



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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April 21, 2010

J. Micheal Hutchings, Administrator
Exceptional Child Center, Inc. dba
Center for Independent Living
1411 Falls Avenue East, Suite 703
Twin Falls, Idaho 83301

Dear Mr. Hutchings:

Thank you for submitting the Center for Independent Living Plan of Correction dated April 13, 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 Center for Independent Living a full three (3) year certificate effective from May 1, 2010 through April 30, 2013.

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 your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than **July 15, 2010**. You may submit supporting documentation as follows:

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

Or deliver to: Above address

You can reach me if you have any questions at 208-239-6267.

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

Pam Loveland-Schmidt, DS
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Center for Independent Living
5CIL019-1

158 Blake St N
Twin Falls, ID 83301-5000
(208) 734-8973

Survey Type: Recertification

Entrance Date: 3/29/2010

Exit Date: 4/1/2010

Initial Comments: Surveyors Present: David Doran, Medical Program Specialist; Carrie Johns, Medical Program Specialist; Crystal Pyne, Clinician; Rosalynn Isaak, DD Program Supervisor; Donna Morales, Social Work 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 action and the anticipated time for the plan to be implemented.

Observations:

[Participant A] was observed receiving individual developmental therapy from [Employee 13] in a community-based setting. The goals and objectives that were observed in programming included acknowledging a speaker, releasing an object, making a choice of where he wants to go while in a store, and waving with his left hand. [Employee 13] correctly and consistently implemented the plan, followed the written instructions, and had the plans available if needed. She appeared to have a very good knowledge of the plans and was able to follow them without reference to the paper document. [Employee 13] had a very natural interactive style with [Participant A] that did not draw attention to the fact that he was receiving therapy. She was very discrete in her data collection using a scrap of paper that looked more like a shopping list than data collection.

[Participant A] and [Employee 13] went to Wal-Mart for services and [Participant A] seemed to enjoy this setting. The program was conducted in the setting where it would routinely occur and where a person would commonly learn and utilize the skills. The setting provided multiple opportunities for running programs in a functional setting. The service was provided in a way that enhanced the participant's social image, enhanced personal competencies, and promoted inclusion in the community. The programs were being run in a way that was unobtrusive. This entire service interaction was very positive, natural, and run in a manner that exemplifies best practices. I believe that only a trained observer would know that programs were being run and that the casual observer would note a warm respectful relationship between an adult and a young person in her care.

Developmental therapy instructions and interactions were both age and developmentally appropriate. Given [Participant A]'s chronological and developmental age, [Employee 13] did an excellent job of providing him with opportunities, choices, and materials that were both developmentally and chronologically age appropriate. [Participant A] was treated in a courteous manner and [Employee 13] was polite and respectful in her interactions. The participant seemed to be very happy and appeared to very much enjoy this time with the employee. Although [Employee 13] was a substitute for [Participant A]'s regularly scheduled staff person, she did an excellent job of providing services. Her therapy services seemed to be a result of both trained and natural skills and exemplified best practices. This observation was an

example of high quality services provided by a caring, concerned, and skilled provider.

[Participant B] was observed receiving services from [Employee 13]. [Employee 13] did an excellent job. She is very in-tune with [Participant B] and responsive to her subtle cues and moods. The interaction was a pleasure to watch as [Employee 13] continued and involved [Participant B] to the extent that [Participant B] would participate. [Employee 13] did a great job balancing the programs with [Participant B]'s stamina and physical needs. An excellent use of therapy materials (clay) was used to demonstrate grasping skill. [Employee 13] was gentle and persistent in prompting for errorless skill building. [Participant B] demands create a unique need for balancing her tolerance for physical conditions, including sitting up in a chair with braces on her feet, and incorporating therapy into her routine without wearing her out. This therapist seems to have a talent for this work. She was an absolute pleasure to watch.

[Participant 1] was observed with [Employee 10] at the participant's apartment receiving individual developmental therapy, which addressed communication and following three-step directions in cleaning, and attending to activities of daily living. [Employee 10] provided positive verbal reinforcement when [Participant 1] completed vacuuming his room, which appeared to motivate the participant. [Employee 10] also assisted [Participant 1] in changing the batteries in his hearing aids. The therapy continued without problems, even though [Participant 1] could not hear the verbal directions/prompts. [Employee 10] was able to use sign language to facilitate communication until the new batteries were found. The therapy was delivered in the participant's natural environment, and the service delivery correlated with the program implementation plans reviewed.

[Participant 2] was observed with [Employee 11] in the community at Wal-Mart receiving group therapy with another female participant. The objectives being addressed were responding to the speaker when her name is called, and using her eyes to make choices. When interviewed, [Employee 11] informed the surveyors that they made the decision to come to Wal-Mart once they were in the van and in the community. It was also noted through the interview that the group therapy did not have a specific purpose for being in the store, other than to browse merchandise. [Employee 11] informed surveyors that they did not have a list, and no purchase was anticipated. Another staff and participant from CiL were also observed in the immediate vicinity of [Employee 11] and [Participant 2], browsing merchandise. The participant was given a choice of what item they "liked better", a choice was made, and then the staff responded to the choice by stating, "We will have to let your mom know, because you don't have any money, and I don't either..."

When the surveyors first entered Wal-Mart, it was easy to identify [Participant 2] and [Employee 11], as they were present in a group of five other participants, and their four staff. As the surveyors approached the group, each participant and staff dispersed and went in separate directions. It was apparent that the entire group was congregating in the same place until the surveyors identified themselves. During the observation time at Wal-Mart, several participants and their staff were followed and observed. During each of these observations, it was noted that there was another disabled participant and their staff in the immediate vicinity of the group being observed. The large group of disabled participants and their staff moved around the store. The target group not having a list, money, or purpose for being in the store, and the group spending time in the store without making a purchase did not enhance the participants' social image, personal competencies, nor promote inclusion in the community.

It was also noted that none of the groups observed interacted with any store associate in any capacity, or any typical peers. The participants were only engaged with the staff providing services or the other participants that were with the group. This observed practice did not promote integration or inclusion of the participants into the community.

[Participant 3] was observed with [Employee 12] at the Blake Street center, preparing lunch. The objectives addressed during the observation were vocalizing needs, using a spoon independently, and using a napkin independently. The therapy appeared appropriate for [Participant 3], and addressed the identified severe functional limitations of the participant. [Employee 12] treated [Participant 3] with dignity and respect and provided positive verbal reinforcement when the objective was met. Choices were offered to [Participant 3] throughout the observation, which appeared appropriate for the individual. No problems were noted during the observation period.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.520.04</p> <p>520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-06)</p> <p>04. Image Enhancement. The community-based services must enhance each participant's social image, personal competencies, and promote inclusion in the community. (7-1-06)</p>	<p>Developmental Therapy</p> <p>One of five developmental therapy observations conducted ([Participant 2] and [Employee 11]) indicated the community-based services provided did not enhance the participant's social image, did not enhance personal competencies, nor promote inclusion in the community.</p> <p>For example:</p> <p>See observation notes in the initial comments for [Participant 2] and [Employee 11].</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> 1. The agency has provided, and will continue to provide, training to professionals and direct care staff on the importance of enhancing participants' social image, personal competencies, and inclusion in the community. 2. From a QA perspective, the agency will retrain as if the deficiency applies to every participant. The training will ensure consistency amongst staff. 3. The administrator or designee. 4. The agency will monitor the implementation of the corrective action through weekly supervision of direct care staff, monthly observation of services, training, and ongoing internal QA reviews. 5. All retraining will be completed by 5/1/10 and documented in the employees' personnel files.

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

Date to be Corrected: 2010-05-01

Administrator Initials: *AMA*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.xi</p> <p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL</p>	<p>Participant Records</p> <p>One of two child participant records reviewed ([Participant B]) lacked a rule-compliant transition plan.</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> 1. Training on the development of a rule-compliant transition plan began prior to the formal survey and will continue. Training and monitoring of all transition plans completed by professionals will ensure compliance.

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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. The IPP must include: (7-1-06)

xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)

For example, [Participant B]'s record indicated the transition plan did not include specific criteria for transition, and identified transition from home to clinic, which is not a less restrictive environment.

The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings

2. From a QA perspective, the agency will retrain professionals as if the deficiency applies to every child participant. The training and internal monitoring of transition plans will ensure consistency.
3. The administrator or designee and the child developmental specialist.
4. The agency will monitor the implementation of the corrective action through training, annual professional performance appraisals, and ongoing internal QA reviews.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-05-01 **Administrator Initials:** JMA

Rule Reference/Text	Category/Findings	Plan of Correction (P&C)
16.04.11.900.03.a-f 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)	Developmental Therapy One of five developmental therapy observations conducted ([Participant 2] and [Employee 11]) indicated that the quality assurance process is not ensuring the DDA services provided to the participants promote integration and inclusion in	1. The agency has provided, and will continue to provide, training to professionals and direct care staff on the importance of promote integration and inclusion in the community.

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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)

the community.
For example:
See observation notes in the initial comments for [Participant 2] and [Employee 11].

- 2. From a QA perspective, the agency will retrain as if the deficiency applies to every participant. The training will ensure consistency amongst staff.
- 3. The administrator or designee.
- 4. The agency will monitor the implementation of the corrective action through weekly supervision of direct care staff, monthly observation of services, training, and ongoing internal QA reviews.
- 5. All retraining will be completed by 5/1/10 and documented in the employees' personnel files.

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

Date to be Corrected: 2010-05-01

Administrator Initials: JMR

Administrator Signature (confirms submission of POC):

James M. Harty

Date: 4-13-2010

Team Leader Signature (signifies acceptance of POC):

Dawn Rose Court-Schmidt

Date: 4/21/10