IDAHO DEPARTMENT OF HEALTH & WELFARE

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March 7, 2008

Donna Butler/Misti Nelson
Dawn Enterprises, Inc.
P.O. Box 388
Blackfoot, Idaho 83221

Dear Ms. Butler & Ms. Nelson:

Thank you for submitting Dawn Enterprises DDA Plan of Correction dated April 3, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued your agency, a full two year certificate effective from April 23, 2008 through March 31, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that 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: 208-239-6279,
Email to: lovelanp@dhw.idaho.gov
Mail to:
Or deliver to: Dept. of Health and Welfare
1070 Hiline, Suite 260
Pocatello, Idaho 83201
Attn: Pam Loveland-Schmidt
DDA/Res Hab Survey and Certification

You can reach me if you have any questions at 208-239-6267.

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

Pam Loveland-Schmidt

Pam Loveland-Schmidt
Medical Program Specialist
Survey and Certification

Enclosure

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: DAWN ENTERPRISES, INC. **SURVEY DATE(s): MARCH 10, 2008- MARCH 13, 2008**

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

SURVEY TEAM MEMBERS: Robert Card, Clinical Psychologist-FACS; and Pam Loveland-Schmidt, BS HCA Medical Program Specialist Survey & Licensing found your agency through observations, discussions and record review to be providing quality services. However, the survey team found several areas of deficiencies that require immediate attention, due to non-compliance with the IDAPA rule and the Provider Agreement. The deficiencies are as follow:

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

Participants/Parents interviewed were please with services.

Therapy Observation Notes:

- Adult participant (1) was observed in the community-library and Deseret Industries with developmental therapist (SW). The goals worked on during observation were sign recognition, street crossing, money recognition and purchasing. Therapy was conducted in the natural environment and was conducive to learning. The street crossing was appropriate except for when they were crossing at a light it did not appear as though the participant was prompted to look both ways only at the stop signs. Also, when looking for a book to purchase at Deseret Industries the therapist did not appear to advocate for age appropriate purchases the therapist directed the participant to a children's "Tigger" book and the participant purchased a child's book "5 true dog stories" The therapist gave choices and provided appropriate reinforcements. The therapist had a good rapport with the participant.

- Adult participant (2) was observed in the community-Wal Mart with developmental therapist (SH). The goals worked on during observation were locating and purchasing items from a shopping list. Therapy was conducted in the natural environment, conducive to learning and age appropriate. The therapist gave choices, prompted and redirected appropriately. The therapist could have provided more reinforcement.

- Adult participant (3) was observed in her home (RALF) with developmental therapist (MW). The goals worked on were review of schedule, cleaning/vacuuming room and requesting key to the cleaning closet to get the vacuum. Therapy was conducted in the natural environment, conducive to learning and appropriate. The therapist gave choices, prompted and reinforced appropriately. Rapport was excellent.

- Child participant (4) was observed in the center with developmental therapist (AM). The goals worked on during the observation were writing name, address, phone number; date and time; safety signs; and money recognition. Therapy was conducted in a safe and conducive to learning environment. The therapist gave choices, prompted and reinforced appropriately. Therapist used tokens not listed on the plan. The therapist was patient, waited for a response and was flexible allowed the participant to hold the clock and safety signs. Overall, good job. Note: the participant completed the sign recognition at almost 100%.

Deficiencies:	**Agency's Plan for Compliance:** ***(Answer questions 1 through 5 for each deficiency)***
16.04.11.415. General Training Requirements for DDA Staff Based upon record review and staff discussion, the agency is not in compliance. The findings include: • 1 out of 4 employee (SW) training records **lacked the following**: .01.a Documentation of fire and safety training upon employment and at least yearly thereafter.	1. Annual fire safety training is required every year by all staff. If staff are unable to attend the training they must watch a fire safety video. 2. N/A 3. Developmental Program Coordinator will ensure all training is provided and current. 4. The Developmental Program Coordinator will review all training on a tickler to ensure all required training is received according to current IDAPA Rules. 5. Dawn Enterprises annual fire safety training is scheduled for April 22, 2008. Any staff unable to attend the training will be required to watch the fire safety training video by April 30, 2008. **04/03/08 Agency plan of correction accepted.**
16.04.11.510. Health Requirements Based upon record review and staff discussion, the agency is not in compliance. The findings include: • Records **lacked the following**: .04. Evidence the DDA completed incident reports for all accidents, injuries or other events that endanger a participant. Each report must document that the adult participant's legal guardian if he as one, or in the case of a minor, the minor's parent or legal guardian has been notified or that the participant's care provider has been notified if the participant or the participant's parent or guardian has given the agency permission to do so. The documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained for 5 years. For example: participant (4)'s incident report regarding a family member lacked evidence the incident was reported to the parent. Note: during surveyor's parent interview parent verified that she was notified.	1. All incidents will be filled out on Dawn's Incident/Accident/Illness forms which has sections to state when a parent or guardian has been contacted and a section for the program coordinator to document and complete follow-up and sign. 2. All incidents will be filled out on Dawn's Incident/Accident/Illness forms to ensure follow up for all participants' incidents. 3. The Developmental Specialist and Program Coordinator will ensure follow up is completed and documented for all participants' incidents. 4. All incidents will be filled out on Dawn's Incident/Accident/Illness forms, which will ensure follow up has been completed and documented. 5. Effectively immediately all staff are required to fill out any incidents on Dawn's Incident/Accident/Illness forms to ensure follow up is documented and completed. Staff were informed of this requirement March 20, 2008. **04/03/08 Agency plan of correction accepted.**
16.04.11.600. Comprehensive Assessments Conducted by the DDA Based upon record review and staff discussion, the agency is not in compliance. The findings included: • 1 out of 4 Participants (2) record **lacked the following**: .01.e Documentation comprehensive assessments recommend the type and	1. All participants' developmental evaluations were reviewed and all recommended the type and amount of therapy to address the participants' needs. 2. All participants' developmental evaluations were reviewed. 3. The Developmental Specialist reviewed all participants' developmental evaluations.

amount of therapy necessary to address the participant's needs. For example: Participant (2)'s developmental assessment lacked documentation of type and amount.	4. No violation could be found in any participant files. 5. All participants' developmental evaluations were reviewed March 18, 2008. **04/03/08 Agency plan of correction accepted. Disregard deficiency agency had documentation during survey.**
16.04.11.604. Types of Comprehensive Assessments Based upon record review and staff discussion, the agency is not in compliance. The findings included: • 1 out of 4 Participants (1,2) record **lacked the following:** .03 Medical assessments completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. For example: Participant (1)'s Healthy Connection recommendation form has quarterly physician visits checked and the record lacks documentation of visits. Participant (2)'s Health Connection recommendation form lacks frequency recommendation.	1. All participants' medical care evaluations were reviewed for frequency recommendation. The doctor's frequency recommendation has been added to our evaluation tickler. Progress notes will be requested from the participants' physicians according to the frequency recommendations. The participant whose form lacked frequency recommendation on his healthy connection did have a recommendation on the physician's progress notes to have a follow up visit in 6 months. 2. All participants' medical evaluation forms were reviewed for frequency recommendation. Progress notes will be requested to coordinate with frequency recommendations. 3. The Developmental Specialist has and will continue to monitor medical care evaluation forms. 4. The DS will review the evaluation tickler on a monthly basis to ensure compliance with IDAPA Rules. 5. All participants' medical evaluations were reviewed April 2, 2008 and will be monitored on a monthly basis. **04/03/08 Agency plan of correction accepted.**
16.04.11.604. Types of Comprehensive Assessments Based upon record review and staff discussion, the agency is not in compliance. The findings included: 1 out of 8 Participants (2) record **lacked the following:** .07.h Evidence the medical/social history narrative report includes recommendation of services necessary to address the participant's needs. For example: Participant (2)'s medical/social history lacked recommendation of developmental therapy.	1. A new social worker has been hired to write all medical social histories. She has a thorough understanding of the requirements for medical social histories and she will ensure all needed services are recommended. 2. As medical social histories are updated all recommended services will be specified. 3. The Social Worker will ensure that she has recommended all needed services on all medical social histories. The Developmental Specialist will ensure there is a specific recommendation on the medical social history to provide developmental therapy, if appropriate. 4. The Social Worker and Developmental Specialist will review all medical social histories as they are completed to ensure consistent compliance with IDAPA Rules. 5. All participants' medical social histories were reviewed for recommended services April 3, 2008. All medical social histories will continue to be reviewed for recommended services. **04/03/08 Agency plan of correction accepted.**

16.04.11.701. Requirements for a DDA Providing Services to Children ages 3-17 and Adults Receiving IBI or Additional DDA Services Prior Authorized Under the EPSDT Program. Based upon record review and staff discussion, the agency is not in compliance. The findings included: • 1 out of 4 Participants (4) record **lacked the following**: .05.e.xi. Evidence the transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA.	1. A section in the Individual Program Plan has been added to specify a transition plan for each participant. 2. As individual program plans are updated/reviewed for each participant a specific transition plan will be included. 3. The Developmental Specialist will implement this corrective action. 4. As all individual program plans are updated/reviewed they will be wrote on the new sample IPP, which includes a section for specific transition plans, to ensure compliance with IDAPA Rules? 5. All individual program plans will incorporate a transition plan, as plans are updated. **04/03/08 Agency plan of correction accepted.**
16.04.11.705 Record Requirements Based upon record review and staff discussion, the agency is not in compliance. The findings included: • 3 out of 4 Participants (1,2,3) record **lacked the following**: .01.d Documentation of 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. For example: Participant (1,2,3)'s current profile sheet lacked living arrangements.	1. Living arrangement and current medications have been added to the current information form. 2. All participants' will have their information sheet updated to include living arrangement and current medications. 3. The Developmental Specialist will update all information sheets. 4. All participants' information sheets will be updated. The new form has been implemented, which will ensure all new information sheets will include living arrangement and current medications. 5. The new form was completed March 14, 2008. All participant information sheets will be updated by April 30, 2008. **04/03/08 Agency plan of correction accepted.**
16.04.11.706 Requirements for Collaboration with Other Providers Based upon record review and staff discussion, the agency is not in compliance. The findings included: • 1 out of 4 Participants (4) record **lacked the following**: .01.a. Evidence the agency provided a current copy of the child's Individual Program Plan to his school.	1. The child's plan was sent to the school March 25, 2008. A copy of the letter sent with the plan was filed in the correspondence section of the file. "Plan sent to school" has been added to the quality assurance review form. 2. Dawn only has one child in the DD program. The problem was addressed and the DS will continue to send current plans to the school. 3. The Developmental Specialist sent the plan to the school and will continue to provide the school with current plans. 4. The DS will ensure all individual program plans are sent to the school and will be monitored with the quality assurance review form to ensure compliance with IDAPA Rules/ 5. The plan was sent to the school March 25, 2008. The children's quality assurance review form was revised on March 25, 2008. **04/03/08 Agency plan of correction accepted.**

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16.04.11.711 Developmental Therapy Based upon record review, observation and staff discussion, the agency is not in compliance. The findings included: • 1 out of 4 Participants (1) record **lacked the following**: .02. Evidence developmental therapy includes instruction in daily living skills that 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. For example: Participant (1) when looking for a book to purchase at Deseret Industries the therapist did not appear to advocate for age appropriate purchases the therapist directed the participant to a children's "Tigger" book and the participant purchased a child's book "5 true dog stories".	1. Staff were informed and trained to provide age appropriate developmental therapy. Staff will continue to be trained and observed to ensure age appropriate therapy is conducted. 2. The DS will continue to observe developmental therapy to ensure age appropriate therapy. 3. The Developmental Specialist will continually observe and train age appropriate developmental therapy. 4. The Developmental Specialist will continually observe and train age appropriate developmental therapy to ensure compliance with IDAPA Rules. 5. Staff were trained on March 20, 2008 and staff will continue to be trained. **04/03/08 Agency plan of correction accepted.**
16.04.11.900 Requirements for an Agency's Quality Assurance Program Based upon record review, staff discussion and observation, the agency is not in compliance. The findings included: • 1 out of 4 participant (1)records **lacked**: .01.c. Evidence the environment services are delivered is safe and conducive to learning. For example: Participant (1) when they were crossing at a light it did not appear as though the therapist prompted the participant to look both ways only at the stop signs.	1. Staff were informed and trained to provide safe developmental therapy. Staff will continue to be trained and observed to ensure safe therapy is conducted. 2. The DS will continue to observe developmental therapy to ensure safe therapy. 3. The Developmental Specialist will continually observe and train safe developmental therapy. 4. The Developmental Specialist will continually observe and train safe developmental therapy to ensure compliance with IDAPA Rules. 5. Staff were trained on March 20, 2008 and staff will continue to be trained. **04/03/08 Agency plan of correction accepted.**
16.04.11.915 Policies Regarding Development of Social Skills and Appropriate Behaviors Based upon record review and staff discussion, the agency is not in compliance. The findings included: • Agency policy and procedure **lacked**: .08 Policies and procedures that ensure the program developed by an agency to assist participants with managing inappropriate behavior are conducted only with the written informed consent of the participant and guardian when applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent.	1. Dawn's Policy and Procedures were revised to include that written informed consent would be obtained from the participant and guardian, if applicable, to assist participants' with managing inappropriate behaviors. 2. There was not any participants identified who were affected by this deficiency. 3. The Executive Director revised the policy. 4. The Policy and Procedures have been revised and will be followed to ensure consistent compliance with IDAPA Rules. 5. The Policy and Procedures were revised March 14, 2008. **04/03/08 Agency plan of correction accepted.**

Medicaid Survey Team Lead Signature: Pam Loveland-Schmidt Date: 4/4/08

FACS Team Signature: _____ Date: _____

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Agency Administrator Signature: _____ Date: _____

Plan of Correction accepted: Pam Loveland-Schmidt Date: 4/4/08