



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 7, 2010

Marie Graham, Administrator
Canyon Creek Developmental Services, Inc.
5214 East Cleveland Boulevard, Suite G
Caldwell, ID 83607

Dear Ms. Graham:

Thank you for submitting Canyon Creek Developmental Services, Inc.'s Plan of Correction. 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 Canyon Creek Developmental Services, Inc. a full three-year certificate effective from June 12, 2010, through June 11, 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. Please submit these documents in order of citation, following the plan of correction findings. All supporting documentation must be submitted no later than September 30, 2010. You may submit supporting documentation as follows:

Fax to: (208) 364-1811

Mail to: Medicaid Survey & Certification
PO Box 83720
Boise Idaho 83720-0009

Email to: MilesG@dhw.idaho.gov

Deliver to: Division of Medicaid - DHW
3232 Elder Street
Boise, ID 83705

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

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at 364-1828.

Sincerely,

GREG MILES
Medical Program Specialist

GM/sm

Statement of Deficiencies

Developmental Disabilities Agency

Canyon Creek Developmental Services, Inc.
3CANCRK123

5214 E Cleveland Blvd Ste G
Caldwell, ID 83607-
(208) 454-6266

Survey Type: Recertification

Entrance Date: 4/26/2010

Exit Date: 4/28/2010

Initial Comments: Survey Team: Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist.

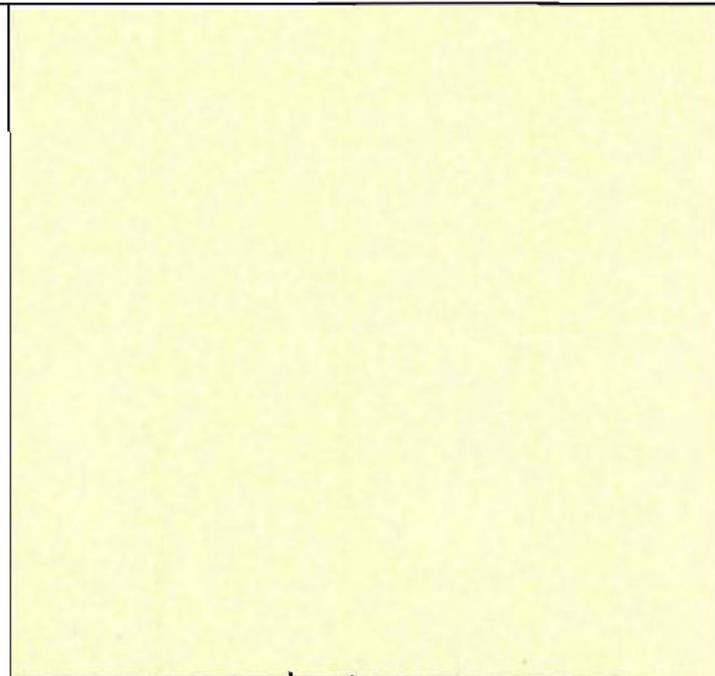
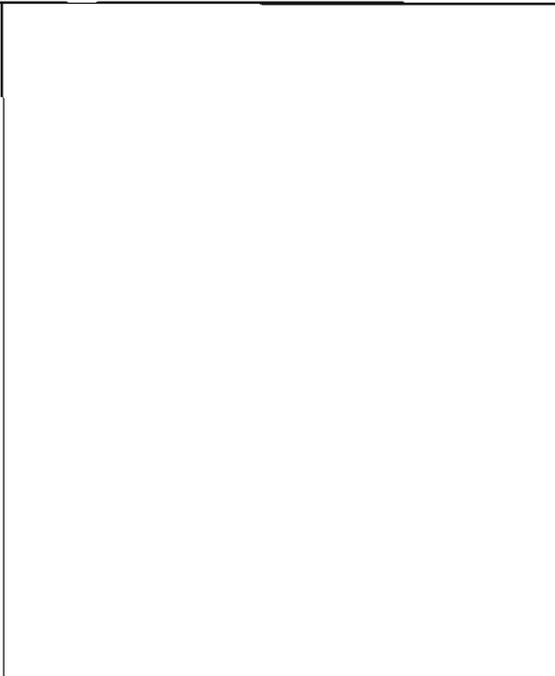
Observations:

[Participant 2] was observed at the center at about 9:15 a.m. working on his memory book. He is a hard working person who is fully aware of what his capabilities were prior to his accident when he was 18 years old. His memory book is a good exercise for him considering the deterioration he has based on his traumatic brain injury. Staff worked well with him and engaged him often.

[Participant 3] was observed at the center on April 27, 2010. He was running a program to create a shopping list based on his leftovers at work. Although this should be occurring in the home, it seemed functional for him. His objective was to plan a nutritional meal with a verbal cue. The technician was observed to verbally cue him several times. She took data on the proper part of the program, ran the program as written, and had good rapport with the participant.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.03	Program Implementation Plan	All objectives will be revised to include number of trials. A review of all other Participants objectives will be made and criteria revised to comply with rule. Each DS will be responsible for implementing the corrective action. QA will review and monitor during yearly file reviews. Sampled Participants objectives will be revised by Aug. 25, 2010. All other CCDS Participants will be revised by Nov. 25, 2010.
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	For four of four participants surveyed, documentation showed objective criteria as not stating the number of trials that was needed. For example, many of the objectives would state "80% of the time", which does not indicate how many training opportunities are wanted for their programming. This can allow for discrepancies in how many times the program is actually trained—which can also skew the data collected.	

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)
 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)



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

Date to be Corrected: 8/25/10 **Administrator Initials:** mg

Rule Reference/Text

16.04.11.704.01.c
 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)

Category/Findings

Program Documentation (data/progress)
 For three of four participants reviewed ([Participants 1, 2, and 3]), documentation showed that objectives were targeted for success at 99% to 100%. This would indicate that the participant should "move on" to a higher prompt level or a different objective.
 For example, the criteria for [Participant 3]'s objective 3.1 (to indicate time) was at 98%; however, he was consistently scoring in the upper 80s percentages. The perfection being sought did not allow for training discrepancies.

Plan of Correction (POC)

D.S. will revise all objectives and adjust criteria level to allow for training discrepancies and ensure the criteria is not set at an unachievable goal. When a participant has met criteria, the program will indicate a change to a higher prompt level or different objective.
 QA will review and monitor all participant files through yearly file reviews.
 Sampled participants objectives will be revised by Aug. 25, 2010.
 All other participants objectives will be revised by Nov. 25, 2010.

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

Date to be Corrected: 8/25/10

Administrator Initials: *mg*

Rule Reference/Text

16.04.11.915.04

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)

Category/Findings

Behavior Replacement

For one of four participants reviewed ([Participant 3]), the participant had a behavior program to lessen his likelihood of hoarding items. The program being run was restrictive, but did not state the positive replacement behavior he was to actually be trained to increase and therefore lessen the negative one.

 (The agency corrected the deficiency during survey. The agency must address questions 2-4 on the Plan of Correction).

Plan of Correction (POC)

When an objective is identified that denotes inappropriate behavior, the objective & program will be revised to teach alternative adaptive skills to replace the inappropriate behavior. Each D.S. will be responsible for reviewing and revising all participants objectives & programs. The Quality Assurance Specialist will monitor objectives and implementation plans through yearly file reviews, to ensure programs contain positive, alternate skills.

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

Date to be Corrected: 6/25/10

Administrator Initials: MG

Administrator Signature (confirms submission of POC):

Marie D. Graham

Date: 6/7/10

Team Leader Signature (signifies acceptance of POC):

Date: