IDAHO DEPARTMENT OF HEALTH & WELFARE

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4-1-2010

Dr. Cheri Atkins, Administrator
Allies Family Solutions
850 East Lander St.
Pocatello, ID 83201

Dear Dr. Atkins,

Thank you for submitting the Allies Family Solutions Plan of Correction dated 3-22-2010. 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 Allies Family Solutions a full 2 year certificate effective from 5-1-2010 through 4-30-2012.

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. Please submit these documents in order of citation, following the plan of correction findings. 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 31, 2010. You may submit supporting documentation as follows:

NOTE: Pease assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to:208-239-6269
Email to: dorand@dhw.idaho.gov
Mail to: Regional Medicaid Services
Attn: David Doran
1070 Hiline, Suite 260
Pocatello, ID 83201
Or deliver to: The previously mentioned address

You can reach me if you have any questions at 208-239-6277

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

David Doran
Medical Program Specialist
DD Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

ALLIES Family Solutions (dba of Advocacy and Learning Associates)
6ADVOC062

850 E Lander St
Pocatello, ID 83201
(208) 234-2094

Survey Type: Recertification

Entrance Date: 2/23/2010
Exit Date: 2/25/2010

Initial Comments: Surveyors Present: David Doran, Medical Program Specialist; Pam Loveland-Schmidt, Medical Program Specialist; Robert Card, Clinician/Psychologist; Karen Tharp, Developmental Disabilities Supervisor; and Caleb Angel, Social Work Student Intern.

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 review of the agency's application 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.

Observation Summary:

[Participant A] was observed receiving Developmental Therapy services from [Employee 12] at the Pine Ridge Mall. Allies staff [Employee 12] transported [Participant A] to the Pine Ridge Mall from the Speech Clinic. [Participant A] was observed looking both directions in the parking lot before proceeding across the main thoroughfare. [Participant A] and [Employee 12] then went to the bookstore and directly to the children's book section. [Participant A] was directed to select a book in which he complied and was observed looking at children's books, specifically SpongeBob and a book about bears similar to the Three Bears. [Participant A] was asked frivolous and inconsequential questions while looking at the book. For example, "Where were you before I picked you up?" and "Where are you going when you finish with [Employee 12]?" [Employee 12] stated his own name, but asked the question in a third person scenario. In addition to [Participant A], the agency had two other staff [Employees 12 and 13] and two other clients [Participants C and D] in the back of Walden Book Store. [Employee 13] was observed with one of the other participants holding up two books and asking, "If you had the money, which book would you buy?" and "Which book is cheaper?" Following time in the book store, [Participant A], [Employee 12], and the four other individuals proceeded to The Party Palace. Overall, [Participant A]'s programs, as written and carried out, lacked normalcy, purpose, and appropriateness for a male who is 16 years of age. It did not present the participant in a socially acceptable manner while in the community, and lacked age-appropriate direction from [Employee 12]. In addition, the program setting was contrived and lacked the promotion of integration and inclusion. It is unclear as to how the programs, as delivered, increase [Participant A]'s skills and overall life quality. It should be noted that the Walden Book Store and The Party Palace were the same environments that were observed with [Participant A] during the previous survey in 2009.

[Participant B] was observed receiving Developmental Therapy services from [Employee 11] in the home environment carrying out functional and appropriate programs including toileting, hand washing, and selecting a snack with the use of pictures as a communication system. [Employee 11] did exceptionally well in carrying out the programs observed. The delivery of the prompts with the hand washing program was both natural and fluid. Overall the therapy was very functional, was provided in the natural setting, and was flawlessly delivered. The

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transitions observed were smooth and effectively integrated [Participant B]'s parents as active participants.

[Participants C and D] were observed during the observation of [Participant A] and [Employee 12]. See observation notes for [Participant A] and [Employee 12].

[Participant E] was observed receiving Intensive Behavioral Intervention services from [Employee 8] in the participant's home and at the participant's school. [Participant E] was observed in the morning transitioning from the home to the school. [Employee 8] had good rapport with the participant, and was able to prompt and redirect in a respectful manner, which did not appear distressing to the participant. [Employee 8] accompanied [Participant E] around Pocatello High School until the participant was scheduled to start school. After visiting a few of the participant's classrooms, [Participant E] and [Employee 8] sat in the school library and played Uno. The objectives addressed during the morning session were self care (at home prior to going to school), language and communication, and social interaction. The participant did ask another peer to join in their card game; however, the peer declined the offer as he stated he was "going to play his own game." The environment of services was in the natural setting.

[Participant F] was observed receiving Intensive Behavioral Intervention services from [Employee 10] in the community, and at her mother's store. [Participant F] was observed during an afternoon session after school. [Employee 10] addressed objectives for community living, and language and communication during observation. [Employee 10] provided choices throughout the session and gave positive verbal praise, as well as a sucker when the participant had followed through with the therapeutic expectations. The therapy observed was not only discrete but very natural in the service delivery.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.601.01	Participant Records	1. What Actions Taken?: A speech evaluation was completed on 3/3/2010 for Participant E and a new IPP Planning meeting was held on 3/4/2010. A new IPP was subsequently submitted with an anticipated start date of 3/26/2010. The new IPP reflects IBI programming that includes information provided in the speech evaluation. As an additional measure, the COO will review all IPP checklists for new participants before the delivery of services. 2. How Will Agency Identify Others?: Each Department Head will provide a list to the Administrator and COO of participants and dates of their next review. The COO will conduct a targeted audit of each chart at least 45 days prior to the review date. The COO will request missing evaluations as needed. 3. Who is Responsible? COO will be responsible for identifying and requesting missing evaluations. The IBI and DT Department Heads will be responsible for updating IPPs. 4. How Monitored?: The COO and Department Heads will provide status reports to the CEO/Administrator verbally on a weekly basis at the weekly management team meetings. COO
601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)	One of four child participant records reviewed ([Participant E]) lacked evidence that the Speech and Language Pathologist assessment was completed or obtained prior to the delivery of service. For example, [Participant E]'s Comprehensive Developmental Evaluation recommended the participant "continue to receive Speech services per the plan in place." There was no SLP assessment in [Participant E]'s record. The participant started services March 23, 2009. It was reported that [Participant E] was not receiving SLP services, as was indicated in the Comprehensive Developmental Assessment; however, a need in "Language and Communication" was identified in the	

	Comprehensive Developmental Assessment, and there was no documentation in the record of a referral for SLP services, or a recommendation that those services be obtained.	will submit a written monthly status report to CEO/ Administrator addressing overall progress regarding all of the corrective actions outlined in this document. 5. By When?: 05/24/2010

Scope and Severity: Isolated / No Actual Harm – Potential for More Than Minimal Harm | **Date to be Corrected:** | **Administrator Initials:** (907)

Rule Reference/Text	Category/Findings	Plan of Correction [POC]
16.04.11.701.05.a	Individual Program Plan	1. What Actions Taken: COO will review all IPP checklists for new IPPs before the delivery of services under new IPPs. 2. How Will Agency Identify Others?: Each Department Head will provide a list to the Administrator and COO of participants and dates of their next review. The COO will conduct a targeted audit of each chart at least 45 days prior to the review date. The COO will request missing evaluations as needed. 3. Who Responsible?: COO will be responsible for identifying and requesting missing evaluations. The IBI and DT Department Heads will be responsible for updating IPPs. 4. How Monitored?: The COO and Department Heads will provide status reports to the CEO/Administrator verbally on a weekly basis at the weekly management team meetings. COO will submit a written monthly status report to CEO/ Administrator addressing overall progress regarding all of the corrective actions outlined in this document. 5. By When?: 05/24/2010
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) a. The IPP must be developed following obtainment or completion of all applicable	Two of four participant records reviewed ([Participants A and B]) lacked evidence that all applicable assessments were completed or obtained prior to the development of the participant's IPP. For example: [Participant A]'s IPP was developed March 5, 2009, and the Occupational Therapy assessment was not completed or obtained prior to the IPP's development [Participant B]'s IPP was developed July 23, 2009, and SLP assessment was completed August 26, 2009.	

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assessments consistent with the requirements of this chapter.		

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Provider Records	1. What Actions Will Be Taken: Change in company procedure - Senior Therapists will submit the team meeting attendance sheet to their respective Department Heads on a weekly basis. 2. How Will Agency Identify Others?: This newly implemented procedure will bring any problems to the attention of Department Heads quickly, thereby giving ample opportunities to address. 3. Who Responsible?: Senior Therapist, under the supervision of Department Heads, are responsible for implementing this corrective action. 4. How Monitored?: The COO will oversee changes to make sure the new procedure is being implemented. The COO will submit a written monthly status report to CEO/Administrator addressing overall progress regarding all of the corrective actions outlined in this document. 5. By When?: 05/24/2010
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 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	Two of two paraprofessional employee records reviewed ([Employees 11 and 12] indicated that the agency lacked documentation to assure that weekly supervision is provided on a weekly basis or more often if necessary. For example: Agency records reviewed for all agency paraprofessional employees lacked documentation of sign-in sheets for the months of April, May, and June demonstrating what paraprofessional staff received the required components of the weekly supervision. [Employee 11]'s record lacked documentation indicating the paraprofessional received the required components of the weekly supervision for the second week in February; first and fourth weeks of March; first, second, and third weeks of June; and first, third, and fourth weeks of July.	

agency must adhere to the following standards: (7-1-06) 02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) a. Give instructions; (7-1-06) b. Review progress; and (7-1-06) c. Provide training on the program(s) and procedures to be followed. (7-1-06)		

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.03	Provider Records	1. What Actions Will Be Taken: Change in company procedure - Senior Therapists will submit the behavioral observations to their respective Department Heads on a monthly basis. 2. How Will Agency Identify Others?: This newly implemented procedure will bring any problems to the attention of Department Heads quickly, thereby giving ample opportunities to address. 3. Who Responsible?: Senior Therapists, under the supervision of Department Heads, are responsible for implementing this corrective action. 4. How Monitored?: The COO will oversee to make sure the new policy and procedure is being implemented. The COO will also submit a written monthly status report to CEO/Administrator addressing overall progress regarding all of the corrective actions outlined in this document. 5. By When?: 05/24/2010
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 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) 03. Professional Observation. The agency must assure that a professional qualified to provide	One of two paraprofessional employee records reviewed ([Employee 11]) lacked documentation to indicate the employee received the required monthly observation in July 2009.	

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the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.02.a 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) a. Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-06)	Developmental Therapy One of six child participant observations conducted (observation of [Participant B]) indicated that services provided on February 24, 2010, did not reflect sufficient training. For example, services provided to [Participant B] on February 24, 2010, did not reflect sufficient training on "correct and consistent implementation of the participant's individual program plan, to achieve individual objectives" as the therapy observed was not congruent with the participants individual program plan and the instructions listed for objective 2.1 (responding to questions). See intial comments, observation notes for [Participant B].	1. What Actions Will Be Taken: There is a current training system in place in which training topics are identified through weekly supervision meetings. Due to this survey finding, all Senior Therapists have been notified that additional training is needed on implementing PIPs. Additionally, Senior Therapists have already been encouraged (through a post survey meeting) to use monthly staff observations to inform training topics. Department Heads will also be reviewing staff observations on a monthly basis to ensure they are being completed and to identify any trends that could reflect training needs. The Administrator, COO, and Department Heads are in the process of creating a modified staff observation form that would allow persons in the Senior Therapist role or higher to document and communicate potential training needs (or other policy and procedure issues) based on an informal staff observation process of paraprofessionals. 2. How Will Agency Identify Others?: Being more diligent in following current systems and implementing new procedures should lend itself to identifying training needs in a more systematic and efficient manner. 3. Who Responsible?: Senior Therapists and Department Heads are responsible for implementing this corrective action. 4. Dept Heads will provide verbal status reports to Administrator on a weekly basis at the management team meetings. COO will oversee and submit a written monthly status report to CEO/ Administrator addressing overall progress. 5. 05/24/2010

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

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.700.05	Participant Records	1. What Actions Will Be Taken?: An Addendum for each participant has already been completed. 2. How Will Agency Identify Others?: COO will conduct Quarterly Audits of all participant records. 3. Who Responsible?: Department Heads are responsible for making sure all addendum/plan change documents are completed. 4. How Monitored?: COO will provide a written status report to CEO/Administrator monthly regarding progress toward all of the corrections discussed in this document. 5. By When?: 05/24/2010
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) 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, an addendum to the plan of service must be completed. (7-1-06)	Two of four child participant records reviewed ([Participants A and B]) lacked documentation of an addendum to the participants plan of service when there was a change in the amount of services provided. For example: [Participant A]'s record indicated the amount of service increased on September 9, 2009, from 14 to 17 hours per week with no record of an addendum to the plan of service. [Participant B]'s record indicated the amount of service decreased on September 17, 2009, from 22 to six hours per week, with no record of an addendum to the plan of service.	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.a-d	Individual Program Plan	1. What Actions Will Be Taken?: All new IPPs will include type, amount, frequency, and duration of each service provided to the participant. 2. How Will Agency Identify Others?: Agency assumes that all participants that either started within the past year or have had a new IPP in the last year are lacking this information on their IPP. 3. Who Responsible?: Department Heads are responsible for
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	Three of four child participant records reviewed ([Participants A, B, and F]) lacked documentation the participants' IPPs defined the type, amount, frequency, and duration for each service listed on the participants' plans of service. For example:	

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the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) a. Type of service refers to the kind of service described in terms of: (7-1-06) i. Discipline; (7-1-06) ii. Group, individual, or family; and (7-1-06) iii. Whether the service is home, community, or center-based. (7-1-06) b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06) c. Frequency of service is the number of times service is offered during a week or month. (7-1-06) d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)	[Participants A and B]'s IPPs lacked documentation of where the Developmental Therapy services are to be provided. [Participant A]'s IPP lacked evidence of the Speech Language Pathology services provided by the agency contracted professional, and lacked the type, amount, frequency, and duration for the SLP services being provided. [Participant B]'s IPP lacked Occupational Therapy, Physical Therapy, and Speech Language Pathology services provided by the agency's contracted professionals, and lacked the type, amount, frequency, and duration for those services provided. [Participant F]'s record indicated the participant receives Physical Therapy and Occupational Therapy through the agency's contracted licensed professionals. The IPP lacked documentation of the services, and lacked the type, amount, frequency, and duration for those (PT, OT) services being provided.	implementing this change. 4. How Monitored?: The COO will review all IPPs (and IPP checklists) for new participants and for new IPPs for existing participants before the delivery of services. COO will provide a monthly written report to the CEO/Administrator addressing progress/status regarding all corrective actions outlined in this document. 5. By When?: 05/24/2010

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.706.01.a	Individual Program Plan	1. What Action Will Be Taken?: IPP was sent to the school. 2. How Identify Others?: COO will conduct quarterly audits of all participant records. 3. Who Responsible?: Department Heads are responsible for making sure all documents are sent. 4. How Monitored?: COO will oversee and submit a written monthly status report to CEO/Administrator addressing overall progress. 5. 05/24/2010
706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan	One of four child participant records reviewed ([Participant B]) lacked documentation indicating that the DDA provided a current copy of the participant's IPP to the participant's school.	

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(IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06) 01. Requirements for Participants Three to Twenty-One. (7-1-06) a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)		

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.711.02 711.DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06) 02. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-ppropriate.	Developmental Therapy One of six child participant observations conducted (observation for [Participant B]) lacked evidence that services provided on February 24, 2010, were age-appropriate. For example, observation of Developmental Therapy provided to [Participant B] on February 24, 2010, indicated therapy was not age-appropriate, as [Participant B] was at Walden Books reading the children's book "SpongeBob Squarepants." See initial comments, observation notes for [Participant B].	1. What Actions Will Be Taken?: There is a current training system in place in which training topics are identified through weekly supervision meetings. Due to this survey finding, all Senior Therapists have been notified that additional training is needed on implementing PIPs, including, age-appropriate choices in therapy. Additionally, Senior Therapists have already been encouraged (through a post survey meeting) to use monthly staff observations to inform training topics in general. Department Heads will also be reviewing staff observations on a monthly basis to ensure they are being completed and to identify any trends that could reflect training needs. The Administrator, COO, and Department Heads are in the process of creating a modified staff observation form that would allow persons in the Senior Therapist role or higher to document and

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(7-1-06)		communicate potential training needs (or other policy and procedure issues) based on an informal staff observation process of paraprofessionals. 2. How Will Agency Identify Others?: Being more diligent in following current systems and implementing new procedures should lend itself to identifying training needs in a more systematic and efficient manner. 3. Who Responsible?: Department Heads are responsible for implementing this corrective action. 4. How Monitored?: Dept Heads will provide verbal status reports to Administrator on a weekly basis at the management team meetings. COO will oversee and submit a written monthly status report to CEO/Administrator addressing overall progress. 5. By When?: 05/24/2010
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16:04:11:724:02	Collateral Contact	1. What Action Will Be Taken?: Collateral contact daily notes have been modified to reflect the participant's objectives, which will allow Senior Therapists to directly address objectives with persons specified (e.g., school, parent, SLP). Collateral hours will continue to be reviewed monthly. The review form will be modified to better reflect specific contact hours, persons involved, and explanation if hours are not met. 2. How Will Agency Identify Others?: Agency will assume that it is a widespread concern and move forward by implementing the new procedures outlined above. 3. Who is Responsible?: Senior Therapists are responsible for implementing the new procedure; however, Dept Heads are responsible for making sure that it is implemented correctly. 4. How Monitored?: COO will oversee and submit a written monthly status report to CEO/Administrator addressing overall progress. 5. By When?: 05/24/2010
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) 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)	Two of two child participant Developmental Therpay records reviewed ([Participants A and B]) lacked evidence of collateral contact with other professionals listed on the IPP. For example: [Participant A]'s record lacked evidence of documented collateral contact with school staff. [Participant B]'s record lacked evidence of documented collateral contact with Occupational Therapy, Physical Therpay, Speech Language Pathology, and School staff.	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.d	Developmental Therapy	1. What Actions Will Be Taken: There is a current training system in place in which training topics are identified through weekly supervision meetings. Due to this survey finding, all Senior Therapists have been notified that additional training is needed on implementing PIPs, including providing therapy in the natural environment. Additionally, Senior Therapists have already been encouraged (through a post survey meeting) to use monthly staff observations to inform training topics. Department Heads will also be reviewing staff observations on a monthly basis to ensure they are being completed and to identify any trends that could reflect training needs. The Administrator, COO, and Department Heads are in the process of creating a modified staff observation form that would allow persons in the Senior Therapist role or higher to document and communicate potential training needs (or other policy and procedure issues) based on an informal staff observation process of paraprofessionals. 2. How Will Agency Identify Others?: Being more diligent in following current systems and implementing new procedures should lend itself to identifying training needs in a more systematic and efficient manner. 3. Department Heads are responsible for implementing this corrective action. 4. Dept Heads will provide verbal status reports to Administrator on a weekly basis at team meetings. COO will oversee and
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, 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)	One of six child participant observations conducted (observation of [Participant B]) lacked evidence that Developmental Therapy services provided on February 24, 2010, were not in the participant's natural setting. For example, [Participant B] was provided a service in Walden Books which is not a natural setting where the skills being implemented, would commonly be learned.	

		submit a written monthly status report to CEO/Administrator addressing overall progress. 5. By When?: 05/24/2010

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.02.d	Developmental Therapy	1. What Actions Will Be Taken: There is a current training system in place in which training topics are identified through weekly supervision meetings. Due to this survey finding, all Senior Therapists have been notified that additional training is needed on implementing PIPs, including providing therapy in such a way to enhance social image. Additionally, Senior Therapists have already been encouraged (through a post survey meeting) to use monthly staff observations to inform training topics. Department Heads will also be reviewing staff observations on a monthly basis to ensure they are being completed and to identify any trends that could reflect training needs. The Administrator, COO, and Department Heads are in the process of creating a modified staff observation form that would allow persons in the Senior Therapist role or higher to document and communicate potential training needs (or other policy and procedure issues) based on an informal staff observation process of paraprofessionals. Also, the "Buddy" system policy and procedure will be reviewed by the CEO/Administrator and COO to determine whether any changes to that policy need to be made. 2. How Will Agency Identify Others?: Being more diligent in following current systems and implementing new procedures should lend itself to identifying training needs in a more systematic and efficient manner. 3. Senior Therapists, under the direction of Department Heads are responsible for implementing this corrective action. 4. Dept Heads will provide verbal status reports to Administrator on a weekly basis at team meetings. COO will oversee and submit a written monthly status report to CEO/Administrator addressing overall progress. 5. By When?: 05/24/2010
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) 02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-06) d. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community; (7-1-06)	Observations of three of six child participants ([Participants A, C, and D]) and their staff ([Employees 12, 13, and 14]) observed indicated that therapy provided did not ensure that services enhanced the participants' social image and personal competencies, and promoted inclusion in the community. For example, [Participants A, C, and D] and [Employees 12, 13, and 14] were observed in a group congregating in the back of Walden Book Store. The observation indicated that the employees prompted each participant to ask the other participants present to accompany them to the next store (The Party Palace). The staff and participants together then moved through the stores in the Pine Ridge Mall. The therapy was noted to have attracted attention from other patrons in the mall. See initial comments, observation notes for [Participant A] and [Employee 12].	

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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:**	**Administrator Initials:** CDA
Administrator Signature (confirms submission of POC): Cheri L Atkins		**Date:** 2010-03-22	
Team Leader Signature (signifies acceptance of POC): Pam Arnel and Schmidt for David Doran		**Date:** 5/27/10	

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