



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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June 18, 2010

Administrator, Christine Stephenson  
Precision Services  
847 Park Center Way Ste 4  
Nampa, Idaho 83651

Dear Christine,

Thank you for submitting your Plan of Correction dated 6/16/2010. 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 Precision Services LLC a full three (3) year certificate effective from 6/1/2010 through 5/31/2013.

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 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 September 14, 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: [miles@dhw.idaho.gov](mailto:miles@dhw.idaho.gov)

Mail to: Medicaid- Elder

Attn: DDA/RH Survey and Certification

PO Box 83720

Boise Idaho 83720

Or deliver to: Department of Health and Welfare  
3232 Elder Street, Boise, ID 83720

You can reach me if you have any questions at 208-364-1828. Thank you for your patience and accommodating us through the survey process.

Greg Miles  
Medical Program Specialist  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

Precision Services LLC

DDA-1113

847 Park Centre Way Ste 4

Nampa, ID 83651

(208) 697-5162

Survey Type: Initial

Entrance Date: 5/18/2010

Exit Date: 5/21/2010

Initial Comments: Survey Team: Rebecca Fadness, Program Supervisor; Melissa Woods, Clinician; Mike Breuer, Regional Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-c 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) a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; (7-1-06) c. Guide treatment; (7-1-06)	Assessments [Participant D] was speech impaired, almost non-verbal, and had a speech assistive device. There was no evaluation by a qualified speech therapist found in the file, nor were there objectives addressing this primary concern identified on the treatment plan.	<ol style="list-style-type: none"> <li>1. What corrective action(s) will be taken? Comprehensive assessment will be updated to include speech needs.</li> <li>2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' assessments to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? Comprehensive assessments will be updated with appropriate information and programming will be reviewed and adjusted accordingly.</li> <li>3. Who will be responsible for implementing each corrective action? Dan Lemmon</li> <li>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues in the future.</li> <li>5. By what date will the corrective action be completed? September 7, 2010</li> </ol>

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<b>Scope and Severity:</b> / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
<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 stating so. (7-1-06)</p>	<p>Assessments</p> <p>For one of four participant files reviewed ([Participant C]), the neuro-psychological evaluation did not indicate whether a full or updated assessment was required for the purpose of reflecting current status. The original assessment was completed by Dr. Pickford on September 9, 2008.</p>	<ol style="list-style-type: none"> <li>1. What corrective action(s) will be taken? Psychological evaluation was reviewed and Dr Pickford's office was contacted to give us updated information on the psychological evaluation. A follow-up appointment has also been made.</li> <li>2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' psychological evaluations to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? Psychological evaluations lacking in these areas will be updated with appropriate information.</li> <li>3. Who will be responsible for implementing each corrective action? Dan Lemmon</li> <li>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues in the future.</li> <li>5. By what date will the corrective action be completed? September 7, 2010</li> </ol>

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

**Date to be Corrected:** 9/7/2010

**Administrator Initials:** HCS

**Rule Reference/Text**

16.04.11.703.02

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)  
02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)

**Category/Findings**

Implementation Plan

For two of four participant files reviewed ([Participants A and C]), baseline statements were not included addressing the participants' skill levels and abilities related to the specific skill to be learned.

**Plan of Correction (POC)**

1. What corrective action(s) will be taken? Baseline statements were added into IPPs.
2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' programming and plans (IPPs and PIPs) to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? IPPs lacking in these areas will be updated with appropriate information.
3. Who will be responsible for implementing each corrective action? Dan Lemmon
4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues during plan development in the future.
5. By what date will the corrective action be completed? September 7, 2010

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

**Date to be Corrected:** 9/7/2010

**Administrator Initials:** HCS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Implementation Plan	
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 achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)	Of four participant implementation plans reviewed, two had insufficient written instructions to provide measurable outcomes.  For [Participant C], Objective 5A did not include instructions for data collection, reinforcements, or baseline.  Instructions for [Participants B and D] did not specify task criteria. Example: the objective regarding grooming.	1. What corrective action(s) will be taken? More sufficient instructions were added into programming of participants. 2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' programming and plans (IPPs and PIPs) to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? PIPs are lacking in these areas will be updated with appropriate information. 3. Who will be responsible for implementing each corrective action? Dan Lemmon 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues during plan development in the future. 5. By what date will the corrective action be completed? September 7, 2010  1. What corrective action(s) will be taken? 5A objective was added into programming of participants. 2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' programming and plans (IPPs and PIPs) to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? PIPs are lacking in these areas will be updated with appropriate information. 3. Who will be responsible for implementing each corrective action? Dan Lemmon 4. How will the corrective action(s) be monitored to

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

Date to be Corrected: 9/7/2010

Administrator Initials: *MLC*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.05	Implementation Plan	
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	For four of four participant plans reviewed, the type of environment was not specific.  [Participants B and D] environments were defined as "home/community".  For [Participants A and C], environments were	1. What corrective action(s) will be taken? Environments were updated and added into IPPs of participants.

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)  
 05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)

vague "library, stores, park, etc." which are not prescriptive nor assure that the environment is the natural setting nor conducive to learning.

2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' programming and plans (IPPs and PIPs) to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? IPPs are lacking in these areas will be updated with appropriate information.
3. Who will be responsible for implementing each corrective action? Dan Lemmon
4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues during plan development in the future.
5. By what date will the corrective action be completed? September 7, 2010

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

**Date to be Corrected:** 9/7/2010

**Administrator Initials:** *DLCS*

**Rule Reference/Text**

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

**Category/Findings**

Record Requirements

For two of four participant records reviewed ([Participants B and D]), the type of service was not identified on the data sheet.

**Plan of Correction (PCC)**

1. What corrective action(s) will be taken? Types of service on the data sheet were updated for the participant.
2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' datasheets to ascertain if there are any other deficits that need to be addressed. If participants are identified, what corrective action will be taken? Datasheets that are lacking in these areas will be updated with appropriate information.
3. Who will be responsible for implementing each corrective action? Dan Lemmon

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)

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues during plan development in the future.  
 5. By what date will the corrective action be completed? September 7, 2010

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

**Date to be Corrected:** 9/7/2010

**Administrator Initials:** *JCS*

Rule Reference/Text	Category/Findings	Plan of Correction (P&C)
<p>16.04.11.708.01                      708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.                      01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)</p>	<p>Assessments                      For one of four participant files reviewed ((Participant C)), the comprehensive developmental assessment was completed on the same date as the IPP and the date services were initiated.</p>	<p><b>Plan of Correction (P&amp;C)</b>                      1. What corrective action(s) will be taken? The comprehensive developmental assessment had the same date as the IPP and the date services were initiated was a clerical error and has since been corrected.                      2. How will the agency identify participants who may be affected by the deficiency(s)? QA will review all participants' IPPs and comprehensive developmental assessments to ascertain if there are any other clerical errors that need to be corrected. If participants are identified, what corrective action will be taken? Clerical errors will be updated with appropriate information.                      3. Who will be responsible for implementing each corrective action? Dan Lemmon                      4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? QA will screen participants at intake for similar issues during plan development in the future.</p>

		5. By what date will the corrective action be completed? September 7, 2010
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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 9/7/2010 **Administrator Initials:** MGS

**Administrator Signature (confirms submission of POE):** *M. Clither Sept* **Date:** 6/17/10  
**Team Leader Signature (signifies acceptance of POE):** *Debecca Gardner* **Date:** 6/18/10