



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

March 3, 2010

Administrator, Jeanne Weber  
Hope Developmental Center  
3110 E Cleveland Blvd Ste B7  
Caldwell, ID 83605

Dear Ms. Weber,

Thank you for submitting the Hope Developmental Center Plan of Correction dated March 1, 2010. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings.

Further, according to IDAPA 16.04.11.203.01, your agency certificate was contingent upon the correction of deficiencies. The Department has received documentation to support your agency's Plan of Correction. The documented corrections submitted satisfy the Plan of Correction as written. Please assure the ongoing quality assurance processes continue to implement and monitor these changes.

You can reach me if you have any questions at 364-1828.

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

Greg Miles  
Medical Program Specialist  
DD Survey and Certification

Submit by Email

Print Form

# Statement of Deficiencies

Developmental Disabilities Agency

Hope Developmental Center 3HOPE007	3110 E Cleveland Blvd Ste B7 Caldwell, ID 83605-0721 (208) 459-8558
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Survey Type: Investigation

Entrance Date: 1/13/2010

Exit Date: 1/13/2010

Initial Comments: Survey Team Members: Greg Miles, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.01.d</p> <p>900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)</p> <p>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)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)</p>	<p>QA Program</p> <p>For one of one participant reviewed ((Participant 1)), training was found to be occurring in what would not be considered the natural environment. Programming included training for the participant to stick his tongue out numerous times. Training was being conducted publicly in the agency's center. The natural environment for such a task would seem to require privacy, such as if personal Activity of Daily Living skill was being performed (e.g., toothbrushing).</p>	<p>1) Corrective action: PIP was revised to indicate that training should take place in private area; also general staff training was completed regarding this particular program and social image/dignity issues in general (1/29/10 and 2/26/10).</p> <p>2) Identifying other affected participants: I reviewed all participant programs—I did not identify any others where I felt this was an issue; reviewed the issue with DS; discussed the issue at staff meeting to obtain input from staff.</p> <p>3) Responsible professional: DS implemented the revised PIP and provided the staff training.</p> <p>4) Compliance: Revised PIP has been implemented (as of 2/23/10); DS will monitor staff compliance through daily room supervision and random weekly reliability checks; written program instructions are monitored through the QA checks.</p> <p>5) Date completed: the corrective action has been completed.</p>

Developmental Disabilities Agency		Hope Developmental Center	1/13/2010
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 3/1/2010	<b>Administrator Initials:</b>
<b>Administrator Signature (confirms submission of POC):</b> <i>Jessie Weber, MSW, Program Director</i>		<b>Date:</b> 3/1/2010	
<b>Team Leader Signature (signifies acceptance of POC):</b> <i>Dave Miles</i>		<b>Date:</b> 3/3/2010	