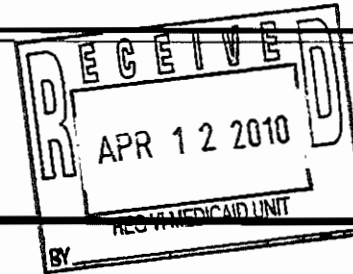


Statement of Deficiencies

Developmental Disabilities Agency

Royal Journeys
7JOURNEYS102-1

111 E Main St
Rigby, ID 83442-1417
(208) 745-1334



Survey Type: Recertification

Entrance Date: 2/16/2010

Exit Date: 2/18/2010

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

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

Observations:

[Participant A] and [Employee 27] were observed in the Journey's Rexburg center. The employee and participant gathered the needed supplies (which are kept in a locked cabinet due to safety concerns) prior to the delivery of therapy. While this activity was being completed, [Employee 27] maintained ongoing verbal reinforcement with the participant and kept him engaged with what was occurring. [Employee 27] maintained appropriate reinforcement during therapy. Data was charted after the activity had been completed and the supplies were put away. The Program Implementation Plan was referred to prior to implementation of the objective. Surveyors noted how the implementation of this objective was in the center facility rather than in the participant's home (which is the most natural environment for the objective). The staff and participant worked well together and had good rapport. In completion of how much money was needed to purchase a specific item, [Participant A] demonstrated a concern with how to determine the amount of money that was needed. The participant was instructed to deduct this amount from the utilized "check register". In trying to explain this, [Employee 27] had asked the participant, "...if you have \$29.00 and subtract the amount needed to purchase the item..." There was a concern that this activity is bordering on "educational" and was discussed with the Children's DS. The Children's DS indicated [Participant A] was nervous due to the observation and that [Employee 27] was attempting to help explain the process of how to determine that amount.

[Participant B] was not observed due to a scheduling conflict.

[Participant C] was observed in the center and was working on getting an Ensure supplement drink, which he was assisted in carrying to a table in the kitchen area. [Employee 22] had assisted [Participant C] in getting a glass and carrying it to the table and assisted the participant to open the can and pour it into a glass. [Employee 22] needed to frequently remind [Participant C] to appropriately drink from the glass (i.e., keep the glass up to his mouth) during the therapy observation. [Participant C] had the drink spilling from his mouth, as well as continuous drooling; however, there was not a napkin/towel to assist with keeping this cleaned up. [Employee 22] did stay actively involved

with [Participant C] to a point where the staff appeared to be physically guiding the participant to the various locations of the needed supplies (drink, glass, table, etc.) rather than providing him the opportunity to demonstrate his skills to do so initially. [Employee 22] kept saying that the participant needed to continue with the task by stating "...not done yet, need to stay here until done..." It is unclear as to what "done" meant and it is not clear if the participant had developed this concept.

[Participant D] and [Employee 26] were observed having a discussion for scheduling the day's activities by choosing the planned activities [Participant D] wanted to take part in. The objective was implemented by having [Participant D] identify what was needed for the walk (e.g., coat and gloves) and he was given the opportunity of where to walk in relation to Journey's center location. [Employee 26] continuously provided verbal reinforcement as indicated by the community safety implementation plan. [Employee 26] did not have the implementation plan with her, but did maintain data collection throughout programming, which was completed unobtrusively. It was noted by surveyors that the implementation plan had been reviewed by [Employee 26] prior to leaving the center. [Employee 26] walked along with the participant and did not draw any attention to the therapy.

[Participant 1] and [Participant 8] were observed in a 3:1 community group setting at a general store (Abbott's). Participants were actively engaged in objectives during the observation period, and appeared to have good rapport with [Employee 14]. [Employee 14] took the appropriate amount of time with each participant's needs and in the implementation of their similar objectives. The objectives addressed were price comparison for items that were previously identified on a list, and asking for assistance. No problems were observed during therapy.

[Participant 2] was observed receiving services from [Employee 17] at Broulim's grocery store in Rigby. The participant lives in a certified family home in Rigby, and stated that when the family home does their shopping, they would go to the Broulim's store where the observation took place. The participant was addressing an objective for price comparison during the observation. When the observation ended, the participant informed surveyors that she and her staff would be going to Idaho Falls next. When asked what they would be doing in Idaho Falls, [Employee 17] informed surveyors that they would be going to Walmart in Idaho Falls to address the same objective of price comparison. [Employee 17] stated this was to occur so that [Participant 2] could generalize the objective of price comparison in different environments. It was determined that Idaho Falls is not the participant's natural setting.

[Participant 3] was observed receiving services from [Employee 23] at the Journey's Rigby center location. [Participant 3] was addressing an objective for time identification during therapy observation. [Employee 23] did a good job of asking questions to queue the participant on the importance of telling time, and rephrasing questions to make them more understandable. It appeared that [Participant 3] was losing motivation during therapy, and no longer wanted to participate after approximately 15 minutes of addressing the objective without a break. It was noted that [Participant 3] lives in Idaho Falls and was receiving the center-based services in Rigby. This is not the participant's natural setting, and no assessed needs were identified that would justify services in Rigby. The participant also receives DDA services from two other providers in Idaho Falls.

[Participant 4] was observed receiving services from [Employee 13] at the Journey's center location. [Participant 4] was working on a communication skills objective during therapy observation. The participant engaged in social stories with the employee and was successful in demonstrating skills. It was noted, however, that [Employee 13] was utilizing card board cut-outs of the numbers 1-9, and requesting the participant to identify examples of more or less with the numbers. When the participant identified which number was more or less, he was given an edible reinforcement followed by positive verbal praise. [Employee 13] was very natural in the service delivery; however, activities that are educational are not reimbursable by Medicaid.

[Participant 5] was observed receiving services from [Employee 24] at Broulim's grocery store in Rigby. The participant was addressing

objectives for making eye contact, writing down appointments, and following a schedule of planned activities. The participant did engage in the objective while picking up a prescription from the store pharmacy. The therapy observed was difficult to follow, as the participant and employee were engaged in casual conversation during the majority of the therapeutic provisions. [Employee 24] was observed taking his own blood pressure during therapy, which raised questions on the relevance to the participant's needs. Concerns were discussed with agency representatives.

[Participant 6] was not observed due to illness.

[Participant 7] and [Participant 9] were observed receiving group services from [Employee 25] at the Journey's center location in Rigby. [Participant 7] was identifying items in the newspaper, and then telling the staff a story about the item. [Participant 7] appeared to have an established rapport with [Employee 25], and was treated with courtesy and respect. During observation of [Participant 7], it was noted that [Participant 9], who was also a member of the group, was not receiving therapy from [Employee 25]. [Participant 9] sat uninvolved with the group and did not participate with the group during the observation.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.01</p> <p>601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)</p>	<p>Assessments</p> <p>Two of 12 participant records reviewed ([Participant B and 5]) indicated participant assessments were not completed or obtained prior to the delivery of therapy.</p> <p>For example:</p> <p>[Participant B]'s Occupational Therapy Assessment was not obtained until February 17, 2010. Therapy started on September 13, 2009.</p> <p>[Participant 5]'s most current Psychological Assessment was dated 2003. The participant was prescribed behavior modifying drugs and has a mental health diagnosis. The current assessment was not completed or obtained prior to the delivery of service.</p>	<p>1. Participant's OT assessment obtained .</p> <p>2. No other participants were affected.</p> <p>3. Each respective DS assigned to the participant will obtain plan year OT assessment and Psychological Assessment (when applicable) documentation before services begin.</p> <p>4. Monthly QA's of participant files will monitor to ensure IDAPA compliance.</p> <p>5. Corrective action completed by 03/05/2010</p>

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm

Date to be Corrected: 2010-03-05

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.01</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)</p>	<p>Assessments</p> <p>One of 12 participant records reviewed ([Participant 5]) indicated a need for a current Psychological Assessment. The most current assessment in the record was dated 2003.</p> <p>For example, [Participant 5]'s record indicated the participants is prescribed Lexapro and Risperidol, and diagnosed with depression. There was not a current Psychological Assessment identified in the record.</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> 1. Current psychological assessment obtained dated 9/17/09. 2. No other participants affected. 3. Developmental Specialist responsible for respective participant will implement corrective action. 4. The corrective action: Developmental Specialist will obtain most current Psychological Assessment. Participant file will be monitored monthly by DS and quarterly by Secretary. 5. Corrective action completed 3/10/2010

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm**Date to be Corrected:** 3/10/2010**Administrator Initials:** **Rule Reference/Text**

16.04.11.604.05

604. TYPES OF COMPREHENSIVE ASSESSMENTS.

05. Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 420 of these rules. (7-1-06)

Category/Findings


Assessments

One of 12 participant records reviewed ([Participant 4]) indicated the participant is non-verbal and has needs with communication. The record lacked documentation of a Speech and Language Assessment or referral for an evaluation.

Plan of Correction (POC)

1. Most current Speech/Language Assessment has been obtained, 3/8/05, and referral to update the speech assessment made to family and TSC 2/24/2010.
2. Only this participant was affected.
3. Developmental Specialist responsible for respective participant will implement corrective action of obtaining Speech/Language assessment or referral.
4. Monthly QA's by DS and Quarterly by Secretary will monitor for this documentation.
5. Corrective action taken 2/18/2010

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm**Date to be Corrected:** 2/24/2010**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.04.a-c</p> <p>653.DDA SERVICES - COVERAGE REQUIREMENTS AND LIMITATIONS.</p> <p>04. Excluded Services. The following services are excluded for Medicaid payments: (3-19-07)</p> <p>a. Vocational services; (3-19-07)</p> <p>b. Educational services; and (3-19-07)</p> <p>c. Recreational services. (3-19-07)</p>	<p>Developmental Therapy</p> <p>One of 12 therapy observations conducted ([Participant 4]) indicated that educational activities were being utilized during the provision of developmental therapy.</p> <p>For example, observation of therapeutic provisions with [Participant 4] indicated that services were educational in nature. [Employee 13] presented numbers 1-9 to the participant and requested that the participant identify examples of which number is more or less. See initial comments.</p>	<p>1. Training of staff regarding "educational in nature" type services was implemented 2/19/2010 and again 2/24/2010.</p> <p>2. No other participants affected. Training was given to all paraprofessionals in our agency however.</p> <p>3. Developmental Specialists will observe therapy and remind paraprofessionals of their scope of service related to developmental therapy.</p> <p>4. This will be monitored through weekly training and monthly observations of paraprofessionals.</p> <p>5. Corrective action was taken 2/19/2010 and 2/24/2010</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 2/19/2010</p> <p>Administrator Initials: </p>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.e</p> <p>600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals</p>	<p>Assessments</p> <p>One of 12 participant records reviewed ([Participant 4]) indicated the participant's Comprehensive Developmental Therapy does</p>	<p>1. Developmental Evaluation has been updated to include type and amount of therapy.</p> <p>2. It only affected this participant.</p> <p>3. Developmental Specialist responsible for respective</p>

<p>defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)</p>	<p>not recommend the type or amount of therapy.</p>	<p>participant will implement corrective action. 4. When Developmental Evaluations are written, Developmental Specialist will include type and amount of therapy using template that includes this section. 5. Corrective action implemented 3/9/2010</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 03/09/2010 **Administrator Initials:** *Ph*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.03 600. 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)</p>	<p>Assessments One of 12 participant records reviewed ([Participant 1]) indicated that the Comprehensive Developmental Assessment was not signed and dated by the Developmental Specialist completing the report. The agency corrected the deficiency during survey. The agency must address questions 2, 3, and 4 on the Plan of Correction.</p>	<p>1. Developmental Specialist signed Developmental Evaluation. 2. No other participants were affected. 3. Developmental Specialists completing assessments will double check for their own signature/date. 4. When placing assessment into participant file secretary will check for signature as well. 5. Corrective action implemented 02/09/2010</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 02/09/2010

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.604.07.e</p> <p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06)</p> <p>e. Educational history including any participation in special education; (7-1-06)</p>	<p>Assessments</p> <p>One of 12 participant records reviewed ([Participant B]) indicated that the participant had "no education," in the "Education" section of the participant's Medical/Social History.</p>	<ol style="list-style-type: none"> 1. An updated Medical/Social has been obtained from the professional completing it. 2. No other participants were affected. 3. Developmental Specialists responsible for their respective participants. 4. Developmental Specialists responsible for their respective participants will read Medical/Social to ensure the IDAPA required elements are included within the Medical/Social. 5. Corrective action will be completed by 3/10/2010

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm

Date to be Corrected: 03/10/2010

Administrator Initials: Rh

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.700.05</p> <p>700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06)</p> <p>05. Documentation of Plan Changes. Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service,</p>	<p>Participant Records</p> <p>Four of 12 participant records reviewed ([Participants A, B, C, and D]) indicated no addendum was filed when there was a change in the amount of service on the participant's plan of service.</p> <p>For example:</p> <p>[Participant A, B, C, and D]'s records indicated that 22 hours of service is authorized on the participants' plans of service. The participants' IPPs listed "summer hours at 22 hours per week" and no addendum was filed when there was a change in the authorized amount of service.</p>	<ol style="list-style-type: none"> 1. Addenda's have been written for these participants to include the current hours of attendance. 2. Any affected participants identified by our internal audit for the reduction of amount of services during school year will have an addendum written. 3. Participant's hours will be audited, by CDS responsible for respective participant. 4. When school hours affect participant attendance, an Addenda will be written for participants. 5. Corrective action taken 03/10/2010

an addendum to the plan of service must be completed. (7-1-06)

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm

Date to be Corrected: 03/10/2010

Administrator Initials: *Rh*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.704.01.c</p> <p>704.PROGRAM DOCUMENTATION REQUIREMENTS. 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. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant, the following program documentation is required: (7-1-06)</p> <p>c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)</p>	<p>Participant Records</p> <p>One of 12 participant records reviewed ([Participant 7]) lacked evidence to indicate a change was made by the qualified professional when necessary.</p> <p>For example, [Participant 7]'s record indicated that the participant had met mastery criteria listed on an objective for the months April 2009 (95%); May 2009 (100%), June 2009 (95%), and July 2009 (98%). The record lacked documentation that a change was made when the participant accomplished the objective, and indicated that maintenance was to continue as "good hand washing skills are essential in today's era of health concerns."</p> <p>Five of 12 participant records reviewed ([Participants 1, 2, 4, 6, and 7]) lacked evidence to indicate the review of data included the professional's dated initials.</p> <p>[Participants 1, 2, 4, 6, and 7]'s records lacked evidence to indicate that the on-going review of data included the date of review with the professional's initials.</p>	<p>1. Dated initials w/credentials will be included with reviews. When master criterion is accomplished it will be noted in the review and when the services need modified it will be noted in the review also, with signature and credential of DS.</p> <p>2. Any other participants identified by our internal QA will have their reviews updated with the correct credentialed procedure as stated above.</p> <p>3. Developmental Specialist responsible for respective participants will implement this corrective action.</p> <p>4. Monthly, Developmental Specialist will monitor review entries for initials and date.</p> <p>5. Corrective action will be implemented 03/10/2010</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 03/10/2010

Administrator Initials: Rh

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.01.b</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>b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-06)</p>	<p>Developmental Therapy</p> <p>One of 12 therapy observations conducted (the observation for [Participant C]) indicated there was no napkin available when needed during a drinking/eating objective. The observation also indicated there was no soap or towel available when washing dishes.</p>	<p>1. Child safe dish soap and towels placed in appropriate area related to this observation. Para also given training regarding gathering of supplies before services are implemented.</p> <p>2. No other participants were affected.</p> <p>3. Developmental Specialist will implement corrective action.</p> <p>4. Corrective action will be monitored by Developmental Specialists during weekly supervision and monthly observations.</p> <p>5. Corrective action completed 2/19/2010 and 2/24/2010.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 02/19/2010

Administrator Initials: Rh

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>Developmental Therapy</p> <p>According to record review and observations, seven of 12 participants received developmental therapy that was not provided in the participant's natural setting.</p> <p>For example:</p> <p>[Participant 1]'s therapy is recommended in Idaho Falls, Rigby, and Rexburg. The participant's community skills were to be taught in Rigby due to the "proximity to Journey's." The participant lives in Rigby, but services should be recommended based on the participant's needs, not due to the proximity of Journey's location.</p> <p>[Participant 2]'s therapy is recommended in Idaho Falls, Rigby, and Rexburg. The participant's community skills were to be taught in Rigby due to the "proximity to Journey's." The participant lives in the Rigby area, but services should be recommended based on the participant's needs, not due to the proximity of Journey's location. Also, see initial comments observation notes for [Participant 2] and [Employee 17].</p> <p>[Participant 3]'s therapy was provided in Rigby. The participant lives in Idaho Falls. No need was identified in review of the assessments to indicate why the participant needs services outside of the natural setting.</p> <p>[Participants A, C, and D]'s assessments indicated needs in the participants' homes that were not being addressed in that setting.</p> <p>[Participant B]'s therapy was provided in Rigby in the center location. The participant lives in Idaho Falls. No need was identified in the assessments to indicate the participant needs</p>	<p>1. Staff training regarding natural setting has been given 2/19/2010 and 2/24/2010.</p> <p>2. Staff of any participants affected will have appropriate training for natural setting and therapy delivered in natural settings.</p> <p>3. Developmental Specialists responsible for respective participants will be responsible for corrective action.</p> <p>4. Corrective action will be monitored by Developmental Specialists, by including in new plans the natural setting and training of Paraprofessionals for current plans.</p> <p>5. Corrective action completed 2/19/2010 and 2/24/2010.</p>

services outside of the natural setting.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 02/24/2010**Administrator Initials:** Rh

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.03.f</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>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06)</p> <p>f. Are observable in practice. (7-1-06)</p>	<p>Developmental Therapy</p> <p>One of 12 therapy observations conducted (the observation of [Participant 9]) indicated that DDA services provided to the participant were not observable in practice.</p> <p>For example, during observation, surveyors noted a DDA participant ([Participant 9]) who was reported as receiving group developmental therapy. The participant was sitting in a group of five and was not interacting or engaged with the group therapy being provided. Staff facilitating the group did not interact with the participant during the duration of the therapy observation. See intial comments observation notes for [Participant 7] and [Participant 9].</p> <p>REPEAT DEFICIENCY</p>	<p>1. Services for this time period with participant 9 were not billed to medicaid. Staff training regarding this has taken place.</p> <p>2. No other participants were affected.</p> <p>3. Developmental Specialists will implement corrective action.</p> <p>4. Developmental Specialists will monitor through weekly supervision and monthly observation of staff to train regarding appropriate group therapy to maintain that it is observable in practice.</p> <p>5. Corrective action completed 02/18/2010</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 02/18/2010

Administrator Initials: *rh*

Administrator Signature (confirms submission of POC):

Rolynn Howell RN

Date: *4/9/10*

Team Leader Signature (signifies acceptance of POC):

Don Ireland - Schmidt

Date: *4/22/10*