Statement of Deficiencies

Developmental Disabilities Agency

A New Hope - North 7th Avenue
DDA-5052

707 North 7th Avenue, Suite F
Pocatello, ID 83201-
(208) 904-1950

Survey Type: Recertification

Entrance Date: 12/2/2014

Exit Date: 12/4/2014

Initial Comments: Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Kim Cole, Medical Program Specialist, Licensing & Certification

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	One of 17 employee review lacked documentation the agency verified that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, " Criminal History and Background Checks." For example: Employee 5's DOH was 10/18/13, her DHW CHC was completed 04/02/10; the Idaho State Police (ISP) local background check was submitted on 11/18/13; the ISP cleared 12/03/13. The local ISP was not faxed to the Idaho State Police until 30 days after the date of hire. Employee 5 [redacted]'s DOH was 10/18/13, her DHW CHC was completed 04/02/10; the Idaho State Police (ISP) local background check was submitted on 11/18/13; the ISP cleared 12/03/13. The local ISP was not faxed to the Idaho State Police until 30 days after the date of hire. The agency did not	1. The agency will verify Criminal History and Background Checks prior to delivery of any DDA services to ensure compliance with IDAPA 16.05.06. 2. The files of all employees, subcontractors, agents of the agency, and volunteers delivering DDA services will be reviewed to verify compliance. Persons who do not meet this requirement will not work with participants. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.	2/27/15

	add the employee to the DHW database until 01/07/14.		
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.400.01 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)	The agency administrator lacked documentation or evidence he is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. For example: Based upon the number of deficiencies for training,criminal history, quality assurance, etc. it has been determined the administrator lacks evidence he has ensured compliance with this rule.	1. The agency will improve documentation process to reflect compliance with rule 16.03.21.400.01 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.410.01.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)	Four of four employee record lacked documentation the employee providing services to participants participated in fire and safety training upon employment and annually thereafter. For example: Employee 1,2,3,4 records lacked documentation of fire and safety training upon employment and annually thereafter.	1. The agency will provide annual fire and safety training for all DDA staff and volunteers. The training will be included in the required orientation and on a annual basis thereafter. 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.410.01.c 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)	One of four employee record lacked documentation for each employee providing services to participants must be trained to meet any special health or medical requirements of the participants they serve. For example: Employee 4's record lacks documentation she received special health or medical needs of the participants she serves.	1. The agency will improve documentation process to reflect compliance with rule 16.03.21.410.01.c 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.410.02.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) a. Optimal independence of all participants is	One of four employee record review lacked documentation the employee received training on optimal independence for all participants. For example: Employee 4's record lacked documentation of optimal independence training.	1. The agency will improve documentation process to reflect compliance with rule 16.03.21.410.02.a. 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur.	2/27/15

encouraged, supported, and reinforced through appropriate activities, opportunities, and training; (7-1-11)			
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16.03.21.410.02.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) b. Correct and appropriate use of assistive technology used by participants; (7-1-11)	Two of four employee record lack documentation of assistive technology used by participants. For example: Employee 1 and 4's record lacked documentation of assistive technology training.	1. The agency will improve documentation process to reflect compliance with rule 16..03.21.410.02.b. 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15s.	2/27/15

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16.03.21.410.02.c 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) c. Accurate record keeping and data collection procedures; (7-1-11)	One of four employee record lack documentation of accurate record keeping and data collection training. For example: Employee one's record lacked documentation of record keeping and data collection training.	1. The agency will improve documentation process to reflect compliance with rule 16.03.21.410.02.c. 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.410.02.d 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) d. Adequate observation, review, and monitoring of staff, volunteer, and participant performance to promote the achievement of participant goals and objectives; (7-1-11)	Two of four employee record lack documentation of observation, review and monitoring of staff, volunteer and participant performance to promote achievement of participant goals and objectives. For example: Employee 3 and 4's record lack this training.	1. The agency will improve documentation process to reflect compliance with rule 16.03.21.410.02.d 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.410.03.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 03. Additional Training for Professionals. Training of all professional staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) a. Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-11)	One of three professional employee record review lacked documentation of correct and consistent implementation of all participant IPP and PIP's. For example: Employee 3's record does not address training specific to participants served.	1. The agency will improve documentation process to reflect compliance with rule 16.03.21.410.03.a. 2. The agency will create policies and procedures that show evidence of compliance with this rule 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.520.02 520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES.	One of two participant record and observation lack evidence the community-based setting is designed and equipped to meet the needs of each participant including factors such as		2/27/15

The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11) 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. (7-1-11)	sufficient space, equipment, lighting, and noise control. For example: Participant 1 was observed in the library, the professional followed the PIP which did not meet the assessed needs of the participant according to HI assessment tool. For example, Participant 1 had programs for interacting with peers to work on aggressive and uncooperative behaviors, but the environment did not include peers nor where the assessment indicated the behaviors occurred.	1. The agency will ensure that services are delivered in appropriate community-based settings by creating a list of appropriate places for each client. Employee logs will reflect compliance with this rule. 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	

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16.03.21.900.01.d 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)	One of two participant record and observation lacke evidence the quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: Participant 1, the agency Quality Assurance program Observation form asks the question is	1. The agency will improve the QA program to meet the requirements of rule 16.03.21.900.01.d. The agency will ensure that services are delivered in appropriate settings by creating a list of appropriate places for each client. Employee logs will reflect compliance with this rule.	2/27/15

d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)	skill training conducted in the natural setting where the person would commonly learn and utilize the skill and the assessment for Participant 1 indicates that the behaviors occur at home and with other kids. The program locations are not written to ensure that serviced are delivered where the behaviors occur to match the assessed need therefore do not allow for skill training in the natural setting where a person would commonly learn and utilize the skill. The QA program lacks procedures to ensure the assessment, PIP's and locations where the skill training occurs correlate to meet the participant's needs.	2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	

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16.03.21.900.02.a 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)	The DDA's written quality assurance program lacks evidence the goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of this rule. For example: The QA program addresses a QA Master Checklist and annual program evaluation, but the QA only checks to see if the document is	1. The agency will improve the QA program to meet the requirements of rule 16.03.21.900.02.a. and subsection 900.01. The agency will ensure that the documents are provided and completed. New annual and quarterly evaluation checklists will be created to ensure compliance.	2/27/15

a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of this rule; (7-1-11)	there and no annual evaluation provided. The employee record is an example of the QA form stated see orientation document, but there was no orientation document in most records.	2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	
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16.03.21.900.02.b 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) b. Person, discipline, or department responsible for each goal; (7-1-11)	The DDA's written quality assurance program includes person, discipline, or department responsible for each goal, but lacks evidence the agency ensures the QA program is implemented. For example: The QA program has a general statement that the CEO is responsible for QA, but no evidence the QA program is implemented and monitored by the CEO to ensure compliance.	1. The agency will improve the QA program to meet the requirements of rule 116.03.21.900.02.b. The agency will ensure that the documents are provided and completed. New annual and quarterly evaluation checklists will be created to ensure compliance. 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.900.02.c 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)	The DDA's written quality assurance program has a system to ensure the correction of problems identified within a specified period of time, but not implemented. For example: The QA program addresses the agency will abide by the QA Master Checklist and Annual Program Evaluation tool to identify and correct quality assurance concerns. The employee observation forms are completed, but no evidence problems identified or corrected. The data/progress sheets have been stamped "checked" but no documentation the Clinical Supervisor has reviewed the data or any changes/corrections that need to be done.	1. The agency will improve the QA program to meet the requirements of rule 16.03.21.900.02.c. The agency will ensure that the documents are provided and completed. New annual and quarterly evaluation checklists will be created to ensure compliance, including a system to ensure correction of problems identified within a specific period of time. 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.900.02.e 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)	The DDA's written quality assurance program lacked documentation of an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.	1. The agency will improve the QA program to meet the requirements of rule 16.03.21.900.02.e. The agency will ensure that the documents are provided and completed. New annual and quarterly evaluation checklists will be created to ensure compliance, including an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.900.02.g 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)	The DDA's written quality assurance program lacked documentation of ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. For example: Two of two participant records (1,2) lacked documentation the professional reviewed participant progress to ensure progress. The data/progress sheets were stamped "checked", but did not include who reviewed the data or if progress has been made.	1. The agency will improve the QA program to meet the requirements of rule 16.03.21.900.02.g. The agency will ensure that the documents are provided and completed. New annual and quarterly evaluation checklists will be created to ensure compliance, including an ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified.	2/27/15

		2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	
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16.03.21.900.03.a 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) a. Are developed with each participant, parent, or legal guardian, where applicable, and actively promote the participation, personal choice, and preference of the participant; (7-1-11)	The agency's quality assurance program lacks evidence it ensure that DDA services provided to participants are developed with each participant, parent, or legal guardian, where applicable, and actively promote the participation, personal choice, and preference of the participant. For example: Participant 1 and 2's record lack evidence the were involved in developing the services provided and the agency's use of the "Master QA Checklist" does not ensure this rule has been met. In addition, the use of the form is inconsistent.	1. The agency will improve the QA program to meet the requirements of rule 116.03.21.900.03.a The agency will ensure that that DDA services provided to participants are developed with each participant, parent, or legal guardian, where applicable, and actively promote the participation, personal choice, and preference of the participant. -- Further, new annual and quarterly QA evaluation checklists will be created to ensure compliance. 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

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16.03.21.915.03 915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11) 03. Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease maladaptive behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (7-1-11)	One of two participant record lack evidence the DDA develops and implements written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease maladaptive behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. For example: Participant 1's Program #1 strategy includes telliing the participant "no" then redirecting. The Professional working with him did a good job of redirecting without the "no". The Policy states "be designed where appropriate to reduce the likelihood of maladaptive behavior. The policy was not implemented in the development of the Program Implementation Plan (PIP) but was implemented by the staff. The PIP does not address the use of positive approaches to increase social skills and decrease maladaptive behaviors.	1. The agency will improve the QA program to meet the requirements of rule 116.03.21.915.03. The agency will ensure that the DDA develops and implements written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease maladaptive behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. 2. The agency will create policies and procedures that show evidence of compliance with this rule. 3. The administrator and/or his designees will be responsible for implementing the corrective action (s). The administrator shall hold sole responsibility for ensuring action. 4. A quarterly review procedure will be implemented to ensure the problem is corrected and does not recur. 5. Correction date: 2/27/15	2/27/15

Administrator/Provider Signature: CEO		**Date:** 1/8/15	
Department POC Approval Signature: Pam Haeland-Schmidt		**Date:** 1/8/15	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.