IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hiline, Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6267
FAX: (208) 239-6269

October 13, 2010

Kaylene Owens, Administrator
Franklin County DDA
44 N. 100 E.
Preston, Idaho 83263

Dear Ms. Owens:

Thank you for submitting the Franklin County DDA Plan of Correction dated October 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 Franklin County DDA a full three (3) year certificate effective from August 2, 2010 through July 31, 2013.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency was required to submit documentation to substantiate that your Plan of Correction has been met and has been accepted also.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you may reach me via e-mail at: lovelanp@dhw.idaho.gov or at 239-6267.

Pam Loveland-Schmidt

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

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Franklin County Developmental Services
6FRANK033-1

126 E 100 N
Preston, ID 83263-1330
(208) 852-0324

Survey Type: Recertification

Entrance Date: 6/1/2010
Exit Date: 6/3/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; and Karen Tharp, DD Supervisor.

Observations:

[Participant A] was observed with a paraprofessional ([Employee 11]) on the grounds of the center. The participant's developmental therapy programs consisted of scheduling, peer interaction, fine motor skills, and matching words. Overall, the programs lacked functionality. The participant was observed utilizing a hole punch and tweezers to punch holes in paper and pick up multicolor adornment (craft) balls. In addition, it was unclear how the matching words program was functional in reducing echolalia.

[Participant B] was observed with a paraprofessional ([Employee 10]) in the center. The developmental therapy programs consisted of scheduling, calendaring, pouring liquids, and peer interaction. The pouring liquid program consisted of the participant pouring a glass of water from a pitcher over the sink. The program lacked functionality and appropriate intervention from the staff. The peer interaction program also lacked functionality.

[Participant 1] was observed with a paraprofessional ([Employee 12]) in Logan volunteering at the LDS Bishop's Storehouse. They worked on following instructions, writing his name, and time management. The therapist provided prompts, reinforcements and choices as appropriate. Overall, the therapist worked well with the participant. The therapist may need to involve the other volunteers when unable to find an item to put on the shelves.

[Participant 2] was observed with a paraprofessional ([Employee 9]) in Logan volunteering at the LDS Bishop's Storehouse. They were working on the following: greeting people, asking for assistance, and social skills. The therapist provided prompts, reinforcements, and choices appropriately. Overall the therapist had a good rapport with the participant.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.009.01	Criminal History	
009. MANDATORY CRIMINAL HISTORY AND	One of 12 employee/contracted professional	

BACKGROUND CHECK REQUIREMENTS. 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)	records reviewed ([Employee 6]) lacked documentation of a Department of Health and Welfare Background Check. For example: [Employee 6]'s record only contained an Idaho State Police Background Check dated May 13, 2010. There was no documentation in the file of a Department of Health and Welfare Criminal History Check.	1. Employee 6 has gotten her background check from the Department of Health and welfare 2.All employees have been checked ,no other deficiencies were identified. 3.D.S.will be responsible for the correction. 4.The employees records will be monitored by the Quality Management calendar which will be done yearly according to their employment date. 5.July 14, 2010

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSO

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	
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	Four of four employee records reviewed ([Employees 9, 10, 11, and 12]) lacked documentation that the agency assured a professional qualified to provide the service provided supervision for all paraprofessionals under his supervision, on a weekly basis or	

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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)	more often if necessary. For example: [Employee 9]'s record lacked documentation of weekly supervision for the following: • 4th week of February 2010; • 1st week of March 2010; and • 4th week of March 2010. [Employee 10]'s record lacked documentation of weekly supervision for the following: • 4th week of February 2010; • 1st week of March 2010; and • 4th week of March 2010. [Employee 11]'s record lacked documentation of weekly supervision for the following: • 4th week of February 2010; and • 1st week of March 2010. [Employee 12]'s record lacked documentation of weekly supervision for the following: • 4th week of February 2010; • 1st week of March 2010; and • 4th week of March 2010. (REPEAT DEFICIENCY)	1. Employees 9,10,11 12 have started on a new form . (see attached 2.All paraprofessionals were affected. The new form has been used for supervision on a weekly basis 3.D.S. will be responsible for the correction 4. Employees supervision will be monitored weekly during their weekly meeting using the new form . 5.Corrective action was implemented June7th 2010

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSO

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.01	Training	
415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional,paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06)	One of four employee records reviewed ([Employee 9]) lacked documentation of 12 hours of formal training each calendar year.	

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		1. The form used for Res Hab formal training has been modified to meet DDA requirements (see attached). Employee 9 has taken his yearly inservice and documentation has been put in his file . (see attached) 2.All employees have been checked and no other deficiencies were identified. 3.D.S.and H.R. will be responsible . 4. 12 hours of formal training a year will be put on the Q.A. calendar and will be checked monthly. 5. Correction completed July 6th 2010.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSD

Data Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.01.a	Training	1. The form used for Res Hab has been adapted to meet DDA requirements - see attached. Employee 9 has taken his yearly inservice and documentation has been put in his file . see Attached 2.All employees have been checked and no other deficiencies were identified. 3.D.S. and H.R. will be responsible . 4.12 hours of formal training including fire safety each employee every year will tracked via the Personnel records form checked monthly via the Q.A. calendar. 5.Correction completed July 6th 2010.
415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06) a. Each agency employee providing services to participants must participate in fire and safety training upon employment and at least yearly thereafter; and (7-1-06)	One of four employee records reviewed ([Employee 9]) lacked documentation of annual fire safety training.	

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

Date to be Corrected: 10/13/10 **Administrator Initials:** LSO

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.04	Incident Reporting	1.An annual review was conducted by the QA Manager on July 12, 2010. See attached 2. All participants could be affected. 3. Q.A. Manager and D.S. is responsible. 4. Incident reports are reviewed at least monthly and documentation of review of incident reports will be put on Q.A. calendar in February to ensure that a yearly update is in the Q.A. book. 5. Completed July 14,2010
510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06)	The agency lacked a documented review of all incident reports completed at least annually with written recommendations.	

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

Date to be Corrected: 10-13-10 **Administrator Initials:** LSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.602.01-02 602.REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06) 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)	Assessments Three of four participant records reviewed ([Participant A, B, and 2]) lacked current assessments completed or updated at least annually for service areas in which the participant was receiving services on an ongoing basis. For example: [Participant A]'s most current Speech/Language Assessment, dated May 9, 2007, was not current. [Participant B]'s most current Speech/Language Assessment from the school district, dated May 7, 2009, was not current. [Participant 2]'s Developmental Assessment stated a need for fine motor skills and wouldl be addressed in Communication. There was no Occupational Therapy, Physical Therapy,T or Speech/Language Pathology Assessment that supported this recommendation in the file. Note: an Occupational Therapy Assessment (dated September 13, 1988) provided during the survey	1. Current evaluations have been taken or are scheduled for participants A, B, and 2. 2. All records have been checked. 5 records out of 32 were affected by this deficiency. All evaluations have been scheduled. 3. D.S. will be responsible for implementing the plan. 4. Evaluations will be put on the Q.A. calendar and will be checked monthly to assure that all needed evaluations are completed prior to the plans. 5.September 30,2010

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	was for a pre-drivers test and did not address fine motor skills. In addition, the assessment was lacking page 1.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSD

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)	Two of two child participant records reviewed ([Participants A and B]) lacked Medical/Social Histories completed by the agency containing rule-compliant components. For example: [Participant A]'s Medical/Social History lacked developmental history including developmental milestones, resources in the family for the participant, prevocational or vocational paid and unpaid work experience, and recommendation of services necessary to address the participant's needs. [Participant B]'s Medical/Social History lacked the age of onset of disability, developmental history including developmental milestone, and developmental treatment interventions, any history of abuse, resources in the family for the participant, and recommendation of services necessary to address the participant's needs. (REPEAT DEFICIENCY)	1. Social Medical for participant A and B have been rewritten to included developmental milestones, resources in the family for the participant, pre vocational or vocational paid and unpaid work experience, and recommendation of services necessary to address the participant's needs. Participant B's Medical/Social History lacked the age of onset of disability, developmental history including developmental milestone, and developmental treatment interventions, any history of abuse, resources in the family for the participant, and recommendation of services necessary to address the participant's needs. 2.The Social Worker has been given the rule for what is included in the social medical so she can check off what the social medical must contain. 3.Social worker and D.S. 4.D.S. will review completed Social Medical for the next eight evaluations to ensure rule compliant components are addressed 5. Two Social Medical rule compliant evaluations were completed on July 14th 2010.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01.a-c	Eligibility	1. Participant A's record had a UNIT from the school (see attached form). His full scale I.Q. is 31.This was in his book during survey. 2.All other participants have been checked no other deficiencies found. 3.D.S. will be responsibility to have eligibility in all records. 4.Eligibility will be put on the Q.A. calendar and will be checked off at the yearly review of all participants. 5.July 12 2010.
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 accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or(7-1-06) b. Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code. (7-1-06) c. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06)	One of two child participant records reviewed ([Participant A]) lacked DDA determined and documented eligibility prior to the delivery of DDA services. For example: [Participant A]'s record lacked a Psychological Assessment and documentation that determined eligibility. (REPEAT DEFICIENCY)	

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

Date to be Corrected: 10-13-10 **Administrator Initials:** LSO

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.v	Individual Program Plan	1. Participant A and B had choices listed on their current IPPS. Their IPPS were reviewed and more choices were added that promoted self sufficiency, Participant participation and inclusion in the community. (see attached) 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and a checklist will be developed for each participant. 5.Participant A,and B were completed on July 12 2010.All other participants will be corrected and completed by 1/02/11
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. The IPP must include: (7-1-06) v. A list of the participant's current personal goals, interests and choices; (7-1-06)	Two of two child participant records reviewed ([Participants A and B]) lacked Individual Program Plans (IPP) that contained lists of the participants' current choices. For example: [Participant A and B]'s IPPs lacked current choices. (REPEAT DEFICIENCY)	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 10-13-10 **Administrator Initials:** KSO

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.vi	Individual Program Plan	1. Participant A and B had that included behavioral strengths listed on their current IPPS. Their IPPS were reviewed and more behavioral strengths were added. (see attached) 2.All participants could be affected by this deficiency. 3. D.S. will be responsible.
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.	Two of two child participant records reviewed ([Participants A and B]) lacked Individual Program Plans (IPPs) that included behavioral strengths. (REPEAT DEFICIENCY)	

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) vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)		4.Each participant will have their IPPs evaluated on their annual update and a checklist will be developed for each participant. 5. Participant A,and B were completed on July 12 2010.

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

Date to be Corrected: 10-13-10 **Administrator Initials:** LSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.vii 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	Individual Program Plan Two of two child participant records reviewed ([Participants A and B]) lacked Individual Program Plans that included a list of measurable, behaviorally-stated objectives that corresponded to the list of priority needs. For example: [Participant B]'s objectives were not measurable. The objective stated, "[Participant B] will learn to ask for things appropriately by becoming proficient in the following objectives...	1. Participant's A and B IPP's now include as list of measurable, behaviorally-stated objectives that corresponds to the list of priority needs. See attached page. 2.All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and a checklist will be developed for each participant. 5. Participant A,and B were completed on July 12 2010.

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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) vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-06)	" Unable to measure progress. In addition, [Participant B]'s record lacked an IPP for adjusting water to appropriate settings. (REPEAT DEFICIENCY)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSO

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.viii	Individual Program Plan	1. Participants A and B records had "Franklin County DDA" but did not include the name of the DS and their records were amended to include the name of the DS. See attached. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant has had their IPPs amended and the name of the DS has been added to the checklist for annual IPP's 5. Participants A and B were completed on July 14 2010.
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	Two of two child participant ([Participants A and B]) records reviewed lacked an Individual Program Plan (IPP) with a discipline professional or Deveopmental Specialist (DS) identified as responsible for each objective. For example: [Participant A and B]'s IPP's listed FCMC DDA as the discipline professional or DS does not	

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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) viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)	meet rule requirement. (REPEAT DEFICIENCY)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** LSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	1. Participants A and B IPP's were amended to contain rule compliant transition plans for less restrictive, more integrated settings outside of DDA services. See attached. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and a checklist developed for each participant. 5. Participant's A and B transition plans were completed on July 14 2010. 5. Participant A and B were completed on July 12 2010.
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	Two of two child participant records reviewed ([Participants A and B]) lacked an Individual Program Plan that contained rule-compliant transition plans. For example: [Participants A and B]'s IPPs lack transition plans to less restrictive, more integrated settings outside of DDA services.	

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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) 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)		

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

Date to be Corrected: 10-13-10 **Administrator Initials:** LSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703	Implementation Plan	1. The Implementation plans of Plans of Service for Participants A, B, have been adjusted to be related to the Goals or objectives. See attached. Participants 1's implementation plans were done but not in his book--see attached. TSC was contacted and addendums were requested for participants 1, and 2. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and the DS's will audit one another for 2 months to ensure that the implementation plans of Service are related to goals or objectives. 5. Participants A, B, were completed on July 14 2010. Participants 1, and 2 will have addendums in 30 days.
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)	Four of four participant records reviewed ([Participants A, B, 1, and 2]) lacked implementation plans related to goals or objectives on the participants' plans of service. For example: [Participant A]'s transition plan on the IPP does not correspond to the implementation plans. [Participant B]'s plan to adjust water temperature lacked a corresponding implementation plan. In addition, the IPP had two goals identified, but there were 18 objectives. [Participant 1]'s following goal/objectives lacked implementation plans: • 3f: comparison shopping; • 4a: appropriate social skills;	

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	• 4b: communication; • 6a: community access; and • 6b community & personal safety. The following objectives were not listed on the authorized ISP: • Self-care/portion sizes; • Learning (will write his first and last name); • Learning (write phone number and address); • Learning (time management); • Self-direction (making choices); and • Economic self-sufficiency (money management). [Participant 2]'s ISP did not address receptive and expressive language (follow written directions), but there was a PIP for it. Self-care (manners) and learning (time) were not addressed on the ISP. (REPEAT DEFICIENCY)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10-13-10 | **Administrator Initials:** KSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.02	Implementation Plan	1. The Implementation plans of Plans of Service for Participants A, B, have been adjusted to include a baseline statement addressing the the participant's skill level and abilities related to the specific skill to be learned. See attached. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and the DS's will audit one another for 2 months to ensure that there is a baseline statement addressing the the participant's skill level and abilities related to the specific skill to be learned, and added to the Annual checklist. 5. Participants A, B, were completed on July 14 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 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)	Two of four participant records reviewed ([Participants A and B]) lacked Program Implementation Plans with a baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. For example: [Participant A]'s Program Implementation Plan "I washed his hands with physical cues and verbal cues for each step" needs to be more specific to the skill to be learned. [Participant B]'s Program Implementation Plan "Tries to tell everyone what to do six times in a two-hour period" and "sequencing" needs to be more specific and related to the specific skill to be learned.	

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)	(REPEAT DEFICIENCY)	

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

Date to be Corrected: 10-13-10 **Administrator Initials:** LSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.03	Implementation Plan	1. The Implementation plans of Plans of Service for Participants A, B, have been adjusted to include measurable, behaviorally-stated objectives that correspond to their goals or objectives identified on the plan of service. See attached. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and the DS's will audit one another for 2 months to ensure that there is are measurable, behaviorally-stated objectives that correspond to their goals or objectives identified on the plan of service and added to the Annual checklist. 5. Participants A, B, were completed on July 14 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 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	Two of four participant records reviewed ([Participants A and B]) lacked Program Implementation Plans that include measurable, behaviorally-stated objectives that correspond to those goals or objectives identified on the plan of service. For example: [Participant A]'s objective "I washed his hands with physical cues and verbal cues for each step" are not behaviorally-stated. [Participant B]'s objectives "Tries to tell everyone what to do six times in a two-hour period" and "sequencing" are not behaviorally-stated. (REPEAT DEFICIENCY)	

plan of service. (7-1-06)		
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 10-13-10 **Administrator Initials:** KSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Implementation Plan	1. The Implementation plans of Plans of Service for Participants A, B, have been adjusted to include written instructions to staff that meet rule requirements. See attached.. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their IPPs evaluated on their annual update and the DS's will audit one another for 2 months to ensure that there are written instructions to staff that meet rule requirements. added to the Annual checklist. 5. Participants A, B, were completed on July 14 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 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)	Two of four participant records ([Participants A and B]) lacked Program Implementation Plans that included written instructions to staff that met rule requirements. For example: [Participant A]'s instructions for "make a simple snack" did not state how to record data. [Participant B]'s instructions for "sequencing" was using a prompt hiearchy and the therapist would assist. (REPEAT DEFICIENCY)	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 10-13-10 **Administrator Initials:** KSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.706	Collaboration/Consultation	1. Participants A, and B's records will be adjusted to include evidence of collaboration with other service providers to coordinate participant services in their 3 month evaluation via emails to providers. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. Each participant will have their records adjusted to include evidence of collaboration with other service providers to coordinate participant services. on their annual update and the DS's will audit one another for 2 months to ensure that there is evidence of collaboration with other service providers to coordinate participant services. added to the Annual checklist. 5. Participants A, B, will be completed by September 30,2010.
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 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)	Two of four participant records reviewed ([Participants A and B]) lacked evidence of collaboration with other service providers coordinating participant services. [Participants A and B]'s records lacked collaboration with the school district regarding speech services. (REPEAT DEFICIENCY)	

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

Date to be Corrected: 10-13-10 **Administrator Initials:** KSD

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.02.e	QA Program	1. The agency provided during survey a review of a violation of the agency's code of ethics and the implementation of our internal plan of correction which included: Revising our abuse reporting policy Ensuring the signatures of all employees annually for the code of ethics
900.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) 02. Quality Assurance Program Components.	The agency lacked Documentation of a regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.	

Each DDA's written quality assurance program must include: (7-1-06) e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.		1. con. Inservicing the staff regarding the violation. 2. All participants could be affected by this deficiency. 3. D.S. will be responsible. 4. A review of the Code of Ethic has been scheduled for February 2011 in conjunction with the review of incident reports and put of the QA calendar of the QA coordinator to ensure compliance of these two rules. A statement has been provided to the QA book since survey - see attached. if there has not been a violation, a statement will be provided to the QA book stating such. 5. This was corrected July 15, 2010.

Scope and Severity: / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 07/16-10 10-13-10 | **Administrator Initials:** RSD

Administrator Signature (confirms submission of POC): [signature] | **Date:** 10-13-10

Team Leader Signature (signifies acceptance of POC): Pam Hoveland-Schmidt | **Date:** 10/13/10

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