IDAHO DEPARTMENT OF
HEALTH & WELFARE

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April 28, 2010

Administrator, Valerie Cutshall
C and R, Inc.
1007 S.Logan Street
Moscow, Idaho 83814

Dear Valerie,

Thank you for submitting your Plan of Correction for Developmental Disabilities Agency services dated 4/27/2010. 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 C&R, Inc. a full one (1) year certificate effective from 5/1/2010 through 4/30/2011.

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 August 7, 2010**. You may submit supporting documentation as follows:

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

Fax to:208-364-1811
Email to: fadnessr@dhw.idaho.gov
Mail to: Survey and Certification
Attn: Rebecca Fadness
PO Box 83720
Boise Idaho 83720
Or deliver to: 3232 Elder Street, Boise

You can reach me if you have any questions at 208-364-1906.

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

Rebecca Fadness
Program Supervisor
DD Survey and Certification

APR-26-2010 02:11 FROM: TO:12083641811 P.8/24

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

C & R, Inc.	1107 S Logan St
2C&R121	Moscow, ID 83843-2838
	(208) 882-8040

Survey Type: Recertification

Entrance Date: 3/30/2010

Exit Date: 4/1/2010

Initial Comments: Surveyors: Rebecca Brodhecker, Program Supervisor; Pam Loveland-Schmidt, Medical Program Specialist; Pete Peterson, FACS Regional Program Specialist; Cory Singleton, FACS.

Observations:

[Participant B]: Observation was completed with the participant and staff at the Recreation Center (HERC), a location that many children regularly frequent. There was a boy that appeared to want to play with the participant, and her aide tried to get her to do so. There were some missed opportunities that could have happened to try and encourage the interaction more when she ignored the aide's attempts to engage her with a same-age peer. The agency is also cautioned about taking the participant there a lot and not seeking out ways to integrate her into what is going on with same-age peers. The aide needs to be careful about repeating questions to the participant over and over again. Perhaps build some wait time in order to allow [Participant B] time to process what you are saying. There was a lot of repetition. The participant's aide was very good about respecting her and encouraging her. Good use of eye contact by staff and redirecting her attention back to the staff. The aide did a good job of working on engaging the participant into what was going on.

[Participant 1]: The participant was observed receiving 1:1 services in the community. The participant went to Subway immediately prior to the observation and brought her food to 1912 Center, which is a community-use center. The room was segregated from the other individuals in the center. It appeared that there was a senior citizens center next door. The participant brought her food to this location and began eating. Her staff assisted her to run programming to cut her food. The programming was not run with appropriate materials since the knife was a plastic knife and did not effectively facilitate cutting. Approximately 10 minutes after her arrival, additional staff and participants from other agencies entered the room to eat lunch. No additional programming was observed. The location was neither integrated nor inclusive into the community, nor was it the natural environment the participant would have eaten the meal she had just purchased.

Rule Reference/Text	Category/Finding	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING	For four of four staff reviewed, the agency did not assure that staff supervision occurred on a	

PAGE 8/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

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) 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)	weekly basis. When supervision was documented, the agency did not consistently document when there was a review of data. The form utilized contained documentation for three different services.	1. What corrective action(s) will be taken? --New format to be utilized to ensure all staff working with participants during the week will be trained with the participant. Documentation will be changed to reflect each service independently. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Documentation change for all participants in all three programs. 3. Who will be responsible for implementing each corrective action? Administrator to develop the form, DS's will train weekly and document, QA will be performed bi-weekly by Office Coordinator to ensure all staff members have been trained weekly. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?QA will be performed bi-weekly by Office Coordinator to ensure all staff members have been trained weekly. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10

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

Date to be Corrected: 5/30/10 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.e	Assessments	1. What corrective action(s) will be taken? "up to" removed from back page of adult and children's developmental and the IPP for children from template and requested changed in all working Developmental plans and IPP's.
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) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)	For five of six participants reviewed ([Participants 1, 3, A, B, and C]), the Comprehensive Developmental Assessment recommendations for the amount of therapy were not prescriptive. The recommendation stated an "up to" amount. The amount must be specific based on the assessed need.	

APR-26-2010 02:11 FROM: TO:12083641811 P.9/24
PAGE 9/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

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)	(REPEAT DEFICIENCY)	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? During QA, will check that all have been removed and re-signed by DS's. 3. Who will be responsible for implementing each corrective action? QA Supervisor. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will not be an issue after one QA, as will have been removed,replaced, and new back page will only be in use for template for new participants. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10.

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

Date to be Corrected: 5/30/10 **Administrator Initials:** W

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07	Assessments	
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)	For one of three child participants reviewed ([Participant A]), the Medical/Social Assessment was missing the date when participant was diagnosed and information regarding shifting of agencies. Section C contained very little information to assure rule complaince.	

APR-26-2010 02:12 FROM: TO:12083641811 P.10/24
PAGE 10/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

		1. What corrective action(s) will be taken? New format has been developed per direction of Children's developmental reviewer to include all necessary fields and information. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will be changed for all child participants within the plan year. 3. Who will be responsible for implementing each corrective action? Administrator will create the form, and will be updated within the plan year for each child participant. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will check for new format with each child participant with update during QA. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) Participants sampled will be completed by 7/9/10, all other participant socials will be in compliance by 9/30/2010.

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

Date to be Corrected: 7/9 ; 9/30 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.605.01-05	Assessments	
605.REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06) 02. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06) 03. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-06) 04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a	For six of six participants reviewed ([Participants A, B, C, 1, 2, and 3]), there was no documentation of skill assessment data completed to determine baselines. The assessment did not assess actual skill level. (REPEAT DEFICIENCY for both previous surveys of 2/26/2007 and 3/9/2009.)	1. What corrective action(s) will be taken? Will keep skills assessment data from developing baselines in participant perm files. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will maintain for all new participants and current participants when introducing new programs. 3. Who will be responsible for implementing each corrective action? Developmental Specialists and Intake Specialist.

APR-26-2010 02:12 FROM: TO:12083641811 P.11/24
PAGE 11/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

participant's skill level within a specific domain. (7-1-06) 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will include a new tab in participant perm files, and add baseline programming and data to internal QA sheet. 5. By what date will the corrective action be completed? 4/30/10.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 4/30/10 **Administrator Initials:** LC

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01	Eligibility	
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) 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in	For one of three child participants reviewed ([Participant A]), the file did not include a Psychological Evaluation to support diagnosis, only the IEP. Additionally, the file did not contain current medical information.	1. What corrective action(s) will be taken? Retraining with that Developmental Specialist. All other files have current psych evals and current medical information. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? QA completed on all participant files, and all are current. Will continue to be part of the QA process, but have a new QA supervisor who will note this during each QA to ensure compliance.

APR-26-2010 02:13 FROM: TO:12083641811 P.12/24
PAGE 12/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

accordance with Section 66-402, Idaho Code.		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? It is part of the current QA system. Incorporating Survey checklist into current QA to ensure continued compliance. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** LC

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.a	Individual Program Plan	1. What corrective action(s) will be taken? DS was working from an old template. Old template removed as an option, and retrained with all DS's to make sure IPP indicates the location of services. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will go through all child IPP's to ensure new template has been used, and any not in compliance will be changed. 3. Who will be responsible for implementing each corrective action? QA supervisor and DS's. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly QA's. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10
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) a. Type of service refers to the kind of service described in terms of: (7-1-06)	For one of three child participants reviewed ([Participant C]), the IPP did not indicate the location services are delivered. (REPEAT DEFICIENCY)	

APR-26-2010 02:13 FROM: TO:12083641811 P.13/24
PAGE 13/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

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)		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** W

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iii	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) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate.	For one of three child participants reviewed ([Participant A]), the IPP was signed but not dated by the physician and parent. The form did not contain a line for the date.	1. What corrective action(s) will be taken? Line for date added to IPP, and DS's will request that the physicians and parents put the date after their signatures at the beginning of the plan year. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Review of all IPP's and Developmentals for children to determine that all have been signed and dated. Any others not signed and dated will be taken to the person for date. 3. Who will be responsible for implementing each corrective action? Developmental Specialist. QA will be completed by QA Specialist. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Monitored with quarterly QA's, checking for signature and dates. 5. By what date will the corrective action be completed? (A field for this question is provided on the form): 5/30/10

APR-26-2010 02:13 FROM: TO:12083641811 P.14/24
PAGE 14/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

The IPP must include: (7-1-06) iii. The dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan; (7-1-06)		

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** W

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.viii	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) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and	For three of three child participants reviewed ([Participants A, B, and C]), the IPP did not list the person responsible for each objective.	1. What corrective action(s) will be taken? Will change the IPP to read "Person responsible for All Objectives listed: _____" 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Changed form for all children's IPP's. 3. Who will be responsible for implementing each corrective action? Administrator will change on template, and DS's will change on current working documents. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will be checked with quarterly QA. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10.

APR-26-2010 02:14 FROM: TO:12083641811 P.15/24
PAGE 15/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** LC

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Program Implementation Plan	1. Changed on the IP's and put into the instructions for type and frequency of reinforcement, and when to take data based on the WSR. 2. All participants effected, DS's will update all programs. 3. Who will be responsible for implementing each corrective action? DS's. 4. Added to QA, will be checked with next QA for all participants 5. By what date will the corrective action be completed? 7/30/10 1. Retrained with DS's to ensure objectives were within a specified time to 2-3 months, and instructions updated with changes in objectives. 2. DS's to send a copy of all updates to Administrator upon completion. 3. Administrator. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will monitor objective and instructions to ensure updates between current and outdated programs. 5. 7/9/10
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the	For six of six participants reviewed ([Participants 1, 2, 3, A, B, and C]), type, frequency, and data collection were not consistently included on all Implementation Plans. For [Participants 1, 2, and 3], Ips were corrected at the time of survey. For six of six participants reviewed ([Participants 1, 2, 3, A, B, and C]), the objectives stated the completion date as the plan year and written instructions were not revised as necessary to promote progress toward the objective. For [Participants 1, 2, and 3], Ips were corrected at the time of survey.	

APR-26-2010 02:14 FROM: TO:12083641811 P.16/24
PAGE 16/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 7/9/10 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.c	Program Documentation (data/progress)	
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) 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)	For six of six participants reviewed ([Participants 1, 2, 3, A, B, and C]), there were frequently no plan change/revision when the participants met the objective, below baseline, or no progress. When change occurred, there was no documentation by the DS on provider status review as to what was changed. (REPEAT DEFICIENCY)	1. What corrective action(s) will be taken? Will monitor a random sampling of programs monthly for 6 months to ensure updates are occurring in a timely manner. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will QA all status reviews to identifying any other participants who have not had timely revisions or documentation. Training with DS's and will update immediately. 3. Who will be responsible for implementing each corrective action? QA specialist and DS's. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will monitor a random sampling of programs monthly for 6 months to ensure updates are occurring in a timely manner. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) For all sampled participants completed by 7/9/10, compliance with all participants by 9/30/10

APR-26-2010 02:14 FROM: TO:12083641811 P.17/24
PAGE 17/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

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

Date to be Corrected: 5/9 - 9/30/10 **Administrator Initials:** LL

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705	Record Requirements	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field. 1. What corrective action(s) will be taken? Changing our timesheets and WSR's for the DDA program to reflect the time and duration of each service delivered for each objective. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? N/A 3. Who will be responsible for implementing each corrective action? Administrator 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will be consistent with implementation of new form. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10
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)	For six of six participants reviewed ([Participants A, B, C, 1, 2, and 3]), service records did not record the time each program was delivered, including the duration of the service delivered for each objective.	

APR-26-2010 02:15 FROM: TO:12083641811 P.18/24
PAGE 18/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** W

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.a	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) a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (7-1-06)	For two of six participants reviewed ([Participants C and 3]), there was not a current physician's order on file for DDA services. (REPEAT DEFICIENCY from both previous surveys of 2/26/2007 and 3/9/2009.)	1. What corrective action(s) will be taken? Changing of QA form to write down specific dates of documentation to ensure we have documentation that is current. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will identify any out of compliance with QA completed on 7/10. 3. Who will be responsible for implementing each corrective action? Administrator and QA specialist. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly QA. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 7/9/10.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 7/9/10 | **Administrator Initials:**

APR-26-2010 02:15 FROM: TO:12083641811 P.19/24
PAGE 19/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

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)	For one of six participants reviewed ([Participant 3]), the profile sheet did not contain living arrangement. (REPEAT DEFICIENCY for both previous surveys of 2/26/2007 and 3/9/2009. This citation was corrected during survey. The agency must respond to questions 2-4.)	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will check with QA for 7/10 to ensure all information is up to date. 3. Who will be responsible for implementing each corrective action? QA specialist and DS's. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? New QA format to ensure compliance.

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.706.01.a-b	Collaboration/Consultation	
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	For one of three child participants reviewed ([Participant A]), the file did not contain documentation that a copy of the IPP was given to the school.	

APR-26-2010 02:15 FROM: TO:12083641811 P.20/24
PAGE 20/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of thiscollaboration. 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) 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) b. For participants of mandatory school attendance age, seven (7) through sixteen (16), who are not enrolled in school, the DDA must document that it has referred the child to the local school district for enrollment in educational and related services under the provisions of the Individuals with Disabilities Education Act (IDEA). (7-1-06)		1. What corrective action(s) will be taken? DS will write and highlight in their progress notes when a copy of the plan is given to all team members, and identify all team members who were given a copy of the plan. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? This is a deficiency for all child participants, so DS's will place this in all files after ensuring the school for each participant has a copy of the IPP. 3. Who will be responsible for implementing each corrective action? Developmental Therapist. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA—will incorporate this specifically into the quarterly QA sheet to ensure it is sought out and addressed with the date and the necessary team members. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 5/30/10.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:** U

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.03.a-f	Service Delivery	Please refer to the questions on the cover sheet to formulate your Plan of Correction. Text does not flow to the next page; you
REQUIREMENTS FOR AN AGENCY'S	Community-based services were being	

APR-26-2010 02:16 FROM: TO:12083641811 P.21/24
PAGE 21/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm:ss):08-22

QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: a. Are developed with each participant and guardian where applicable, and actively promote the participation, personal choice and preference of the participant; (7-1-06) b. Are age appropriate; (7-1-06) c. Promote integration; (7-1-06) d. Provide opportunities for community participation and inclusion; (7-1-06) e. Offer opportunities for participants to exercise their rights; and (7-1-06) f. Are observable in practice. (7-1-06)	delivered at 1912 Center in Moscow. The agency is currently billing this service as community services. Although the room is in the community center,the room is segregated and designed specifically for individuals with disabilities only. The location has not been approved as a center and the environment does not promote community integration nor inclusion into the participants' community. For example, [Participant 1] ordered her food from Subway and brought the food back to 1912 Center to eat with her staff. (REPEAT DEFICIENCY) (FAILURE TO COMPLY. Please refer to IDAPA 16.04.11.300.06.)	1. What corrective action(s) will be taken? Staff members will work with participants in programming in the community in integrated settings. DS's will train with staff members weekly to ensure the locations are integrated and promote inclusion. DS's will not use 1912 as a location for programming in their program writing. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Will be removed as a location for services from all program plans. 3. Who will be responsible for implementing each corrective action? DS's. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? During weekly supervision and monthly observation of location. 5. By what date will the corrective action be completed? 5/30/10.

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 5/30/10 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.03.a	Participant Rights	
905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)	For one of six participants reviewed ([Participant 3]), participant rights did not indicate that a verbal explanation was given. (REPEAT DEFICIENCY. The citation was corrected during survey. The agency must	

APR-26-2010 02:16 FROM: TO:12083641811 P.22/24
PAGE 22/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-06)	respond to questions 2-4.)	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Quarterly QA to ensure there are no old forms still in the books that haven't been replaced by the 09 form. 3. Who will be responsible for implementing each corrective action? QA Specialist. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? On-going QA will indicate the current form date.

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.04	Positive Social Skills	.1. Training with DS's for every maladaptive behavior tracked, DS's must introduce a plan for replacement behaviors.
915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)	For all behavior programs for sampled participants, the programs did not contain a positive replacement to the maladaptive behavior. Programs are only measuring the negative behavior rather than teaching and measuring the positive replacement to that behavior.	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? Administrator will QA current maladaptive programs to ensure all are identified. 3. Who will be responsible for implementing each corrective action? Administrator will identify, DS's will develop new programs and implement. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly QA. 5. By what date will the corrective action be completed? Sampled participants will be in compliance by 7/9/10, all in compliance by 9/30/10.

APR-26-2010 02:16 FROM: TO:12083641811 P.23/24
PAGE 23/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected: 4/9/10	Administrator Initials:
Administrator Signature (confirms submission of POC):		Date: 4/27/10
Team Leader Signature (signifies acceptance of POC):		Date: 4/27/10

APR-26-2010 02:17 FROM: TO:12083641811 P.24/24

PAGE 24/24 * RCVD AT 4/26/2010 4:12:56 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID: * DURATION (mm-ss):08-22