



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Snake River Rehabilitation Counseling Services	Region(s):	2
Agency Type:	DDA	Survey Dates:	September 19 through 21, 2016
Certificate(s):	2SR RCS138	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
<p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency.</p> <p>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)</p>	<p>In review of the administrator file, there was no documentation that the administrator's responsibilities included 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.</p> <p>For example: The administrator job description or other employment documentation did not identify these responsibilities. The agency updated the administrator job description to include these responsibilities during survey.</p> <p>CORRECTED DURING SURVEY</p>	<ol style="list-style-type: none"> 1. Review and update the administrators job description to 2. Admin Staff will review and update al employee job description to meet IDAPA rule 400.01 to be supervised by the Agency Administrator 3. Admin staff under the supervision of the Administrator will review all files and make any necessary changes 4. All current employee files will be reviewed for accuracy and will be included in the annual audits 	11/17/2016



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<p>16.03.21.400.02. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. Agency Administrator Qualifications. 02. An agency administrator must have two (2) years of supervisory or management experience in a developmental disabilities services setting. (7-1-11)</p>	<p>In review of the administrator file, there was no documentation that the administrator had 2 years of supervisory or management experience in a developmental disabilities services setting. For example: The administrator's resume had not been updated to document this experience. The administrator's resume was updated during survey. CORRECTED DURING SURVEY</p>	<p>1. Corrected During Audit 2. For all employees hired from this point forward Admin staff will review and ensure all qualifications and required information PER IDAPA rule 16.03.21.400.02 3. Admin staff supervised by Administrator 4. During initial hire, all employee resumes will be verified for completeness and accuracy</p>	<p>11/17/2016</p>
<p>16.03.21.400.03.b. 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available</p>	<p>In review of Staff files, for 1 of 5 files reviewed there was not documentation that Staff #1 had received monthly observations of all services. For example: Staff #1's, HI's record lacks documentation she received monthly observations 01/16-07/16 by the Clinical Supervisor.</p>	<p>1. Monthly observations will be added to the quarterly QA employee file audit using the departments of health and welfare audit tool 2. All employee files will include verification will be completed using employee file audit tool 3. Admin Staff overseen by the Administrator will make necessary changes.</p>	<p>11/17/2016</p>



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<p>on-site to provide for: b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>		<p>4. <i>Verification of observation will be obtained through client file audit using audit tool provided by health and welfare.</i></p>	
<p>16.03.21.410.01.b 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: 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: b. Be certified in CPR and first aid within</p>	<p>In review of staff files, for 1 of 5 files reviewed, there was no documentation of 1st aid being maintained current.</p> <p>For example: Employee 2's record lacks documentation 1st aid was maintained from 04/10/16-09/18/16. Agency requested copy of certificate and CORRECTED DURING SURVEY.</p>	<p>1. <i>Corrected during audit</i> 2. <i>All Employee files will be reviewed quarterly to ensure compliance with IDAPA rules using Health and Welfare audit tool. All employee files will audited and logged in the QA log on a quarterly basis to ensure they are all audited every year.</i> 3. <i>Admin Staff overseen by Supervisor</i> 4. <i>Admin will add verification component in the file audit tool.</i></p>	<p>11/17/2016</p>



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<p>ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>			
<p>16.03.21.410.01.c. 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: 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: c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)</p>	<p>In review of staff files, for 1 of 5 files reviewed, there was no evidence that the staff had been trained to meet the special health or medical requirements of the participants they serve annually.</p> <p>For example: Staff #1's record lacks documentation she received annual training to meet Participant #1's P's special and medical requirements. Staff #1 had received training for 06/15 plan, but no documentation for 06/16. Participant #1's information from 2015 to 2016. There were a variety of differences between the two plan years for retraining.</p>	<p>1. Admin Staff will review all client files and information using department audit tools to discern which clients require specific training to that may be required of the worker to maintain a successful program</p> <p>2. As the agency and admin staff review all client files, any condition that requires special training to the worker, staff will also review each worker file associated with that participant to ensure compliance of IDAPA rule 16.03.21.410.01.c. In the event the worker is lacking proper training, they will be required to complete necessary trainings within 14 days to be conducted by the clinical supervisor.</p> <p>3. Admin Staff will report any lacking training to the administrator and</p>	<p>11/17/2016</p>



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		<p><i>clinician to properly train or obtain training for the worker to continue services with participant.</i></p> <p><i>4. Proper training for employees will be monitored by adding this component to the quarterly client and employee file QA and any participant condition will be noted in the annual plans and reviews</i></p>	
<p>16.03.21.500.03.a. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services.</p> <p>03. Fire and Safety Standards. a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire</p>	<p>In the review of facility standards requirements, there was no evidence of a fire inspection annually since the last review period.</p> <p>For example: Agency requested copies of Fire Inspections from the fire dept. They were provided with inspection results for 06/07/16 & 05/21/15. CORRECTED DURING SURVEY</p>	<p><i>1. Corrected during audit</i></p> <p><i>2. Utilizing recommended QA audit tools the agency will verify all required Documentation to ensure compliance with IDAPA16.03.21.500.03.a Concerning facility standards. If during the quarterly QA audit any information is found to be missing or out of date, auditor will request required documentation from issuing agency.</i></p> <p><i>3. Admin Staff conducting audit under supervision of the Administrator will ensure all required documentation is in place and current.</i></p> <p><i>4. By utilization of recommended QA</i></p>	<p>11/17/2016</p>



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<p>authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>		<p><i>forms during the quarterly facilities audit, all time sensitive documentation will be verified to be correct, current and in place.</i></p>	
<p>16.03.21.500.04. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)</p>	<p>In the center review, the evacuation plan did not include the location of all extinguishers.</p> <p>For example: The evacuation plan does not address the fire extinguisher by the back door. CORRECTED DURING SURVEY</p>	<ol style="list-style-type: none"> 1. <i>Corrected during survey</i> 2. <i>During each facilities audit, all evacuation plans will be verified for accuracy and correct placement of extinguishers, exits, alarms, and meeting places.</i> 3. <i>Admin staff supervised by Administrator will make all facilities management changes</i> 4. <i>By utilization of recommended QA forms during an annual facilities audit, all time sensitive documentation will be verified to be correct, current and in place.</i> 	<p>11/17/2016</p>



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<p>16.03.21.600.02.a.i. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies: a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>	<p>For 1 of 3 participant records reviewed, there was no documentation of a current IEP from the school. For example: Participant 3's (Mari) record lacks documentation of a current IEP. The record includes an IEP for 04/07/15-04/15/16, nothing for the current school year.</p>	<ol style="list-style-type: none"> 1. All client files 2. All participant files will be reviewed quarterly to ensure proper current documentation is included for all services and/or plans utilized by the participant. During the QA audit if In the event information is missing from a file, admin staff will verify current release of information and request information immediately Copies of the fax cover sheets shall be kept in the files to track when they were requested and to whom the request was sent. 3. Administrator/Admin Staff will conduct initial review and maintain recommended QA forms 4. During Quarterly Review of Participant's file, All services provided to the participant will be verified and reviews for correct and current information. 	<p>11/17/2016</p>



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<p>16.03.21.600.02.a.ii. 600. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided.</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twenty one (21), the following applies:</p> <p>a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session.</p> <p>li. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-</p>	<p>In review of participant files, for 3 of 3 participants served, there was no documentation that the plan developed by the agency was provided to the child's school. The agency's policy and quality assurance program does not address this.</p> <p>For example, it was stated that all plans have been hand delivered to the school due to HIPPA issues with electronic sending of records. Nothing was documented of this delivery of records to prove that it had occurred.</p>	<p>1. After complete review of client files any plan of service for clients receiving concurrent school services will be taken to the district school offices and upon delivery a signed acknowledgement of receipt will be signed by an agent of the school district and the acknowledgement will be kept in the quarterly QA Binder</p> <p>2. Once initial review of files is complete any amendment or updated plan will be delivered to the school district offices and a signed receipt of delivery will returned. In the event a file does not have an acknowledgement receipt, SRCS will deliver plan to the school where an acknowledgement of receipt</p> <p>3. the admin staff, Administrator and Clinical Supervisor will be responsible to verify all information through quarterly audits and supervisions</p> <p>4. Recommended Health and Welfare QA form will be used by admin to</p>	<p>11/17/2016</p>



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11)		<i>determine accuracy and proper dissemination</i>	
16.03.21.601.01.e. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant	In review of participant files, for 2 of 3 files reviewed, there was not a current medical assessment. For example, For participant 1 there was not a history and physical, only a Neurologist in February 2015. For participant 3 there was not a current medical assessment since May of 2013. There was no documentation of attempts to acquire this documentation on an annual basis or to determine if the information should be considered current from the physician.	<ol style="list-style-type: none"> 1. Admin will review all client files for current medical physical (completed within the last year or have an appointment to obtain one within 30 days of starting services) 2. All client files will be reviewed initially to verify medical appointment requirements as they pertain to IDAPA 16.03.21.601.01.e. If client is out of regulation for medical appointment requirements, the worker and participant will be notified and the participant will be required to obtain one. As well, verification of requirement will be included in the recommended Audit form 3. Admin staff, Administrator, and clinical supervisor will be responsible for completing and verifying compliance through all phases of participants service. 4. After initial verification, using 	11/17/2016



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<p>confidentiality under these rules. 01. General Records Requirements. Each participant record must contain the following information: e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-11)</p>		<p><i>recommended audit tool, as well as upon acceptance of any review, annual, documentation of current physical will be noted.</i></p>	
<p>16.03.21.601.01.f. 601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual</p>	<p>In review of participant files, for 2 of 3 files reviewed, the Intervention Evaluations were not in compliance with this rule.</p> <p>For example: For participant 1 and Participant 3 the Intervention evaluation was not signed, credentialed and dated. Further, For participant #3, the assessment was not current. The assessment on file was for the 2014 plan year. There was authorization for assessments to be completed for the 2015 and 2016 plan years which were</p>	<p><i>1. All files will be reviewed by admin staff and Administrator to verify all required Agency forms and plans are signed and dated by the participant as well as appropriate worker signature and credentials as well as historical congruity of all required acknowledgements, forms, plans, and assessments</i> <i>2. After initial review of of participant files, subsequent verification will be provided by quarterly client audits, annual reauthorization of services, during observations and/or changes/amendments.</i></p>	<p><i>11/17/2016</i></p>



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<p>providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)</p>	<p>not in the file.</p>	<p>3. <i>Recommended Client audit tool, annual review client checklist, as well as Clinical Supervisors observation form will be used in the verification of all required forms</i></p> <p>4. <i>Through the use of the recommended audit tool, observations, and annual client review will document all required forms are in compliance.</i></p>	
<p>16.03.21.900.02.e. 900. Each DDA defined under these rules must develop and implement a quality</p>	<p>There is no annual review of agency's code of ethics, identification of violations and implementation of an internal plan</p>	<p>1. <i>Through use of the departments recommended audit tools, all files reviewed will have corrected actions,</i></p>	<p>11/17/2016</p>



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<p>assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include 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)</p>	<p>of correction. THIS IS A REPEAT DEFICIENCY. In the agency Plan of Correction dated 12/18/15, the agency stated "SRRCs will complete a review of agency code of ethics and create a form to document any violation or deficiency noted. This form will be used during all subsequent internal 120 day and annual audits. THE AGENCY FAILED TO COMPLY WITH THEIR PLAN OF CORRECTION.</p>	<p><i>required correction and date correction is to be and was corrected</i> 2. <i>through updates from the department and recommended audit tool completion all information will be kept in QA binder</i> 3. <i>All corrective actions will be monitored by admin staff and be reported upon finding to the Clinical Supervisor and Administrator</i> 4. <i>File audits and annual updates will keep continuous verification system of all audits, results, and actions taken.</i></p>	
<p>16.03.21.900.02.f. 900. Each DDA defined under these rules must develop and implement a quality assurance program. 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)</p>	<p>There Is no documentation that the agency has annually reviewed the agency's policy and procedure manual to specify date and content of revisions made.</p>	<p>1. <i>Completed date of satisfactory acceptance of Policy and Procedure will be noted and kept in the Facilities Management binder</i> 2. <i>admin staff will utilize recommended audit form to verify current policy and procedure in use at the agency. As well, upon policy change or adaptation of new policy footer of policy Manual and printed copy of update in Policy and Procedure manual</i></p>	6



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		<p>3. Admin staff and administrator will be responsible for verifying use of most current policy and procedure.</p> <p>4. Policy and Procedure will be verified for correct and current information during Administrative audit.</p>	
<p>16.03.21.915.09. 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: 09. Written Informed Consent. Ensure programs developed by an agency to assist participants with managing maladaptive behavior are conducted only with the written informed consent of a participant, parent, or legal</p>	<p>For 1 of 1 participant files reviewed for restrictive programs, there was no written informed consent of the parent for the program of managing maladaptive behavior which included a restrictive procedure.</p> <p>For example, for Participant #4 the parent did not sign the restrictive treatment program for 2015 as part of the Plan of Correction or in 2016 with the new plan.</p> <p>THIS IS A REPEAT DEFICIENCY.</p> <p>In the agency Plan of Correction 12/18/15, the agency states "All documents completed for each</p>	<p>1. all Participant files will be reviewed quarterly to ensure compliance to this rule. Agency will utilize recommended audit tools through health and welfare to verify acknowledgements and proper information is kept in each participant file to include the parent signatures on the restrictive treatment program.</p> <p>2. Through quarterly audits and reviews all information will be verified for correct authorizations and acknowledgements, Adminsitrator will be notified and proper documentation will be updated or received as soon as possible.</p> <p>3. admin staff and administrator</p> <p>4. Monitoring for compliance will be in the form of health and welfares audit</p>	<p>11/17/2016</p>



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<p>guardian, where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-11)</p>	<p>participant will be reviewed to ensure current compliance of rule, part of the file check list verification will be showing all required documents have been signed by all required parties. Also a space will be added to the form that must be initialed, stating that, "parent has been notified and requested to sign" Initial compliance will be conducted by QA team. At this time, all missing documents and or signatures. Admin staff will be responsible for initiating first audit and all subsequent audits. Clinical supervisor will be part of this process to ensure compliance. CS will verify at initiation of services if there is a restrictive Tx program, that all required parties have been given informed consent and signed approval. All new client files as well as participant annual reviews will be verified for correct substance. "</p> <p>In review of the file, the previous</p>	<p><i>tools. Specific participant #4 will have his maladaptive behavior restrictive program signed consent form signed by parent by 10/21/2016.</i></p>	



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	<p>program had not been corrected to include that the participant's parent had given informed consent for the restrictive program. Further, the program for the new plan year continued to have the restrictive treatment and was again not signed by the participant's parent. Further, neither the form nor the file checklist verification had not been revised as stated in the plan of correction.</p> <p>FAILURE TO COMPLY WITH PLAN OF CORRECTION.</p>		

Agency Representative & Title: Victoria Cunningham, Administrator

Date Submitted: 10/7/2016

* By entering my name and title, I agree to implement this plan of correction as stated above.

Department Representative & Title:

Date Approved:

* By entering my name and title, I approve of this plan of correction as it is written on the date identified.