IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hiline Rd. Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6277
FAX: (208) 239-6269
Email: dorand@dhw.idaho.gov
Website: www.healthandwelfare.idaho.gov

September 17, 2008

Administrator, Valarie Cutshall
C&R Inc.
1107 S Logan St
Moscow, Idaho 83843

Dear Ms. Cutshall;

Thank you for submitting Plan of Correction for Residential Habilitation services investigation July 14-17, 2008. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that 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 and no later than 12/22/2008. . You may submit supporting documentation as follows:

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

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

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

Rebecca Fadness

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: C & R

DATE OF INVESTIGATION : JULY 14 – 17, 2008

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

Review Team Member completing the investigation: C.R. Pete Petersen

INVESTIGATION REVIEW FINDINGS	
Deficiencies:	**Agency's Plan for Compliance:**
16.04.11.415 02. Sufficient Training. Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06) **a.** Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-06) **b.** Optimal independence of all participants is encouraged, supported and reinforced through appropriate activities, opportunities, and training; (7-1-06) **c.** Correct and appropriate use of assistive technology used by participants; (7-1-06) **d.** Accurate record keeping and data collection procedures; (7-1-06) **e.** Consistent use of behavioral and developmental programming principles and the use of positive behavioral intervention techniques; (7-1-06) **f.** Adequate observation, review and monitoring of staff, volunteer and participant performance to promote the achievement of participant objectives;	**1. Will ensure that all staff members are trained on participants before meeting them in the office setting. Will follow up after each training with a quiz on each participant regarding behavioral issues, programming, safety issues, medications, and what to do in an emergency.** **2. Will QA all children's programs to ensure they are individualized to meet the child's needs and provide appropriate replacement behaviors. In the future, we will consult with Medicaid when there are agency concerns that the client's current needs may require services not provided by this agency. We will not initiate services for participants w/ behavior plans until an IFSP including continuing Behavior Consultation has been approved. If we can't ensure the safety of the participant, we will discontinue services, and assist the person with finding more appropriate services to meet their needs.**

FINDINGS: Based upon investigation of the allegations received, the agency is not in compliance as follows: • Workers had inadequate training and monitoring to work safely and effectively with a child with this level of autism and these behaviors.	**3. Admnistrator** **4. This will be completed for every participant we serve by 9/30/2008 and will be an on-going requirement for training.** **5. QA complete by 12/15/08 by Administrator, and will be part of the on-going QA process to ensure compliance.**
16.04.11.520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-06) **01. Accessibility**. The community-based setting must be accessible, safe, and appropriate for each participant. (7-1-06) **02. Environment**. The community-based setting must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting, and noise control. **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • Environment, especially the pool, was not safe for a child with this diagnosis and these behaviors. There had been previous examples of over stimulation, difficulty with compliance and cooperation, and problems with running or attempts to escape. The skills of the worker or the number of workers were not sufficient to make the pool a safe environment. Previous behavior should have made this clear.	**1 & 2. We will perform an Environmental Assessment on each environment we are working with a participant in to ensure the environment is safe for the participant and conducive to learning the skills being taught in that environment. We will discuss environments with the IDT and family prior to starting services in the environments, and then follow up with Observations in those environments to ensure they continue to be appropriate, effective and safe environments that are conducive to the skills being taught there. If the environment is determined to be inappropriate or overstimulating for the participant, the participant will be removed immediately from the environment and other options will be developed by the DS and the IDT.** **To prepare the child for the environment,** **a) we will discuss the schedule with the participant and:** **b) Provide opportunities to choose the activity or refuse the activity,** **c) Discuss behavioral expectations and possible outcomes** **d) Follow through so participant can predict future consequences** **e) Particular attention and planning for participants with autism, transitions btwn activities and enforcements using schedules, tokens, flashcards, as supports by other team members (school, home, bc, etc.)** **f) Staff will review safety procedures—have home**

	phone numbers and safety procedures to follow in the event of an emergency. **g) Staff members will be taught to observe participant's response to environment—use de-escalation strategies and remove the stimulus or remove the participant to a less stimulating area.** **3. Developmental Specialists and Administrator** **4. This will be part of the on-going training for staff and reflected in the Observational QA and the initial training, begun 9/4/08, and completed for all children by 11/3/08.** **5. Completed by 11/3/08.**
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: (7-1-06) **01. Name**. The participant's name. (7-1-06) **02. Baseline Statement.** A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06) **03. Objectives.** Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06) **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 **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • Objectives did not meet the criteria of measurable and behaviorally-stated. In addition, there were insufficient written instructions to staff to create a safe and therapeutic	**1. Will train with DS's over all objectives to identify the learner, identify the target behavior, identify the conditions under which the behavior is to be performed, and identify criteria for acceptable performance, and that there are sufficient written instructions to the staff to create a safe and therapeutic learning environment for the child. To remedy this issue, I would like to: Submit all objectives to Administrator for feedback, Administrator will identify objectives to be re-written, DS will review and self-correct, Administrator will go over and flag uncorrected or those needing more work, provide additional training for staff as needed.** **2. Review all current objectives for all consumers** **3. DS and Administrator.** **4. Part of ongoing quarterly File QA process and training on objectives will be required as part of the annual continuing education.** **5. This will be completed by 12/15/08, and will be part of on-going File QA process.** **In addition:**

environment for the child. The initial worker stated she had not received a copy of the program prior to working with The child.	**1. DS will document collaboration with IDT and recommendations in progress notes. DS's will turn QA's into Administrator for review and feedback, Administrator will request further training or changes as needed.** **2. Completed with all children by 11/3/08.** **3. DS's and Administrator** **4. Administrator will also perform unscheduled QA's with staff and participants in a variety of environments to ensure on-going compliance.** **5. review by 11/03/08 – ongoing thereafter.** **See also response to finding on 16.04.11.520**
16.04.11.711. DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06) **01. Areas of Service**. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, selfdirection, capacity for independent living, or economic self-sufficiency. (7-1-06) **02. Age-Appropriate**. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-06) **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. (7-1-06) **04. Settings for Developmental Therapy.** Developmental therapy, in both individual and group formats, must be available in both community-based and home-based settings, and be based on participant needs, interests, or choices. (7-1-06) **05. Staff-to-Participant Ratio**. When group developmental therapy	**1. An environmental assessment will be performed on all environments in which we provide developmental therapy. We will ensure all areas of service are directed towards rehabilitation or habilitation in the areas of self-care, receptive and expressive language, learning, self direction, capacity for independent living and economic self-sufficiency. Objectives will be applicable to the above areas for service, and identified as such in the body of the objective. Activities will be structured so that those engaged in by each individual are age-appropriate and encourage interaction with the person's age-mates when appropriate for the skills being taught. We will not engage in any activities that are educational for the sake of education. DS's will turn Observational QA's in to Administrator for review and feedback.** **2. Observational QA completed on all consumers by 11/03/2008** **3. DS and Administrator** **4. Will ensure through on-going written reports of Observational QA Administrator will request further training or changes as needed. Administrator will also do unscheduled QA's with staff and participants in a variety of environments to ensure on-going compliance.**

is center-based, there must be a minimum of one (1) qualified staff, who may be a paraprofessional or a Developmental Specialist, providing direct services for every twelve (12) participants. Additional staff must be added, as necessary, to meet the needs of each individual served. **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • Neither the environment, nor the interventions were appropriate for a 13 year old girl with this level of autism and behaviors. There was too little therapy and too much educational and recreational activity. In addition, the calming activities used by the techs may have actually exacerbated typical perseverative and isolative autistic behaviors. Note: While developmental therapy can co-occur during educational or recreational activities, the educational activities should be minimal and any recreational activities must be fully integrated with the developmental therapy with the emphasis on the developmental therapy, such as occurs with the play project (www.playproject.org). Of the six days in service, The child had two group bowling activities, one at the park, one at the gym, and two at the pool. This is excessive for any child receiving services from a Developmental Disability Agency and neglects the primary purpose of developmental services. Getting to know a child is insufficient justification for this level of recreation that has not been fully integrated with developmental therapy.	**Environmental assessments will be part of required annual training.** 5. **Completed by 11/03/2008.** **In the future, we will consult with Medicaid when there are agency concerns that the client's current needs may require services not provided by the agency. We will not initiate services for participants w/ behavior plans until an IFSP including continuing Behavior Consultation has been approved. If we can't ensure the safety of the participant, we will discontinue services, and assist the person with finding more appropriate services to meet their needs.**
16.04.11.711.01. Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. (7-1-06)	1. **Will review all developmental objectives, and those that could be interpreted as being educational or recreational in nature will be flagged during File QA by Administrator. Those found will be flagged to be discontinued or adapted by DS to ensure they are addressing the areas of self-care, receptive and expressive language, learning, self direction,**

Does the agency assure that treatment objectives are directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency 16.04.11.711.01 **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • As noted above, there was excessive emphasis on recreation and education and too little emphasis on developmental therapy.	**capacity for independent living and economic self-sufficiency, and include instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy.** **2. All developmental objectives will be reviewed.** **3. DS and Administrator** **4. Administrator has added this to the QA review report and safe and appropriate environments will be included in required annual training.** **5. This will be completed for all objectives by 12/15/08.**
16.04.11.900.01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) **c.** The environment in which services are delivered is safe and conducive to learning; (7-1-06) **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • Environments were not safe and conducive to learning for the participant. Over stimulation was a recurring issue and the final visit to the pool was not reasonably safe given the diagnosis, previously displayed behaviors, and ability of staff to manage those behaviors safely.	**1. An environmental assessment will be performed on all environments in which we provide developmental therapy. We will ensure all areas of service are safe and that the activities are clearly directed towards rehabilitation or habilitation in the areas of self-care, receptive and expressive language, learning, self direction, capacity for independent living and economic self-sufficiency. Objectives will be applicable to the above areas for service, and identified as such in the body of the objective. Activities will be structured so that those engaged in by each individual are age-appropriate and encourage interaction with the person's age-mates when appropriate for the skills being taught. We will not engage in any activities that are educational for the sake of education. DS's will turn Observational QA's in to Administrator for review and feedback.** **2. Observational QA completed on all participants and environments by 11/03/2008** **3. DS and Administrator** **4. Will ensure through on-going written reports of Observational QA. Administrator will request further training or changes as needed. Administrator will also do unscheduled QA's with staff and participants in a variety of**

	environments to ensure on-going compliance. Administrator has added this to the QA review report and safe and appropriate environments will be included in required annual training. 5. **Completed by 11/03/2008.** **In the future, we will consult with Medicaid when there are agency concerns that the client's current needs may require services not provided by the agency. We will not initiate services for participants w/ behavior plans until an IFSP including continuing Behavior Consultation has been approved. If we can't ensure the safety of the participant, we will discontinue services, and assist the person with finding more appropriate services to meet their needs.**
905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06) **01. Participant Rights Provided Under Idaho Code**. Sections 66-412 and 66-413, Idaho Code, provide the following rights for participants: (7-1-06) **a.** Humane care and treatment; (7-1-06) **b.** Not be put in isolation; (7-1-06) **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • It was reported that the child was put into an office by herself, in a wet swimsuit, crying, and without a towel.	**This is not true. Participant was waiting for her parents to pick her up after the incident at the pool, and refused to change into her clothing from her swimming suit which was dry by the time they got to the office. DS and staff sat with her while she waited for her parents to arrive, and she was wrapped in her towel.** 1. **Include training on client rights in staff orientation. Obtain staff and supervisor signature that rights have been covered and that the consequences for violation of client rights have been reviewed. Post copies of client rights and the grievance procedure for addressing complaints.** 2. **Provide review of client rights for each client and provide opportunities for them to discuss.** 3. **All staff** 4. **Reminder at staff meetings, participant staffings, posters, satisfaction interviews/questionnaires.** 5. **Initial review by 12/05/2008 - ongoing**
915. POLICIES REGARDING DEVELOPMENT OF SOCIAL	

IDAHO DEPARTMENT OF HEALTH & WELFARE

SKILLS 915. 915 POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLSAND APPROPRIATE BEHAVIORS. **01. Positive Social Skills**. Focus on developing or increasing positive social skills. (7-1-06) **02. Prevention Strategies**. Ensure and document the use of positive approaches to increase social skills and decrease inappropriate behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (7-1-06) **03. Function of Behavior**. Address the possible underlying causes or function of the behavior and identifying what a participant may be attempting to communicate by the behavior. (7-1-06) **04. Behavior Replacement**. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06) **FINDINGS:** Based upon investigation of the allegations received, the agency is not in compliance as follows: • Program was inadequate and insufficiently individualized to meet The child's needs and provide appropriate replacement behaviors.	1. **Will QA all children's programs to ensure they are individualized to meet the child's needs and provide appropriate replacement behaviors. In the future, we will consult with Medicaid when there are agency concerns that the client's current needs may require services not provided by the agency. We will not initiate services for participants w/ behavior plans until an IFSP including continuing Behavior Consultation has been approved. If we can't ensure the safety of the participant, we will discontinue services, and assist the person with finding more appropriate services to meet their needs.** 2. **All programs will be reviewed** 3. **DS and Administrator** 4. **Has been added to ongoing QA process** 5. **QA complete by 12/15/08 by Administrator, and will be part of the on-going QA process to ensure compliance.** **In addition:** 1. **At Pete's suggestion, we are sending a DS to Michigan to participate in the PLAY project training program, and will have our agency accredited with this system.** 2. **Agency accreditation in PLAY** 3. **DS and Administrator** 4. **Maintain agency PLAY accreditation so that we can utilize this with all the children we serve, not just those with Autism.** 5. **DS attending 9/11/08-915/08, will implement with accreditation, and continue and maintain as part of training and offered programming.**

Report completed by : C.R. Pete Petersen, Rebecca Fadness Date: 7/30/2008

Agency Administrator Signature: Valerie Cutshall, Administrator Date: 9/15/08

Plan of correction accepted: Rebecca Fadness Date: 9/17/08