the survey completed in 2005.**	to ensure eligibility determination. ➢ Administrative personnel will periodically review medical, psychological, and comprehensive functional assessments to ensure all components are included as per IDAPA 16.04.11.600. ➢ Licensed Social Worker will be updating Medical-Social History, as per IDAPA 16.04.11.602. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.701. ➢ Compliance system has been initiated on November 5, 2007 with full compliance March 31, 2008 and thereafter.
16.04.11.701.02. Intake. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06) **a.** The person must have been determined by the DDA to be eligible for DDA services. (7-1-06) **b.** The DDA must obtain or complete a comprehensive medical and medical/social history. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Participants # 1 & 2 did not contain current Medical Social histories. Participant #1 had a document entitled "Medical Social Screening" dated 5/14/04, which indicated a recommendation to go to the home to finish the assessment. Participant #2 had a Medical/Social History dated 5/13/99.	➢ Effective November 19, 2007, the Licensed Social Worker will utilize (newly) Social History Assessment form and complete accordingly. ➢ Administrator will periodically review the Medical Social History assessments to ensure that all components are being addressed, accordingly. ➢ Administrator will regularly meet with Licensed Social Worker to monitor on-going schedule and work. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to rules. ➢ Compliance system has been initiated on November 19, 2007 with ongoing full compliance thereafter.
16.04.11.701.05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) **b.** The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP	➢ On October 29, 2007, Administrative personnel modified its Individual Program Plan form to ensure clear documentation are noted that parent or legal guardian received a copy of the completed Individual Program Plan. ➢ On November 5, 2007, the Administrative personnel met and

indicating their participation in its development. 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. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06) **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • In four of the five Region 4 children files reviewed, there was no evidence indicating that parent(s) or legal guardian(s) received a copy of the IPP. • For Participant 10, the plan was effective on 07/09/07; the parent (s) or legal guardian (s) did not sign the IPP. • Participants 1 & 2 IPP's indicated that the IPP had been written and signed by a physician on 3/8/07, however notes indicated that the IPP was sent to parents for signature on 6/6/07. In addition, parent signature line does not have a date indicator to identify what date a parent has signed IPP.	discussed the specific citation and regulatory requirements with Director of Children and Family Services, Licensed Social Worker, and Community Outreach Coordinator. ➢ Administrative personnel have instructed the Director of Children and Family Services, Licensed Social Worker, and/or Community Outreach Coordinator to document and initial that parents or legal guardians have received a copy of the completed Individual Program Plan. ➢ Administrator will regularly review Individual Program Plans to ensure all components are included as per IDAPA 16.04.11.701.05.b. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.701. ➢ Compliance system has been initiated with all Individual Program Plans dated after November 5, 2007 with ongoing full compliance thereafter.
16.04.11.701.05. Individual Program Plan (IPP). **e.** The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06) vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-06) **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • For Participants 7, 8 and 9, not all of the needs in the IPP were identified as priorities, but were addressed with objectives. In addition, the objectives for Participant 7 were developed for needs not identified on IPP.	➢ Prior to November 30, 2007, GSDC will review all Individual Program Plans to ensure that priority needs list correspond to developmental therapy objectives being delivered. ➢ Prior to December 30, 2007, the priority needs lists will correctly correspond to developmental therapy objectives being delivered. ➢ Administrator will regularly review Individual Program Plans to ensure components are included as per IDAPA 16.04.11.701.05.e. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.701. ➢ Prior to December 30, 2007, all current Individual Program Plans priority needs lists will correctly correspond to the developmental therapy objectives being delivered. ➢ Compliance system has been initiated with all Individual Program Plans dated after November 5, 2007 with ongoing full compliance thereafter.
16.04.11.703. Program Implementation Plan Requirements.	

02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Adult files review reveals there are multiple objectives in a program with one baseline score. They do not all reflect participants' skill level and abilities related to a specific skill to be learned. • For Participant 11, five of the seven objectives had a baseline of 60 % percent. This is a concern since the measurement found in baseline statements should not be consistent across objectives. • The baselines identified in the PIP at a 0% percent had the same criteria for success as those identified at a 60% percent. It is difficult for a child and his/her family to observe success when the criteria for achievement of the objective are significantly higher than the baseline measurement.	➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with Supervising Developmental Specialists and Director of Children and Family Services. ➢ On November 9, 2007, Supervising Developmental Specialists and Director of Children and Family Services met and directed the Developmental Specialists to review all written baseline statements to ensure written accuracy as pre-intervention data or annual data and correlates to task being measured. ➢ Developmental Specialists have been instructed to minimize collecting data on multiple tasks within the overall objective to ensure baseline statement score correlated to the specific developmental therapy objective being addressed. If data is collected on multiple tasks, within the overall objective, then baseline statement scores will correlate to the specific task. ➢ GSDC Developmental Specialists will refine each baseline statement to better identify the individual's current level of ability to complete a task independently. Refined baseline statements will be placed on each Individual Implementation Plan(s), respectively and accordingly. ➢ Supervising Developmental Specialists will periodically review baseline statements to ensure accuracy and correlation to training task being measured. ➢ GSDC will utilize its Quality Assurance Quarterly review process to incorporate an ongoing baseline statements review to ensure accuracy and measurability for any appropriate action(s), when necessary. ➢ Compliance process has been initiated on November 5, 2007 with full compliance on March 31, 2008 and thereafter.
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. **FINDING:** Based upon record review, the agency is not in compliance. The findings included:	➢ On November 9, 2007, Supervising Developmental Specialists met and directed the Developmental Specialists to review all developmental therapy objectives to ensure each measurable and behaviorally-stated objective will measure an elicit positive response and correspond to goals on the Individual Program Plan.

• Adult file reviews (3-6) showed objectives that are not measurable, behaviorally- stated objectives. For example, Participant 4's Implementation Plan contained objectives for what he is not supposed to do rather than a behaviorally stated objective for what he is supposed to do. Example: Participant 4 "will not handle items he is not going to buy" and "will maintain appropriate personal space with others". • Implementation plans in adult files (3-6) included examples of one program that contains multiple objectives that are not each written with measurable, behaviorally-stated objectives. • In Region 4 children files (7-11), the criteria for all the objectives within the plan were at 18-21 numbers of trials and as a result lacks individuality for the participant. In addition, in order to collect accurate data, the baselines and criteria for success must both be measured either by numbers or percentages. • For Participant 11, a number of objectives identified in the PIP were not related to the goals on the IPP.	➢ Developmental Specialists have been instructed to minimize multiple tasks within the overall objective to simplify the service delivery process. If data is collected on multiple objectives, within the overall objective, then measurable and behaviorally-stated objective will measure positive responses. ➢ Supervising Developmental Specialists will periodically review a sample of measurable and behaviorally-stated objectives, criteria, and prioritized needs to ensure accurate correspondence to goals or objectives identified on the required plan of service. ➢ GSDC will utilize its Quality Assurance Quarterly Review process to incorporate ongoing objectives to ensure accuracy and measurability for any appropriate action(s), when necessary. ➢ Compliance process has been initiated on November 5, 2007 with full compliance on March 31, 2008 and thereafter.
16.04.11.703. 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. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Instructions to staff on Participant 4's Implementation Plan do not consistently indicate interventions that include a skill acquisition. Example: Participant 4 "will not handle items he is not going to buy" and "will maintain appropriate personal space with others". Interventions include watching and cuing when Participant 4 fails. There is no skills training intervention to train Participant 4 on behaviors that will replace "not" handling an item he is not going to buy. There is no skill training interventions to train Participant 4 on what an "appropriate" distance is and how to measure that when he comes in contact with a person. Participant 4 has 4 objectives in one program for 25.200. There is only one of the written instructions that resembles a skills training Developmental Therapy intervention, and it is for modeling only. • Instructions in adult files reflected statements of what the	➢ All direct training staff were directed to access and review standardized curriculums, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe directed at the achievement of each objective, such as the Idaho Training Cooperative and Department of Health and Welfare's Developmental Specialist working with children ages 3 to 17 Student/Trainer Manual; competency course jointly approved by the Department and the Idaho Association of Developmental Disabilities Agencies that relates to the job requirements of a Developmental Specialist; and/or Teaching Research Curriculum for Moderately and Severely Handicapped prepared by the Teaching Research Special Education Department Staff, Monmouth, Oregon; etc. ➢ On November 9, 2007, Supervising Developmental Specialists met and directed the Developmental Specialists to review all Program Implementation Plans to ensure written instructions will direct trainer to systematically train the participant's skills development. ➢ Developmental Specialists have been instructed to minimize multiple tasks within the overall objective to simplify the service

participant was supposed to do without a skills training component for staff to conduct. • Instructions do not include frequency for reinforcements in adult files reviewed and in the PIP for Participant 11, the frequency of reinforcement was not stated in the written instruction to staff. • Instructions must promote participant progress toward the stated objective. Participant 4 has an objective is to "stay with group" in 25.200. The written therapeutic intervention is for staff to keep him near or in line of sight. The participant progress toward the stated objective requires staff to follow the instructions and Participant 4's progress is tied to the staff successfully completing the instructions.	delivery process by applying standardized interventions. If the objective requires additional written instructions, then such instructions will be developed and stated accordingly. ➢ Supervising Developmental Specialists will periodically review Program Implementation Plans to ensure written instructions correlation to training task being delivered. ➢ Administrator will quarterly review a sample of Program Implementation Plans to ensure written instructions correlation to training task being delivered. ➢ GSDC will utilize its Quality Assurance Quarterly Review process to incorporate an ongoing written instruction review to ensure accuracy and measurability for any appropriate action(s), when necessary. ➢ Compliance process has been initiated on November 5, 2007 with full compliance on March 31, 2008 and thereafter.
16.04.11.703. 05. Service Environments. Identification of the type of environment(s) where services will be provided. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • The Implementation Plan form in adult files does not include the type of environment where services will be provided. No community environments are clearly identified.	As our records indicate, GSDC Individual Implementation Plans identifies the service environments based on Medicaid's service delivery procedure codes, e.g. center based and/or home/community based developmental therapy. As per certification review team's findings, no community environments are clearly identified. ➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with Supervising Developmental Specialists. In turn, Supervising Developmental Specialists met and discussed the specific citation and regulatory requirements with all Developmental Specialists. ➢ Developmental Specialists have been directed to review all developmental therapy objectives that primarily occur in the home and community based environment. After such review, the Developmental Specialists will make the "type of community environment" notations on each respective Individual Implementation Plan, e.g. retail or convenience stores, fast food restaurants, grocery stores, etc. ➢ Supervising Developmental Specialists will regularly meet with

	Developmental Specialists to review and monitor Individual Implementation Plans and on-going work. ➢ Administrator will periodically meet with Supervising Developmental Specialists and review a sample of Individual Implementation Plans to ensure "type of community environment" notations are included in the respective plans. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.703.05. ➢ Prior to December 30, 2007, all respective Individual Implementation Plans type of community environments will correctly correspond to the home and community based developmental therapy objectives being delivered. ➢ Compliance system has been initiated with Individual Implementation Plans dated after November 5, 2007 with ongoing full compliance thereafter.
16.04.11.704. PROGRAM DOCUMENTATION REQUIREMENTS **01. General Requirements for Program Documentation** **b.** Sufficient progress data to accurately assess the participant's progress toward each objective **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Review of data indicates that data is recorded on multiple objectives. The data is averaged from 2 or more objectives in order to assess one specific measurement of progress. The progress is not reflective of each objective, therefore does not accurately assess the participant's progress toward each objective.	➢ On November 5, 2007, Administrative personnel have instructed Supervising Developmental Specialists on the specific citation and regulatory requirements. ➢ Developmental Specialists have been instructed to minimize multiple tasks within the overall objective to simplify the service delivery process. If data is collected on multiple objectives, within the overall objective, then measurable and behaviorally-stated objective will measure positive responses. ➢ Developmental Specialists have been instructed not to average data probe results from multiple tasks and reflect progress to each respective objective, therefore accurately assess the participant's progress toward each objective. ➢ Developmental Specialists will regularly review data probes to ensure data probes reflect progress toward each objective. ➢ Developmental Specialists will regularly report to Supervising Developmental Specialists. ➢ GSDC will utilize its Quality Assurance Quarterly Review process to incorporate ongoing objectives to ensure accuracy and measurability for any appropriate action(s), when necessary.

	➢ Compliance process has been initiated on November 5, 2007 with full compliance on March 31, 2008 and thereafter.
16.04.11.704.PROGRAM DOCUMENTATION REQUIREMENTS **01.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. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Files for Participants 1 & 2 did contain documentation indicating that: Minor changes made, see DT eval dated 8/31/07". This does not meet criteria for a review as defined in code.	➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with Supervising Developmental Specialists. ➢ On November 9, 2007, Supervising Developmental Specialists met and directed the Developmental Specialists to ensure that when a participant receives developmental therapy, a six (6) month and annual reviews by the Developmental Specialist will be completed towards the participant's progress in achieving their therapeutic goals, and why he continues to need services. ➢ Supervising Developmental Specialists will periodically review program documentation requirements to ensure timely completion of all required components in rule. ➢ Administrator will periodically review program documentation requirements to determine for any appropriate action(s), when necessary. ➢ GSDC will utilize its Quality Assurance Quarterly Review process to ensure ongoing compliance to program documentation rules are being adhered to. ➢ Compliance system has been initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.705.01.a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; 708.02. Service Requirements. All services must be: a. Recommended by a physician or other practitioner of the healing arts; **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Participant 4's file does not contain an order by a physician. This participant's file was corrected during survey. **Note:** The file reviewed was corrected at the time of the survey. A Plan of Correction must be submitted to identify other participant files that may be	➢ On November 5, 2007, the Administrator met and discussed the specific citation and regulatory requirements with the Supervising Developmental Specialists and Administrative personnel. ➢ Prior to November 30, 2007, GSDC will review each case file to ensure that all case records contain physician's order, accordingly. ➢ If GSDC is unable to locate physician's order, then appropriate personnel, e.g. Idaho Center for Disabilities Evaluation, Plan Developer, Service Coordinator, or Health Connection Physician, will be contacted for physician's order. ➢ Administrative personnel will periodically review case records to

affected by the deficiency, identify who will be responsible for implementing the action, how files will be monitored to ensure consistent compliance with IDAPA Rules and the date by which the action will be taken.	ensure that physician's orders are present and current. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.705.01.a. ➢ Compliance system has been initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.705.01.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; **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Current Profile Sheet form does not contain information for special dietary or medical needs • In Participant 5's file, the Profile Sheet is not current. The Service Coordinator was inaccurate.	➢ Administrative Office has instructed Supervising Developmental Specialists on the specific citation and regulatory requirements. ➢ As to the specific findings, GSDC immediately revised Profile Sheet to primarily contain 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/effective care. The Profile Sheet has been implemented on November 5, 2007. ➢ Prior to January 31, 2008, all Profile Sheets will be updated, using newly implemented Profile Sheet. ➢ GSDC will continue to review and update Profile Sheets, accordingly, on an annual basis. ➢ GSDC will utilize its Quality Assurance Document Control System Manual process to incorporate an ongoing review of Profile Sheets to ensure accuracy for any appropriate action(s), when necessary. ➢ Compliance will be made on January 31, 2008 with ongoing full compliance thereafter.
16.04.11.705.01.e. Current medical, social, and developmental information and assessments; **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Neither Participant 1 or 2 had current Medical Social Histories. Participant #1 had a document entitled "Medical Social Screening" dated 5/14/04, which indicated a recommendation to go to the home to finish the assessment. Participant #2 had a Medical/Social History dated 5/13/99.	As per previously stated in the DHW Statement of Deficiencies, findings on IDAPA 16.04.11.705.01.e. is identical to IDAPA 16.04.701.02. Therefore, see Agency's Plan for Compliance on IDAPA 16.04.11.604.07 and IDAPA 16.04.701.02.

16.04.11.706. REQUIREMENTS FOR COLLABORATION WITH OTHER 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. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Participant 4's file and Participant 5's file did not contain Residential Habilitation plans.	➢ Prior to December 31, 2007, GSDC will review each case file to ensure that all pertinent case records contain Residential Habilitation Plans, accordingly. ➢ If GSDC is unable to locate Residential Habilitation Plans, then appropriate personnel, e.g. Idaho Center for Disabilities Evaluation, Plan Developer, Service Coordinator, or Residential Habilitation Agencies, will be contacted for a copy of Residential Habilitation Plan. ➢ The Administrator directed the Supervising Developmental Specialists and Developmental Specialists to obtain a copy of the Residential Habilitation Plan prior to or during the participant's person centered planning meeting, accordingly. ➢ Administrative personnel will periodically review pertinent case records to ensure that Residential Habilitation is present and current. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.705.01.a. ➢ Compliance system has been initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.710.REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • There are no Psychotherapy services being made available by the agency as required by employees or through a written formal agreement with a qualified professional.	➢ Effective November 1, 2007, GSDC instituted and implemented a contractual formal written agreement with a licensed psychologist to provide psychotherapy. ➢ On an annual basis, GSDC will renew contractual formal written agreement with a qualified professional to provide psychotherapy. ➢ Compliance was made on November 1, 2007 with ongoing full compliance thereafter.

16.04.11.726. SUPPORTIVE COUNSELING.
01. Psychological Assessment. The initial and ongoing need for the service of supportive counseling must be recommended in a current psychological assessment.
02. On Plan of Service. Supportive counseling must be provided in accordance with the requirements for the plan of service. The type, amount, frequency and duration of this service must be specified on the plan of service.
604.09. Psychological Assessment. A psychological assessment includes psychological testing for diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and the psychiatric diagnostic interview.
722. Psychiatric Diagnostic Interview.
A psychiatric diagnostic interview must include a history, a current mental status examination, and offer recommendations for treatment interventions needed, if any. If the interview exam results in a recommendation for additional intervention and the recommendation is accepted by the Participant and his parent or legal guardian, if applicable, the recommendation must be incorporated into the participant's plan of service with the type, amount, frequency, and duration of service specified.
708.02. Service Requirements. All services must be:
a. Recommended by a physician or other practitioner of the healing arts;

FINDING: Based upon record review, the agency is not in compliance. The findings included:

- There are adult records that contain a recommendation for Supportive Counseling. There is no current Psychological Assessment of the type required for the purposes of determining a participant's mental status, diagnoses or functional impairments (Psychiatric Diagnostic Interview)
- Supportive Counseling is not included on the plan of service, nor is the amount, frequency and duration specified.
- Records did not contain a recommended by a physician or other practitioner of the healing arts;

- On October 29, 2007, Administrative Office developed a spreadsheet with all participant names with columns to identify whether or not each participant's social and interpersonal development needs would be effectively met through supportive counseling.
- On November 5, 2007, the Administrative Office met and discussed the specific citation and regulatory requirements with the Supervising Developmental Specialists and Licensed Social Worker.
- On November 7, 2007, the Administrator met and discussed the specific citation with the contracted Licensed Psychologist.
- Prior to November 30, 2007, GSDC will review each case file and complete the spreadsheet, accordingly.
- GSDC will contact plan developers or plan monitors, parents or guardians, or other pertinent providers to acquire or obtain current psychological assessments.
- Prior to January 31, 2008, if GSDC is unable to obtain psychological assessments, then Supervising Developmental Specialists will contact plan developers and/or plan monitors and seek prior authorization for psychological assessments through the Behavior Health Care Management System.
- Upon written authorization from the Idaho Center for Disabilities Evaluation (Independent Assessment Provider) under the Behavior Health Care Management System, psychological assessments will commence, accordingly.
- When identified priority needs warrant supportive counseling and supportive counseling is requested, Licensed Social Worker will contact plan developers or plan monitors, for inclusion of supportive counseling services on the Individual's Plan of Service.
- When services are on the Individual's Plan of Services, under the Behavior Health Care Management System, supportive counseling will commence based on the defined amount, frequency, and specified duration.
- The Senior Secretary will contact and obtain physician's order from appropriate personnel, e.g. Idaho Center for Disabilities Evaluation, Plan Developer, Service Coordinator, or Healthy Connection

	Physician. ➢ Licensed Social Worker will regularly meet with Licensed Psychologist to monitor on-going schedule and work. ➢ Administrator will regularly meet with Licensed Psychologist to monitor on-going schedule and work. ➢ GSDC will utilize its Quality Assurance Quarterly Review Report process to incorporate an ongoing review of compliance to IDAPA 16.04.11.601 and IDAPA 16.04.11.703. ➢ Compliance system has been initiated on October 29, 2007 with ongoing full compliance thereafter.
16.04.11.711. DEVELOPMENTAL THERAPY **03. Tutorial Activities and Educational Tasks are Excluded.** Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Participant #4 objectives that are written using math worksheets for adding, subtracting, multiplying and dividing when they are not written in a way that is related his specific need his own individual, general environment appear to be tutorial in nature. • Participant #4's objective that requires him to read 100 words with no identified outcome in his own individual, general environment appears to be tutorial. • Participant #4's Implementation Plan that includes "various writing assignments" with no Developmental Therapy as an intervention appear to be tutorial in nature.	➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with Supervising Developmental Specialists. ➢ Immediately, the agency examined the activities that are used to facilitate skill acquisition, fluency, application, maintenance, and adaptation. ➢ Developmental Specialists will ensure that all activities at the center based developmental therapy facility are developmentally functional and outcome based. ➢ As per previously stated in the DHW Statement of Deficiencies, findings on IDAPA 16.04.11.703.03, Developmental Specialist will review all developmental therapy objectives to ensure it is clearly written in a way that is related to the participants' specific need. ➢ Supervising Developmental Specialists will conduct periodic observations to ensure all activities are clearly developmental therapy, functional and outcome based. ➢ Administrative personnel will continue to utilize ongoing direct observation to monitor to ensure activities are developmental therapy. ➢ GSDC will utilize its Quality Assurance Quarterly Review process to incorporate an ongoing review of appropriate activities. ➢ Compliance process was initiated on November 5, 2007 with ongoing full compliance thereafter.

16.04.11.500.02. Environment – The facilities of the agency must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. **900.01.c. The environment is safe and conducive to learning** **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • During observations of Participant 3 and Participant 5, there did not appear to be sufficient space or noise control. There were 6 participants and 3 staff in a small room. Participant 3 was working with staff at a small table where 2 other participants were sitting and would interrupt her therapy. Participant 5 was working at a small table where she was about 24 inches from other people who were talking and interacting.	➢ Developmental Specialists will regularly observe, review, and monitor the environment to ensure the environment is conducive to learning. ➢ If any modifications are recommended, then Supervising Developmental Specialists will notify the Administrative personnel for any appropriate corrective action. ➢ Administrative personnel will conduct periodic observations and utilize its GSDC Quality Assurance Quarterly Review Report for ongoing review of compliance to IDAPA 16.04.11.500.02 and IDAPA 16.04.11.900.01. ➢ <u>As of November 5, 2007, effective immediately with ongoing full compliance thereafter</u>.
16.04.11.900.02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: **d. A method for assessing participant satisfaction** **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Agency does not have an ongoing method for assessing participant satisfaction.	➢ As to the specific findings, GSDC immediately revised its Participant Satisfaction Policy to define its procedural guidelines towards assessing participant satisfaction. ➢ Effective November 1, 2007, GSDC instituted a policy change, which directs his designee to administer a satisfaction questionnaire to a sample of participants on a quarterly basis. ➢ The Administrator will review the satisfaction questionnaire form(s) to assist GSDC to proactively assess, assimilate, and accommodate the needs of the individuals. ➢ In addition, the Administrative personnel, Licensed Social Worker, and Supervising Developmental Specialists will continue to utilize ongoing direct observation, interaction with the participants, and feedback from primary residential providers to examine satisfaction. ➢ GSDC will utilize its Quality Assurance Document Control System Manual process to incorporate an ongoing review of Profile Sheets to ensure accuracy for any appropriate action(s), when necessary. ➢ <u>Compliance process was initiated on November 1, 2007 with ongoing full compliance thereafter</u>.
16.04.11.900.03.b. – Services are age appropriate	

FINDING: Based upon record review, the agency is not in compliance. The findings included: • One adult participant in group therapy was observed independently playing with a child's toy that would likely be used by children under age 3.	➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with Supervising Developmental Specialists. ➢ Immediately, the agency inventoried GSDC owned materials and activities at the center based developmental therapy facility to ensure age appropriateness and therapeutic value. ➢ All GSDC materials that may not be age appropriate will be evaluated on therapeutic value, participant's impact, and replacement alternatives. ➢ All GSDC materials that are not age appropriate and have little to no therapeutic value or participant's impact will be removed. ➢ Administrative personnel, Licensed Social Worker, and Supervising Developmental Specialists will continue to utilize ongoing direct observation to monitor and ensure activities and materials are age appropriate. Appropriate action will take place, accordingly. ➢ GSDC will utilize its Quality Assurance Quarterly Review process to incorporate an ongoing review of appropriate use of materials and activities. ➢ Compliance process was initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.900.03.f. Services are observable in practice. **16.04.11.010.14.** Developmental Therapy – use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition (or prevent regression) **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • Review of files of Participants #3- #6 revealed Implementation Plan objectives that contained written interventions that did not include Developmental Therapy (use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition). Therefore, Developmental Therapy was not observable in practice. • During observations, particularly in group therapy, there were examples of persons not receiving any therapy for portions of the	GSDC will fully address IDAPA 16.04.11.900.03.f. and IDAPA 16.04.11.010.14 through its Plan of Compliance on IDAPA 16.04.11.703.04 (Written Instructions to Staff); IDAPA 16.04.11.500.02 (Environment) and IDAPA 16.04.11.703.03. (Objectives). See Agency's Plan of Compliance and respective completion dates.

group. One example was during lunch and another example was an observation of two participants who were in a group setting. During the observation, therapy was observable for the two, who were each working 1:1 with a staff person, but the other participants in the group no therapeutic interventions were observable during that time. • During observation, the objectives were for Participant 4 to "refrain from" 3 behaviors, and the staff person is to watch and remind or verbally cue. There is no observable therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition.	
16.04.11.905.PARTICIPANT RIGHTS. **03. Method of Informing Participants of Their Rights.** Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) **a.** Upon initiation of services, the DDA must provide each Participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-06) **b.** When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-06) **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. **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • For Participants 1 & 2, the section of the file designated to addressing clients rights did not contain any documentation towards that purpose. Other information such as ROI's were located in that section instead.	➢ Prior to December 14, 2007, Licensed Social Worker will contact the parents of participant 2, explain the extenuating circumstances, verbally explain their rights, and request a signed Policy Review verification. A signed Policy Review verification will be filed in participant 2 case record. ➢ Prior to December 31, 2007, Licensed Social Worker will review all case records to assure each case record contains a signed Review of Policies and Procedures. ➢ Any case records without a signed Review of Policies and Procedures, which contains review of rights. The Licensed Social Worker will contact the respective party, explain the extenuating circumstances, verbally explain their rights, and request a signed Policy Review verification. A signed Policy Review verification will be filed in the participant's case record. ➢ Prior to January 31, 2008, all case records will contain a signed Policy Review which verifies their receipt of their rights. ➢ <u>Compliance will be made by January 31, 2008 with ongoing full compliance thereafter.</u>
16.04.11.905.02.e. The right to refuse to perform services for the agency. **FINDING:** Based upon record review, the agency is not in compliance. The findings included:	➢ On November 5, 2007, the Administrative personnel met and discussed the specific citation and regulatory requirements with Supervising Developmental Specialists. ➢ Immediately, the agency examined the activities that are used to facilitate skill acquisition, fluency, application, maintenance, and

• Participant 3 has a program for Receptive Language Skills. The instructions in the Implementation Plan are for Participant 3 to independently come into the building in the morning and go through the facility to make sure all paper towel and toilet paper rolls are filled and ready for the day. These instructions are for Participant 3 to perform unpaid services for the agency that would otherwise require the agency to pay a staff or contractor to do. There is no documentation that Participant 3 was offered the opportunity to be paid for the services she is performing or volunteer instead of being paid.	adaptation. ➢ On November 12, 2007, the Supervising Developmental Specialist met and reviewed the findings with participant 3. When told that she could no longer go through the facility to make sure all paper towel and toilet paper rolls were filled and ready for the day, she was disappointed and repetitively asked to check all paper towel and toilet paper rolls. ➢ Prior to December 31, 2007, the specific developmental therapy activity which instructs participant 3 to "independently come into the building in the morning and go through the facility to make sure all paper towel and toilet paper rolls are filled and ready for the day" will be discontinued. Applicable notification and documentation will be made. ➢ Developmental Specialists will ensure that all activities at the center are developmentally functional and outcome based. ➢ Supervising Developmental Specialists will conduct periodic observations to ensure all activities are clearly developmental therapy, functional and outcome based. ➢ Administrative personnel will continue to utilize ongoing direct observation to monitor to ensure activities are developmental therapy. ➢ Compliance review was initiated on November 5, 2007 with ongoing full compliance thereafter.
16.04.11.915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. **06. Objectives and Plans.** Ensure that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior and any other behaviors which significantly interfere with the participant's independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-1-06) **09. Review and Approval.** Ensure that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. When programs	➢ GSDC will adjust its intervention strategies on participant 7 and 8, under the expressive language skills to a formal behavior plan. ➢ As per citation16.04.11.915.09, as per psychologist review and discussion, there were no restrictive or aversive components. Therefore, psychologist's signature was not needed. Nevertheless, prior to December 7, 2007, formal maladaptive behavior plans will be developed and implemented when restrictive or aversive techniques are warranted. Such plans will include psychologist's review and signature and meet all regulatory requirements, accordingly. ➢ Prior to December 31, 2007, GSDC will review all participants' objectives, which pertain to encouraging better communication,

implemented by the agency are developed by another service provider the agency must obtain a copy of these reviews and approvals. (7-1-06) **FINDING:** Based upon record review, the agency is not in compliance. The findings included: • For Participant 7 and 8, behavior difficulties and aggression was documented; however there was no documentation indicating that an intervention plan was developed to address these behaviors. • For Participant 7 and 8, interventions plans with restrictive and aversive techniques should be developed and must be signed by a psychologist prior to its implementation.	while engaged in a problem or concern with others. ➢ Prior to January 31, 2008, all formal behavior plans will be developed and implemented with completion of all regulatory requirements, accordingly. ➢ GSDC will utilize its QA Document Control System Manual and Quarterly Review processes to incorporate an ongoing review of Maladaptive Behavior Plans to all regulatory components are met. ➢ Compliance was made on January 31, 2008 with ongoing full compliance thereafter.

Survey report completed by : ___Cynthia Jonsson_____ Date: __November 2, 2007__

Agency Administrator Signature: _____ Date: December 12, 2007

Plan of correction accepted: _____ Date: 12/18/2007