

Statement of Deficiencies

Developmental Disabilities Agency

Family and Children's Therapy Services, P.A. -- Rupert

94 W 100 N

5FAMCHILD098

Rupert, ID 83350-9376

(208) 921-0614

Survey Type: Recertification

Entrance Date: 3/23/2010

Exit Date: 3/24/2010

Initial Comments:

Surveyors present: Pam Loveland-Schmidt, Medical Program Specialist; David Doran, Medical Program Specialist; Crystal Pyne, LCSW; Mike Milligan, LSW; and Jan Studer, DS Senior.

Observations:


[Participant A] was observed with [Employee 10] at the library during story time. The child received individual developmental therapy in the community. The child was sitting at the far side of the room with his therapist next to him. The child would sit most of the time and took his shoes off during story time. The therapist was very aware of his movements and brought him back to task with simple cues. Data was taken but did not look out of place. The child was in a group with children his age and younger. It was a great natural setting to work on his goals. The therapist was very polite and caring to the child at all times. Overall, the therapist did a nice job.

[Participant B] was observed with [Employee 9] in the center and community (the park). The child got off the bus at the center from school. Her therapist sat with her and gave her choices of what she wanted to do using her picture communication notebook. The child decided she wanted to go to the park, so they made a list out of the pictures in her book. As she completed each item, they pulled off the activity and put it back in her book. To get ready to go to the park, they worked on bathroom skills and then calendar skills. She then selected a ball to take to the park. The therapist integrated the child with the other children at the park while working on "yes" and "no" answers. The other children that were at the park all joined in when they were drawing pictures in the sand. The therapist used that time to help run a program to work on her name. The therapist had a good rapport with the child and treated her with respect at all times. The therapist worked well with the child.


[Participant C] was observed with [Employee 7] in the community (the library). The child receives [B] and was working on: attending; waiting; keeping hands to herself; requesting appropriately; and word sentences. The therapist did a great job with the child. The activity and environment were a wonderful example of inclusion in the community. The child and therapist appeared to be enjoying therapy, the activity, and the interaction. Prompts were natural and unobtrusive and the interaction in general was positive and supportive. Programs were run naturally and data collection was discreet, enhancing the child's image as just another child participating in the reading group. Overall the therapist did a great job.

[Participant D] was observed with [Employee 8] in the community (Albertsons). The therapist was conducting [B] consultation for the parent in the community. The goal they were working on was "complying with instruction". The therapist provided consultation to the participant's mother in the environment where the skills were used. There was an excellent use of natural activity as the therapist supported the

participant's mother while working with the child. There was a great use of revised PECS system to keep the child involved and interacting. The observation was a very good example of consultation.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.009.01</p> <p>009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.</p> <p>01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (7-1-06)</p>	<p>Criminal History</p> <p>One of ten employee/contracted professionals ((Employee 2)) records lacked documentation of the agency's verification that the employee/contracted professional delivering DDA services to participants with developmental disabilities had completed a criminal history back ground check.</p> <p>For example, [Employee 2]'s record lacked documentation of a criminally history check and the written agreement lacked evidence the contracted professional was required to conduct a Department of Health and Welfare Criminal History Check.</p>	<p>1. Family & Children's Therapy Services PA has contracted with a different psychologist and we have a copy of his criminal history background check in our files.</p> <p>2. No harm to participants.</p> <p>3. Agency Director is responsible for implementing this corrective action.</p> <p>4. Annually the QA administrator will monitor for consistent compliance with IDAPA rules. On a daily working basis, whenever there is a new hire the QA Administrator will ensure that a criminal history background check has been completed before they are hired.</p> <p>5. This was completed on April 12, 2010.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 4/12/2010</p> <p>Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.201.04.i 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) i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06)	Certification or Licensure One of one employee/contracted professional ([Employee 8]) record lacked documentation of a written agreement or job description. For example, [Employee 8]'s record lacked a job description for IBI Professional. The employee had a job description for DS Infant and Toddler only. (The agency corrected the deficiency during survey. The agency must address questions 2-4 on the Plan of Correction).	2. There were no participants affected by this deficiency. 3. The QA Administrator is responsible for ensuring that the correct records are in the employee record. 4. Annually the QA Administrator will monitor each employee file to ensure that the correct job description and written agreement is in the file. to ensure consistent compliance with IDAPA rules.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/23/2010 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c 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	Supervision One of two paraprofessional records reviewed ([Employee 9]) lacked documentation of weekly supervision conducted by a professional qualified to conduct the supervision and training. For example, [Employee 9]'s record lacked weekly supervision for the first and third weeks of February 2010, and the first weeks of June 2009, July 2009, and August 2009.	1. The DS will ensure that all paraprofessional receive the appropriate supervision during the week by implementing a excel tracking sheet to ensure that no paraprofessionals have been missed during the week. 2. No participant affected by this deficiency 3. The DS is responsible for ensuring that each para professional has been supervised. 4. Weekly the QA administrator will monitor the supervision reports, ensuring supervisions is completed or noting absences due to vacation or illness. 5. completed 5/15/2010.

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<p>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)</p> <p>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)</p> <p>a. Give instructions; (7-1-06)</p> <p>b. Review progress; and (7-1-06)</p> <p>c. Provide training on the program(s) and procedures to be followed. (7-1-06)</p>		(REPEAT DEFICIENCY)	
<p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 5/15/2010</p>	<p>Administrator Initials: <i>DAJ</i></p>
<p>Rule Reference/Text</p> <p>16.04.11.500.03.f</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)</p>	<p>Category/Findings</p> <p>Facility Standards</p> <p>The agency lacked evidence that hazardous/toxic materials are properly labeled, stored, and locked.</p> <p>For example, the center had shaving cream, ant bait, and sun screen, which stated on the labels "keep out of reach of children", in the kitchen where it was not stored or locked.</p> <p>(The agency corrected during survey. The agency must address questions 2-4 on the Plan of Correction).</p>	<p>Plan of Correction (POC)</p> <p>2. No participants were affected.</p> <p>3. The QA Administrator will add checking for hazardous materials to the monthly building checklist to ensure none are left in the open.</p> <p>4. Monthly the QA administrator will monitor the offices to ensure that no hazardous materials are left in the open to ensure consistent compliance with IDAPA rules</p>	

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Scope and Severity: / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-03-26 **Administrator Initials:** *AKS*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.500.03.g</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-06)</p>	<p>Facility Standards</p> <p>The agency lacked evidence the center's water temperatures did not exceed 120 degrees fahrenheit.</p> <p>For example, the center's water temperatures exceeded the 120 degrees fahrenheit. On March 23, 2010, the bathroom sinks were at 126 degrees. On March 24, 2010, the bathroom sinks were at 129 degrees.</p>	<p>1. The water temperature has been turned down. On April 10 when the water temperature was tested it read 112 degrees Fahrenheit.</p> <p>2. All participants have been minimally affected.</p> <p>3. The QA Administrator will be responsible for ensuring that the water temperature remains below 120 degrees Fahrenheit.</p> <p>4. Monthly the QA administrator will test the temperature of the water to ensure consistent compliance with IDAPA rules.</p> <p>5. Completed 3/31/10 and confirmed again 4/23/10.</p>


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

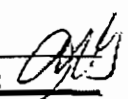
Date to be Corrected: 2010-04-23

Administrator Initials: *AK*


Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.02</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>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 from the professional staffing so. (7-1-06)</p>	<p>Assessments</p> <p>Two of four participants records ([Participant B and C]) lacked evidence that assessments are current.</p> <p>For example, [Participant B]'s record lacked current assessments for physical therapy (the most current was May 6, 2008) and occupational therapy (the most current was April 4, 2008). The agency corrected OT/PT assessment for [Participant B] during survey.</p> <p>[Participant C]'s record lacked a current psychological assessment (the most current was from 2006).</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> 1. The Office Manager will contact the Service Coordinator for this participant and request that they follow up with an appointment for a psychological evaluation. 2. Minimal to no harm for participant. 3. The Office Manager is responsible for implementing this corrective action plan. 4. Semi annually the QA administrator will monitor the participant's files to ensure consistent compliance with IDAPA Rules 5. On April 27, the DS contacted the Service Coordinator to obtain a psychological evaluation for this participant. The Parent is attempting to schedule the evaluation.

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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 4/27/2010	Administrator Initials: <i>AM</i>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.604.07 604. TYPES OF COMPREHENSIVE ASSESSMENTS. 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)	Assessments Four of four child DT participant records ([Participants A, B, C, and D]) lacked evidence that the Medical/Social Histories contained rule-compliant components. For example: [Participant A, B, and D] lacked evidence of a narrative report that included legal/criminal history, history of abuse, prevocational/vocational or paid/unpaid work experiences, and financial resources. [Participant C] lacked recreational activities, hobbies, child's legal/criminal history, family medical history, cultural background, and resources in the family for the participant.	<ol style="list-style-type: none"> 1. All medical social histories will include narrative reports that include legal/criminal history, history of abuse, pre-vocational vocational or paid/unpaid work experience and financial resources. In addition the Medical socials will include narrative on recreational activities, hobbies, the child's legal/criminal history, family medical history, cultural background, and resources in the family for the participant. 2. No harm to participants 3. The Office Manager is responsible for ensuring the LCSW completes this corrective action. 4. Semi annually the QA administrator will monitor the participant's files to ensure consistent compliance with IDAPA rules, including the Medical/Social components. 5. The corrective action will be completed by June 15, 2010. 	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 6/15/2010	Administrator Initials: <i>AM</i>


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Rule Reference/Text	Category/Findings	Plan of Correction (POC)			
16.04.11.701.04	Individual Program Plan				
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) 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)	One of four participant records ([Participant C]) lacked the type and frequency on the IPP for collateral contact listed on the IPP.	1. The Developmental Specialist will ensure that if there is a collateral contact goal listed on the IPP, then the type and frequency will be listed on the IPP. This IPP will be amended to delete the collateral contact goal. 2. No harm to the participant. 3. The DS will be responsible for implementing this corrective action. 4. Semi annually the QA administrator will monitor the IPP to ensure consistent compliance with IDAPA rules. 5. The Corrective Action will be completed by May 15, 2010.			
Scope and Severity: isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 5/15/2010		Administrator Initials: 	
Rule Reference/Text	Category/Findings	Plan of Correction (POC)			
16.04.11.701.04.a	Individual Program Plan				
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	Two of four participant records ([Participants A and B]) lacked IPPs that included the service location such as home, community, or center.	1. The Developmental Specialist will ensure that the service location is listed on each participants IPP including home, community, or center. 2. No harm to participants. 3. The DS will be responsible for implementing this corrective action. 4. Semi annually the QA will Monitor the IPP to ensure			

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<p>ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>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)</p> <p>a. Type of service refers to the kind of service described in terms of: (7-1-06)</p> <p>i. Discipline; (7-1-06)</p> <p>ii. Group, individual, or family; and (7-1-06)</p> <p>iii. Whether the service is home, community, or center-based. (7-1-06)</p>			<p>consistent compliance with IDAPA rules.</p> <p>5. This corrective action will be completed by May 15, 2010.</p>
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 5/15/2010	Administrator Initials: 
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
<p>16.04.11.701.05.e.iv</p> <p>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)</p> <p>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</p>	<p>Individual Program Plan</p> <p>One of four participant records lacked evidence that the agency provided therapy within the 20% deviation.</p> <p>For example, [Participant C]'s consultation was not delivered within 20% of approved hours on IPP for 19 of 27 four-week periods.</p> <p>(REPEAT DEFICIENCY)</p>	<p>1. All consultation hours for this participant will be delivered within 20% of approved hours on the IPP or the IPP team will meet to revise the participant's plan. However, at this time for Participant C, the parent wishes to drop consultation hours.</p> <p>2. Minimal harm to participant</p> <p>3. The Office Manager will be responsible to provide reports for weekly monitoring to ensure services are within the 20% deviation. The DS is responsible to review the plans and recommend revision when the 20% rule is not met.</p> <p>4. Weekly the Office Manager, DS and the Agency Director will monitor the hours to ensure consistent compliance with IDAPA rules.</p> <p>5. This correction action was implemented on Monday April 26, 2010.</p>	

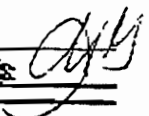
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<p>services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>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)</p>		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 4/26/2010 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.ix</p> <p>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.</p> <p>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)</p> <p>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)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and</p>	<p>Individual Program Plan</p> <p>One of four participant records ([Participant C]) lacked documentation of a target date for completion for each objective on the IPP.</p>	<p>1. The IPP for participant C will now have the target date for completion for each objective on the IPP.</p> <p>2. No harm to the participant.</p> <p>3. The DS is responsible for implementing this corrective action.</p> <p>4. Semi-annually the QA Administrator will will monitor each participant's IPP for target date of completion for each objective for consistent compliance with IDAPA rules.</p> <p>5. This corrective action was completed on April 1, 2010.</p>

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activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) ix. The target date for completion of each objective; (7-1-06)			
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.704.01.d 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) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)	Program Documentation (data/progress) One of four participant records ([Participant A]) lacked a six-month review that included reason for continued need for service. (REPEAT DEFICIENCY)	1. A review and written description of each participant's progress toward the achievement of therapeutic goals every six months and annually. Documentation will include a statement of whether the participant continues to need services and the reason. Documentation will be maintained in each client file. 2. Minimal harm to participant 3. The Developmental Specialist for Children is responsible for implementing this corrective action. 4. Quarterly the QA administrator will monitor data files to ensure that six month and annual reviews are conducted and include documentation sufficient to ensure consistent compliance with IDAPA rules. 5. This corrective action plan will be completed by May 15, 2010.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.705 705.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)	Record Requirements Two of four participant records ([Participants C and D]) lacked documentation of duration of service. For example: [Participants C and D]'s records indicated that there was "time in" and "time out" listed on the daily documentation record; however, there was no documentation of the duration those services were provided.	<ol style="list-style-type: none"> 1. The duration of service will be written in the space provided on the daily documentation record below "time in" and "time out". Time will be recorded in hours/minutes. 2. No harm to participants 3. The Office Manager will be responsible for implementing this corrective action. 4. The Office Manager will monitor each daily documentation record to ensure that it is in compliance with IDAPA rules. 5. This corrective action has already been implemented April 2 2010. 	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 4/2/2010	Administrator Initials: <i>AS</i>

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.705.01.d	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) 01. General Records Requirements. Each participant record must contain the following information: (7-1-06) d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)	One of four child participant records ([Participant A]) reviewed lacked a current profile sheet with all identifying information about the participant to provide safe and effective care. For example, [Participant A]'s profile sheet reflects diagnosis of PDD NOS (299.8) and his current diagnosis listed within the record is autism (299.00).	<ol style="list-style-type: none"> 1. This participant's profile sheet will be changed to read the correct diagnosis code and diagnosis. 2. No harm to participant 3. The Program Manager is responsible for implementing this corrective action plan. 4. Semi-annually the QA Administrator will monitor each participant's file and profile sheet to ensure that all information is updated and correct and in compliance with IDAPA rules. 5. This profile sheet has been corrected effective April 27, 2010 	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 4/27/2010	Administrator Initials: 
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.11.706	Collaboration/Consultation		
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	One of four participant records ([Participant B]) lacked evidence that the agency collaborated with other providers. For example, [Participant B]'s record lacked a current IEP; the most current was dated from		

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<p>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 (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)</p>	<p>2008. There was a note that the agency requested the IEP in October 2009, but no current IEP was found in record.</p> <p>(The agency corrected during survey. The agency must address questions 2-4 on the Plan of Correction.)</p> <p>(REPEAT DEFICIENCY)</p>	<p>2. No actual harm to participant.</p> <p>3. The Program Manager is responsible for ensuring that the current IEP is in each participant's file.</p> <p>4. Semi-annually the QA will inspect files to ensure that current IEPs are in each participant's file.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 3/23/2010</p>
<p>Administrator Signature (confirms submission of POCC): <i>William Garner</i></p>		<p>Administrator Initials: <i>WJ</i> Date: 5/28/2010</p>
<p>Team Leader Signature (signifies acceptance of POCC): <i>Pam Loveland-Samuel</i></p>		<p>Date: 6/17/10</p>