IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 12, 2010

Heath Ivers, Administrator
Pete Molino, President
Access Point Family Services
5565 Yellowstone
Pocatello, Idaho 83202

Dear Mr. Ivers & Mr. Molino:

Thank you for submitting the Access Point Family Services Plan of Correction dated March 12, 2010. 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 Access Point Family Services a full two (2) year certificate effective from April 1, 2010 through March 31, 2012.

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 you 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. All supporting documentation must be submitted no later than **May 8, 2010**. You may submit supporting documentation as follows:

Fax to: 208-239-6269
Email to: lovelanp@dhw.idaho.gov
Mail to: Dept. of Health & Welfare
DDA/Res Hab Survey & Certification
1070 Hiline, Suite 260
Pocatello, Idaho 83201
Or deliver to: Above address

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, DS
Medical Program Specialist
DD Survey and Certification

RECEIVED
MAR 1 1 2010
REG VI MEDICAID UNIT
BY

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

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BY

Access Point Family Services, Inc.
6ACPTFAM063

5565 Yellowstone Ave
Chubbuck, ID 83202-
(208) 478-9344

Survey Type: Recertification

Entrance Date: 1/12/2010

Exit Date: 1/14/2010

Initial Comments: Surveyors Present: Pam Loveland-Schmidt, Medical Program Specialist; David Doran, Medical Program Specialist; Robert Card, Clinician; and Mark Schwartzenberger, Clinician.

Participant/Parent Satisfaction:

Parents interviewed were satisfied with services. A parent stated they are concerned about their child's screaming, and that many times they are not called when the agency cancels therapy. The parent also stated that the speech services are too far away from their home and it is difficult to make the appointment on time.

Observations:

[Participant A] was observed with a paraprofessional ([Employee 17]) at the center. The paraprofessional worked well with the child and the child appeared very comfortable working with the paraprofessional. However, therapy was not conducted in the natural setting; the objective being worked on should have been utilized in the natural environment of the home (identifying categories that various items would be in). Good utilization of reinforcers (edibles, verbal praise, high fives). The paraprofessional did a good job utilizing other objects in the room to help generalize some skills (e.g., the large number grid on the wall). There was a continual need for re-direction and staff did so very naturally and without interfering with training. [Employee 17] charted data frequently during the training, again without interfering with the training being provided. Overall, the paraprofessional did a good job.

[Participant B] was observed with a paraprofessional ([Employee 18]) at the public library. The paraprofessional had a good rapport with the child and reinforcements were appropriate (verbal and edible reinforcers). No behaviors were observed during observation. The paraprofessional worked on answering questions, time, and turn-taking.

[Participant C] was observed with an IBI professional ([Employee 16]) in his natural setting at his home. The professional had a good rapport with the child and no behaviors were observed during the observation. Reinforcements were appropriate (verbal and activities). The objectives worked on were teeth brushing, matching colors, shapes, and animals. Prompts were appropriate.

[Participant D] was observed with an IBI professional ([Employee 15]) at the Idaho Falls library. The library was a good natural setting for the objectives being worked on. Several objectives were worked on (remain on task, transition, etc.). The professional frequently reminded the

child of what was being implemented and was able to re-direct and prompt without drawing any attention to them by other library patrons. The professional integrated them into the natural environment very well whereby other patrons were able to sit at the table and involve themselves in their own activities naturally. Data collection was completed frequently; however, the activity with the child was never hindered. There was good utilization of natural reinforcers of verbal praise, ("good job"), high fives, and utilizing books in the library to look at. The child was even able to howl like the characters in the "Big Bad Wolves" book, which the professional allowed her to choose by herself. Overall, the professional did a very good job integrating the child into the community.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.201.04.g	Policies and Procedures	
201.APPLICATION FOR INITIAL CERTIFICATION. 04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06) g. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice; (7-1-06)	The agency lacked a written code of ethics policy that addresses IDAPA requirements. (REPEAT DEFICIENCY) The agency corrected the deficiency during survey. The agency must address questions 2-4 on the plan of correction.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? No adverse effects from correction of this deficiency are anticipated for company DDA participants. 3. Who will be responsible for implementing each corrective action? President of the Company 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored on an annual basis during our Ethics Review and when the company conducts it's annual internal audit of the DDA program.

Scope and Severity: / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2-11-10 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.400.04	Policies and Procedures	
400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 04. Parents of Participants. A DDA may not hire the parent of a participant to provide services to the parent's minor or adult child. (7-1-06)	The agency lacked policies and procedures that prevent the hiring of a parent of a participant to provide services to the parent's minor or adult child. The agency corrected the deficiency during survey. The agency must address questions 2-4 on the plan of correction.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? No adverse affect is anticipated for DDA participant's. 3. Who will be responsible for implementing each corrective action? The President of the company. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The company's P&P was amended to correct this deficiency. Compliance to this deficiency will be monitored on an annual basis when the company conducts it's annual internal audit of the DDA program.

Scope and Severity: / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** BM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.01	Policies and Procedures	
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training	The agency lacked procedures to assure that only qualified professionals conduct collateral contact or IBI consultation. (REPEAT DEFICIENCY) The agency corrected the deficiency during survey. The agency must address questions 2-	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? No adverse affects are anticipated by the correction of this deficiency for participants.

requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) 01. Limits to Paraprofessional Activities. The agency must assure that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a Program Implementation Plan, or conduct collateral contact or IBI consultation. These activities must be conducted by a professional qualified to provide the service. (7-1-06)	4 on the plan of correction.	3. Who will be responsible for implementing each corrective action? The Q&A Director and the President of the Company. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The company's P&P Manual and Program Handbooks have been amended to incorporate the corrections from this deficiency The Q&A Director will monitor program compliance to this IDAPA Rule on a monthly basis.

Scope and Severity: / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** FM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.02.c	Training	
415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 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) c. Correct and appropriate use of assistive technology used by participants; (7-1-06)	Five of five employee records reviewed ([Employees 14, 15, 16, 17, and 18]) lacked documentation of training for correct and appropriate use of assistive technology used by participants.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Participants can only benefit from the correction of this deficiency. No adverse affects are anticipated.

		3. Who will be responsible for implementing each corrective action? DS Program Managers, and the Q&A Director. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The company has purchased training material regarding Assistive Technology. The employee's training protocol has been amended to include the "assistive technology" component as per IDAPA Rules and Regulations. The company's training comments form has also been amended so that we can track the completion of this training on an annual basis.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** FM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.02	Policies and Procedures	
510. HEALTH REQUIREMENTS. 02. Services that Require Licensed Professionals. Some services are of such a technical nature that they must always be performed by, or under the supervision of, a licensed nurse or other licensed health professional. The agency must assure that all such care is provided within the scope of the care provider's training and expertise. These limitations are outlined in IDAPA 23.01.01, " Rules of the Idaho Board of Nursing," Section 490. (7-1-06)	The agency lacked procedures in place to assure services are provided within the scope of care of the provider's training, licensure, and expertise. The agency corrected the deficiency during survey. The agency must address questions 2-4 on the plan of correction.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? A review of all participant files were completed. No further participants were identified that required services out side of the scope of the existing company staff. 3. Who will be responsible for implementing each corrective action? The Quality Assurance Director will monitor all patient files, intakes and reviews and determine if the services being provided are within the scope of practice of the service providers delivering these services. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

Scope and Severity: / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** GM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.04 510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete 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 has 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 legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06)	Incident Reporting The agency's Developmental Therapy and IBI incident reports lacked documentation that the minor's parent or legal guardian was notified of the incident. The agency also lacked documentation that all incident reports were reviewed at least annually and included written recommendations. The agency corrected the review of incident reports during survey. The agency must address questions 2-4 on the plan of correction. (REPEAT DEFICIENCY)	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency reviewed existing participant files and found no other participants who were affected by this deficiency. 3. Who will be responsible for implementing each corrective action? The company Q&A Director (Heath) and the company President (Pete) 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The quality assurance director will be responsible for monitoring the completion of incident reports and assure that the forms are completed per IDAPA Rules and Regulations.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** | **Administrator Initials:** GM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.03	Program Documentation (data/progress)	
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)	One of four participant records reviewed ([Participant A]) lacked documentation of employee credentials.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? A review of all files was completed by the Quality Assurance Director. All credentials and signatures were completed by the staff providing the services. No other deficiencies were found. 3. Who will be responsible for implementing each corrective action? The company Q&A Director (Heath) and the company President (Pete) 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The program manager's and quality assurance director will review all company documents to ensure that the form(s) / documents meet the requirements of IDAPA Rules and Regulations.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.601.03.a-f	Assessments	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The company will document all efforts to schedule psychological evaluations. This documentation will include the date called, who talked to, when the appointment was made, etc.
601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s); (7-1-06) b. Prior to the initiation of restrictive interventions	One of four participant records reviewed ([Participant A]) lacked documentation that the psychological assessment was current. For example, [Participant A]'s record lacked documentation of a current psychological assessment. The record included an assessment from 2007 and a progress report for 2008, but no current assessment was found.	

to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance. (7-1-06)	(REPEAT DEFICIENCY)	3. Who will be responsible for implementing each corrective action? The company Q&A Director (Heath) and the company President (Pete) 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The quality assurance director, during his / her monthly audit's of the patient files will ensure that the evaluations are being scheduled appropriately. The Q&A director will also ensure documentation of the communication with parents is complete.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.602.02	Assessments	
602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 02. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation	Two of four participant records reviewed ([Participants B and C]) lacked documentation that the psychological assessment was reviewed and a determination was made whether a full, update, or no assessment was necessary.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All agency participant files have been audited internally since the completion of the survey. No other participant files were identified with this issue.

from the professional stating so. (7-1-06)		3. Who will be responsible for implementing each corrective action? The company Q&A Director (Heath) and the company President (Pete) 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Access Point created a new form for the psychologist to complete which will indicate if an update is required or not. This review will be completed prior to scheduling a psychological evaluation. All documentation from this review will be placed in the participant file.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** JM

Rule Reference/Text	Category/Findings	Plan of Correction [POC]
16.04.11.701.05.e.iv	Individual Program Plan	2. How will the agency identify participants who may be affected by the deficiency(s)? Access Point will continue to implement procedures and support to assist the managers in scheduling participant hours so that compliance to the 80% rule is being met. The company has created a database in which scheduled hours indicate compliance with the 80% rule. 3. Who will be responsible for implementing each corrective action? The company Q&A Director (Heath) and the company President (Pete) 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The Q&A director will monitor the schedules on a weekly basis and work with the program manager to ensure compliance to this rule.
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's	Four of four participant records reviewed ([Partcipants A, B, C, and D]) lacked documentation that the amount and frequency of the type of therapy did not deviate from the IPP more than 20% over a period of four weeks unless there was documentation of a participant-based reason. For example: [Participant C]'s billing record revealed the agency provided 35% of the authorized hours from June 2008 to December 2009. [Participant D]'s billing record revelaed the agency was only within the 20% deviation one week between October 26, 2009, and December 10, 2009.	

participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Program Implementation Plan	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (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 achievement of each objective. These instructions must be individualized and revised	Two of four participant records reviewed ([Participants B and C]) lacked documentation on the Program Implementation Plans that written instructions to staff are revised as necessary to promote participant progress towards stated objectives. For example, Program Implementation Plans were only reviewed on three-month intervals; therefore, written instructions were not revised "as necessary".	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All participants with this issue have been identified and corrected. The agency does not anticipate it affecting participant's in any way. 3. Who will be responsible for implementing each corrective action? The Q&A director has added to his duties to check and review the completion of this documentation. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Documentation of the patient data analysis will be documented on a company form. This documentation indicates that the participant's data review / objective's, and goals were reviewed and by whom. The form has been created and put into circulation.

as necessary to promote participant progress toward the stated objective. (7-1-06)		

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705	Record Requirements	
705.RECORD REQUIREMENTS. 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 confidentiality under these rules. (7-1-06)	One of four participant records reviewed ([Participant C]) lacked documentation that supports the individual's choices, interests, and needs that result in the type and amount of each service provided. For example, [Participant C]'s record lacked documentation a SLP/OT and language assessment was completed or documentation SLP/OT was provided. In addition, no documentation was found as to the reason why the agency did not conduct the assessment or provide the service. The participant had the assessed need and the agency does not have documentation addressing the need for SLP/OT.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All participant files have been internally audited since the completion of the survey. Any changes that have been made are not anticipated to affect the participants in any way. 3. Who will be responsible for implementing each corrective action? The Q&A director will monitor the completion of this function on a monthly basis. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Training of the DS for Children was implemented to train them on following through with professional recommendations for "other" services. Documentation of this follow-through will be completed by the DS and placed in the participant's binder. Follow up regarding the initiation and completion of these outside services has also been placed in the job duties of the program manager.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.724.01-03	Collateral Contact	
724.COLLATERAL CONTACT. Collateral contact is consultation with or treatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06) 01. Conducted by Agency Professionals. Be conducted by agency professionals qualified to deliver services and be necessary to gather and exchange information with individuals having a primary relationship to the participant. (7-1-06) 02. Face to Face or by Telephone. Be conducted either face-to-face or by telephone when telephone contact is the most expeditious and effective way to exchange information. Collateral contact does not include general staff training, general staffings, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present. (7-1-06) 03. On the Plan of Service. Have a goal and objective stated on the plan of service that identifies the purpose and outcome of the service and is conducted only with individuals specifically identified on the plan of service. Program Implementation Plans are not required for collateral contact objectives. (7-1-06)	Three of four participant records reviewed ([Participants A, B, and D) lacked documentation that collateral contact was conducted as authorized on the IPP. For example: [Participant B]'s IPP authorized one hour of collateral contact per week. The agency lacked documentation collateral contact was completed weekly and the agency only billed 3.25 hours of collateral contact for 2009. [Participant D]'s IPP authorized one hour of collateral contact per week. The agency lacked documentation collateral contact was conducted. In addition, all three participant records lacked a goal and objective on the IPP as per rule requirements.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Participants affected by this deficiency will have access to collateral services if it is indicated on their IPP. Parents will be contacted by the DS for scheduling concerns. We will also, during this contact, ensure that the child still requires collateral contact. Any possible changes to the IPP will involve the parent and participant and be based on the participants needs. 3. Who will be responsible for implementing each corrective action? The agency Q&A director (Heath) 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?If collateral contact The Q&A director will monitor all IPP's and DT services to ensure that these services are administered during his monthly file review.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.d	Developmental Therapy	Next Page
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) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing,	One of four participants records reviewed ([Participant A]) lacked documentation that therapy occurs in the child's natural setting. For example, of the 62 data sheets reviewed for [Participant A], only 12 documented that therapy occurred in the natural setting. Per discussion	

proactive, internal review of the DDA designed to ensure: (7-1-06) 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)	with administration, services took place in the center.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The DS and program managers have received training regarding the importance of providing services in the participant's natural setting. Participants benefit from any changes in location of services. No adverse effect is anticipated. Parents will be notified of any changes. 3. Who will be responsible for implementing each corrective action? Q&A Director 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The Q&A Director will monitor each participant's "place of service" during the monthly file reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.02.c	Policies and Procedures	
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) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06) c. A system to ensure the correction of problems identified within a specified period of time; (7-1-06)	The agency's quality assurance program lacked a system to ensure the correction of problems identified within a specified period of time. The agency corrected the deficiency during survey. the agency must address questions 2-4 on the plan of correction.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? No participants are expected to be affected by this deficiency, or any changes to our P&P due to the deficiency. 3. Who will be responsible for implementing each corrective action? Q&A Director

		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? All company forms were altered to include a time frame in which identified problems must be addressed and remedied. The Q&A director will review these documents / incidents and ensure that the documents and operations comply with IDAPA Rules and Regulations.

Scope and Severity: / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.02.e	QA Program	
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) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06) e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.	The agency's quality assurance program lacked documentation of a regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. The agency corrected the deficiency during survey. The agency must address questions 2-4 on the plan of correction.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? No participants are expected to be affected by this deficiency, or any changes to our P&P due to the deficiency. 3. Who will be responsible for implementing each corrective action? Q&A Director, President, and Administrative Assistants. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The company's P&P was amended to include an regular review of the company's code of ethics. The Q&A Director will be responsible for conducting this review on a minimum of an annual basis. Documentation of the review will be placed in the "Company Binder".

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.03.a	Participant Rights	
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) 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-06)	Two of four participant Developmental Therapy and IBI records ([Participants A and D]) lacked documentation that the agency provided a verbal explanation of rights in a manner that would best promote individual understanding of these rights. The agency corrected the deficiency during survey. The agency must address questions 2-4 on the plan of correction.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The Statement of Rights document was altered to better] comply to IDAPA Rules and Regulations. Participants will from this point on, have their rights verbally explained as needed. 3. Who will be responsible for implementing each corrective action? Q&A Director, President, and Program Managers 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The company forms and protocols were amended to ensure that a verbal explanation was given to the parents. A section was added to the forms. The Q&A Director will monitor and review the forms to ensure that the company is in compliance with IDAPA Rules and Regulations.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2-11-10 | **Administrator Initials:** PM

Administrator Signature (confirms submission of POC): [signature] **Date:** 2-11-2010

Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmidt **Date:** 3/11/10