



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 13, 2010

Dennis Smith, Administrator
Carl Jones, Program Administrator
Joshua D. Smith Foundation
756 Oxford Drive
Idaho Falls, Idaho 83401

Dear Mr. Smith & Mr. Jones:

Thank you for submitting the Joshua D. Smith Foundation Plan of Correction dated August 25, 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 Joshua D. Smith Foundation a full Three (3) year certificate effective from August 1, 2010 through July 31, 2013.

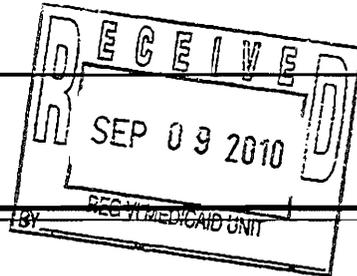
According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than **October 14, 2010**. You may submit supporting documentation as follows:

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



Submit by Email

Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Joshua D. Smith Foundation
7JOSUA027-1

756 Oxford Dr
Idaho Falls, ID 83401
(208) 523-5674

Survey Type: Recertification

Entrance Date: 6/8/2010

Exit Date: 6/16/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; and Mark Schwartzenger, Clinician.

Observations:

Children:

[Participant A] was not observed; the child was not available for observation. A review of the participant record was conducted.

[Participant B] was observed with [Employee 16] in the community. The objectives worked on were appropriately operating his wheelchair, being mindful of others in the community, and following directions. The therapist was aware of the task analysis for the objectives and was able to provide reinforcement as needed and prompted the child prior to the child making an error in implementing the objective. The staff and customers in the store knew the child and spoke with him and the therapist with no mention of what was being done. The therapist allowed the child to interact as appropriate. The objectives were implemented in the child's natural setting and she interacted well with him. Due to communication difficulties, the therapist allowed the child to demonstrate where in the store he wanted to go and then showed her the item he was interested in purchasing and/or to look at. The therapist allowed the child independence and prompted as appropriate.

Adults:

[Participant 1] was observed with [Employee 11] in the center working on grooming skills (brushing teeth, washing face, and washing hair). The therapist had a very good rapport with the participant. He provided prompts, reinforcers, and choices as appropriate. The goals worked on in the center were not provided in the natural setting. The individual lives in his own home with his father. During therapy, the therapist stated they also have the participant shower on Fridays before he returns home for the weekend. This goal was discussed with the Developmental Specialist. The discussion was about completing a transition plan to implement this skill into the natural setting.

[Participant 2] was observed with [Employee 9] in the natural setting (home) working on cleaning the kitchen. During this time they discussed what the participant had for breakfast and what types of food he should be eating because of his diabetes. The therapist had a good rapport with the participant. She utilized indirect verbal prompts, and provided reinforcement and choices as appropriate. Overall, the therapist did a good job.

[Participant 3] was observed with [Employee 12] in the center working on counting money. The therapist discussed how much it would cost to purchase ice tea at her favorite location. In addition, they worked on following instructions/directions. One task was to shred paper in a paper shredder. This was not a functional skill and not based upon the individual's needs. The staff did have the participant go get a glass of water for her cough, in which she did follow instructions, but the goal "following instructions" was run during the shredding paper activity. Shredding paper in the center is not a functional skill and does not generalize into the natural setting.

[Participant 4] was not observed. The participant did not receive Developmental Therapy the week of the survey. A review of the participant record was conducted.

[Participant 5] was observed with [Employee 14] in the community at Braulim's and King's. The therapist transported the participant to Braulim's and King's. During this time in the vehicle, the participant played with the window and door knobs, grabbed the steering wheel, and touched/grabbed the therapist while driving. The objectives worked on were street crossing, shaking hands when meeting new people, and purchasing items. During this observation, the participant asked, "What's that? Who is that?" and approached individuals many times. The participant appeared to intimidate several individuals when he approached. This was discussed with the Developmental Specialist and suggestions were made not to have the therapist drive this individual to the stores and suggested walking to one location due to safety issue. In addition, a recommendation was given not to have the participant shake hands with individuals every time he sees someone, but to verbally greet the individuals. Another suggestion was to ask the question back to the participant when he asks, "Who is that? What is that?" The therapist may respond: "I don't know. What do you think that is?" or "Who is that?" At that point, when discussing a person, discuss if the participant knows that person. Then implement stranger safety goals. The therapist treated this individual with respect and had a good rapport with him.

[Participant 6] was observed with [Employee 15] in the center working on following instructions. During this task, he was utilizing a math work sheet with dollar/coin denominations, which were not the actual size and were, as implemented, educational in nature. Also, during the observation, the participant was observed working on motor skills twisting a bolt on a rod up and down with his left hand. This was not a functional skill. The participant apparently had allergies and sneezed two times during the 30 minute observation. The staff requested that the participant go wash his hands twice during the observation. If the individual is required to wash his hands every time he sneezes, this would be an opportunity to work on the gross/fine motor skills by turning door knobs, faucets, etc. The objectives, as implemented, did not generalize into the natural setting. In addition, the participant record lacked a physical therapy assessment for gross/fine motor skills. The therapist had a good rapport with the participant and was observed collecting data.

[Participant 7] was observed with [Employee 16] and another participant in the center receiving group therapy. The therapist was discussing items needed for meal preparation. They looked at the advertisements for groceries and discussed prices and what was needed to prepare the meal. One of the objectives the participant was to work on in the center was to listen without interrupting others. Both participants talked over the other and did not communicate with one another, only with the therapist. The therapist did not prompt the participant to wait his turn to speak. The therapist had a good rapport with the two individuals. A recommendation is to have the therapist promote the two individuals to converse with each other and not just to the staff.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.400.04</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>04. Parents of Participants. A DDA may not hire the parent of a participant to provide services to the parent's minor or adult child. (7-1-06)</p>	<p>Staffing</p> <p>One of two child participant records reviewed ([Participant A]) lacked evidence that the agency assured parents did not provide services to their minor or adult child.</p> <p>For example:</p> <p>[Participant A]'s records listed [Employee 17] as the participant's step-mother. She is the paraprofessional for the child per the Children's Service Coordination Plan dated February 24, 2010. In addition, further investigation of this finding revealed that this employee does in fact live with the child, but is not the child's step-mother. If the individual is acting in a parenting role, the individual cannot be paid to provide therapy to the child.</p> <p>(POTENTIAL RECOUPMENT)</p>	<p>1. All existing therapy staff will be required to participate in training that identifies the IDAPA requirement regarding parents providing services to their own children. All existing staff will also be required to participate in training on the ethical guidelines in relation to therapy staff/care provider relationships. Both of these trainings will also be added to the Employee Orientation Checklist - Programmatic (JDSF-103) for new therapy staff.</p> <p>2. Review of file for any participant whose parent in employed by JDSF.</p> <p>3. Training Coordinator will develop and provide training. Information Manager will revise form JDSF-103</p> <p>4. Regular review of file for any participant whose parent is employed by JDSF</p> <p>5. October 7, 2010</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 2010-10-07 Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.405.02.a-c</p> <p>405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must</p>	<p>Supervision</p> <p>Three of four paraprofessional records ([Employees 12, 13, and 15]) lacked evidence the agency assured that a professional qualified to provide services, for all paraprofessionals under his supervision, on a weekly basis or</p>	<p>1. JDSF Policy will be changed to require that documentation of weekly supervision will be submitted to the training coordinator on a weekly basis. Training coordinator will conduct a quality review to insure that all staff are participating in weekly supervisory meetings.</p>

<p>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)</p> <p>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)</p> <p>a. Give instructions; (7-1-06)</p> <p>b. Review progress; and (7-1-06)</p> <p>c. Provide training on the program(s) and procedures to be followed. (7-1-06)</p>	<p>more often if necessary, gave instructions, reviewed progress, and provided training.</p> <p>For example:</p> <p>[Employee 12]'s supervision documentation was lacking evidence that supervision was conducted for the 2nd week in October 2009.</p> <p>[Employee 13]'s supervision documentation was lacking evidence that supervision was conducted for all weeks in October 2009.</p> <p>[Employee 16]'s supervision documentation was lacking evidence that supervision was conducted for three weeks in January 2010, two weeks in February 2010, two weeks in March 2010, one week in April 2010, and one week in May 2010.</p> <p>(REPEAT DEFICIENCY)</p>	<p>2. No participants affected.</p> <p>3. Information Manager will complete policy revision. Training Coordinator will conduct weekly quality review.</p> <p>4. Training Coordinator will conduct a weekly quality review for thoroughness on following through on IDAPA and JDSF Policy requirements.</p> <p>5. October 7, 2010</p>
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Scope and Severity: / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-07 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.500.03.f</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>f. All hazardous or toxic substances must be properly labeled and stored under lock and key;</p>	<p>Facility Standards</p> <p>The agency lacked evidence that hazardous/toxic materials were properly labeled, stored, and locked.</p> <p>(The agency corrected the deficiency during the survey for the Constitution and Arco locations. The agency must complete questions 2-4 on the plan of correction).</p>	<p>1. JDSF Policy will be changed to increase the frequency of facility reviews from quarterly to monthly. Results of facility reviews (JDSF-110) will be posted on the online project management tool for review by all Implementing Developmental Specialists and the Administrator to determine if systemic issues need to be addressed to eliminate violations.</p> <p>2. No participants affected.</p>

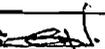
and (7-1-06)

(REPEAT DEFICIENCY)

cont.
 3. Information Manager will complete policy revision and set-up of project management tool.
 Implementing Developmental Specialist will conduct monthly facility reviews.
 4. Administrative review of completed monthly facility review checklist (JDSF-110).
 5. October 7, 2010

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

Date to be Corrected: 2010-10-07

Administrator Initials: 

Rule Reference/Text

16.04.11.600.01.e

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)
 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

Category/Findings

Assessments

One of nine participant records ([Participant 7]) lacked documentation the assessments completed by the agency included recommendations of types and amounts of therapy.

 For example, [Participant 7]'s developmental assessment, completed by the agency on August 1, 2009, lacked a recommendation of the type and amount of therapy.

Plan of Correction (POC)

1. A corrected developmental assessment or update will be completed for Participant 7 identifying the recommendations for therapy.
 2. Person Centered Planning Record (JDSF-235) will be revised to identify all assessment tools used for development of plan and the recommendations given on each assessment.
 3. Evaluations Developmental Specialist will complete an assessment or update with required recommendations for Participant 7.
 Information Manager will revise (JDSF-235) to include identification of recommendations on assessments.
 4. Annual review of file by Planning Program Manager prior to implementation of individual support plan.
 5. October 7, 2010

participant's needs. (7-1-06)

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-07 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.01-02</p> <p>602.REQUIREMENTS FOR CURRENT ASSESSMENTS.</p> <p>Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>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)</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>Five of nine participant records reviewed ([Participants A, B, 1, 5, and 6) lacked evidence of an assessment when a need had been addressed.</p> <p>For example:</p> <p>[Participant 1]'s Medical/Social History stated he had mild/infrequent, slurred/incoherent speech and expression was difficult. In addition, the agency was working on social and communication skills. There was no documentation of a Speech Language Pathology (SLP) Assessment.</p> <p>[Participant 5]'s Medical/Social History and Psychological Assessment addressed communication deficits. The agency was working on "imitate" and "use commonly used phrases" objectives. There was no evidence of a SLP Assessment.</p>	<p>1. Identified assessments missing from participant files will be obtained and included in participant file.</p> <p>2. Person Centered Planning Record (JDSF-235) will be revised to identify all assessment tools used for development of plan, the recommendations given on each assessment, and any additional assessments that need to be completed to address needs.</p> <p>3. Evaluations Developmental Specialist will complete or obtain assessments or updates as necessary for participants identified in findings.</p> <p>Information Manager will revise (JDSF-235) to include identification of recommendations on assessments and additional assessments needed.</p> <p>4. Annual review of file by Planning Program Manager prior to implementation of individual support plan.</p> <p>5. October 7, 2010</p>

[Participant 6] was observed working on fine motor skills, which included twisting a bolt up and down a rod with his left hand. His Developmental Assessment stated he had gross/fine motor skills. There was no evidence of a Physical Therapy or Occupational Therapy Assessment.

(Participant A)'s objective 6A stated "will relax to sensory integration". There was no documentation of an Occupational Therapy Assessment. In addition, the Developmental Assessment, dated April 22, 2010, indicated a need for developing communication skills. The most current SLP was dated June 29, 2004.

[Participant B]'s Developmental Assessment indicated concerns with motor control due to cerebral palsy. There was no Occupational Therapy or Physical Therapy Assessment. In addition, the Individualized Education Plan stated he received Occupational Therapy in the school setting. He received SLP in the school setting and there was no documentation of a SLP Assessment in the record.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-07 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.602.03</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>03. Medical/Social Histories and Medical Assessments. Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. (7-1-06)</p>	<p>Assessments</p> <p>Two of nine participant records reviewed ([Participants A and 7]) lacked documentation of current assessments.</p> <p>For example:</p> <p>[Participant A]'s record lacked documentation of a current Medical Assessment. The most current assessment was dated January 19, 2009.</p> <p>[Participant 7]'s record lacked documentation of a current Medical Assessment. The most</p>	<p>1. Current medical assessments for two participants identified have been obtained and included in participant file.</p> <p>2. If during annual record review it is identified that a medical assessment is missing from a participant's record, reviewer will notify Evaluations Developmental Specialist who will be responsible for obtaining the medical assessment for each participant.</p> <p>3. Planning Program Manager will complete an annual file review.</p> <p>Evaluations Developmental Specialist will obtain medical assessment and include in participant's record.</p> <p>4. Annual file review using Record Requirement Checklist (JDSF-233)</p> <p>5. July 31, 2010</p>

current assessment was dated May 21, 2009, and that assessment stated the participant needed to be seen annually.

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

Date to be Corrected: 2010-10-07

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iv	Individual Program Plan	
<p>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)</p> <p>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</p>	<p>One of two participant records ([Participant B]) lacked evidence that the therapy hours did not deviate from the IPP hours by more than 20% over a four-week period unless there was documentation of a participant-based reason.</p> <p>For example:</p> <p>[Participant B]'s Developmental Assessment recommended 22 hours per week. The IPP was authorized for 22 hours. From May 3 through May 28, 2010, six to seven hours per week were provided. From April 5 through April 30, 2010, seven to 12 hours per week were provided with no evidence/documentation as to a participant driven reason why he did not receive services.</p>	<ol style="list-style-type: none"> 1. Implementing Developmental Specialist will write a program note identifying why hours for weeks identified in finding deviated more than 20% from hours on Individual Program Plan. 2. Continuing Service Record for children's services (JDSF-236) will be revised to include documentation of the percentage of hours on Individual Program Plan that were completed and reason for any deviation over 20%. 3. Implementing Developmental Specialist will determine deviation on a weekly basis and document reason for deviation as needed. Information Manager will make indicated revisions to JDSF-236. 4. Weekly review of JDSF-236 by Implementing Developmental Specialist. 5. October 7, 2010

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)
 iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)

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

Date to be Corrected: 2010-10-07

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.704.01.d 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) d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)</p>	<p>Program Documentation (data/progress) Three of nine participant records reviewed ([Participants 3, 4, and 7]) lacked evidence of documentation of six-month and annual reviews by the Developmental Specialist that included a written description of the participant's progress towards the achievement of therapeutic goals, and why he continues to need services. For example: [Participant 3]'s PSR objective for "counting money" at six months on the PSR stated 40%. At the annual review, the PSR stated 37%, which, based upon agency documentation, appears this individual was losing the skill with Developmental Therapy. There was no documentation as to why she continues to need the service. This is the same for her objective for "counting change up to a \$1": the six month PSR was 50%, and at the annual it was 37%.</p>	<p>1. In reviewing the cause for this deficiency it was identified that DHW care managers have also identified this as being a deficiency in the past on provider status reviews submitted by JDSF. Following an internal organizational change of the professional responsible for completing PSRs, the review of more current PSRs by DHW care managers have shown that they are now meeting the requirements that are identified as deficiencies on this finding. 2. All PSRs are now being completed by a professional staff with the necessary training and ability to correctly interpret data, document reason for continuing/discontinuing services, and make changes to goals and plans as needed in order to eliminate this deficient practice. 3. Planning Program Manager will review all plans to ensure that documentation supports the continuation or discontinuation of services. 4. Continuous review by Planning Program Manager and DHW Care Managers. 5. October 7, 2010</p>

[Participant 4]'s PSR objective for "Incorporate ability to interact with others by completing 5 out of 7 steps (71%) on the first attempt of the week for 12 consecutive weeks", The data is as follows:

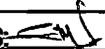
- October 2009: 93.75%;
- November 2009: 100%;
- December 2009: 93.75%.

Based upon the agency data, it appears as though this participant accomplished this goal. There was no documentation as to why the goal was not discontinued or changed. The comments stated the participant had difficulties accepting opinions/choices with no date when reviewed. In addition, the Developmental Specialist should utilize the same data collection process for collecting data. For example: if the goal is to be completed 5 out of 7 steps, then data should state the number out of 7 steps completed and not change the data to a percentage. The objective "express community interest and accept others interests for 3 of 5 steps (50%)", the data documented on the PSR from August 1, 2009, through February 2010, that the task was completed at 60%-96% without discontinuation or change.

(POTENTIAL RECOUPMENT)

[Participant 7]'s PSR lacked documentation as to why he continues to need services.

(REPEAT DEFICIENCY)

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-07 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.d 705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be	Record Requirements One of nine participant records reviewed ([Participant 7]) lacked documentation of a current profile sheet.	2. Annual record review will be used to identify information missing from current profile sheets. 3. Implementing Developmental Specialist will be required to review profile sheet each year using Record Requirement Checklist (JDSF-203/JDSF-233) and making updates as needed.

<p>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)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>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)</p>	<p>For example: [Participant 7]'s profile sheet, dated June 22, 2007, had a section for living arrangements, but the form was not completed. In addition, there was a section for guardian that was not completed. This individual lived in a Certified Family Home, and this residence was not listed on the form.</p> <p>(The agency corrected the deficiency during survey. The agency must complete questions 2-4 on the plan of correction.)</p> <p>(REPEAT DEFICEINCY)</p>	<p>cont.</p> <p>4. Annual review of profile sheet documented on Record Requirement Checklist (JDSF-203/JDSF-233)</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-07 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.706</p> <p>706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS.</p> <p>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</p>	<p>Collaboration/Consultation</p> <p>Two of two participant records reviewed ([Participants A and B]) lacked evidence of collaboration.</p> <p>For example:</p> <p>[Participant B]'s record indicated that he received PSR, play therapy, family therapy, and personal care services (PCS). There was no documentation of other plans in the record. The child's Individualized Education Plan (IEP)</p>	<p>1. Disclosure of information logs and Person Centered Planning Record for identified participants will be updated to include the documentation of collaboration.</p> <p>2. Person Centered Planning Record (JDSF-215) will be revised to include documentation of how services from other providers have been integrated into JDSF's plan of service and the required documentation that must be obtained from other providers to demonstrate collaboration.</p> <p>3. Implementing Developmental Specialist will document collaboration in participant's files.</p> <p>Information Manager will make required revisions to JDSF-215.</p>

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)

stated there was discussion of the extended school year as a possibility, but there was no documentation that the extended school year would or would not occur.

[Participant A]'s IEP and PCS plans were in the record; however, there was no documentation to demonstrate collaboration.

cont.

4. Annual record review by Planning Program Manager prior to implementation of plan of service.

5. October 7, 2010

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

Date to be Corrected: 2010-10-07

Administrator Initials: 

Rule Reference/Text

16.04.11.711.03

711.DEVELOPMENTAL THERAPY.
Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06)
03. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational

Category/Findings

Developmental Therapy

Observation of one of nine participants ([Participant 6]) revealed the agency lacked evidence that it had a process to assure tutorial, recreational, and educational activities were not included in therapy.

See the observation of [Participant 6] in the initial comments for more specific information.

(REPEAT DEFICIENCY)

Plan of Correction (POC)

1. Program implementation plans for identified participants will be reviewed by Planning Program Manager to ensure that they are not implemented in a tutorial or educational manner.
2. Training will be provided to all therapy staff on what constitutes tutorial or educational implementation of therapy and alternative methods and techniques that can be used instead. Periodic paraprofessional observations will be used to identify deficiencies in the future.
3. Planning Program Manager will review program implementation plans.
Training Coordinator will develop and conduct training and conduct paraprofessional observations.

needs that result from the participant's disability. (7-1-06)

In addition, see IDAPA 16.03.10.653.04.c.

cont.
 4. Paraprofessional Observations (JDSF-114) will be used to identify deficiencies.
 5. October 7, 2010

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-10-07 **Administrator Initials:** *SM*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.d 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) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate;	QA Program Observation and record review of two of nine participants ([Participants 1 and 3]) revealed the agency lacked evidence skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: See observations of [Participants 1 and 3] in the initial comments.	1. Program implementation plans for identified participants will be reviewed by Planning Program Manager to ensure that they follow the guidelines for natural settings and functional skills and changes will be made as needed. 2. Training will be provided to all therapy staff on the use of natural settings and functional skills. Periodic paraprofessional observations will be used to identify deficiencies in the future. 3. Planning Program Manager will review program implementation plans, Training Coordinator will develop and conduct training and conduct paraprofessional observations. 4. Paraprofessional Observations (JDSF-114) will be used to identify deficiencies.

and (7-1-06)

In addition, participants in the Driggs location were observed entering the center in the morning and immediately working on their personal hygiene goals such as brushing teeth, combing hair, etc. These individuals live in Residential Care or Assisted Living Facilities. These objectives should be completed in the natural setting as part of their morning routine prior to coming to the Developmental Disabilities Agency.

(REPEAT DEFICIENCY)

cont.
5. October 7, 2010

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

Date to be Corrected: 2010-10-07

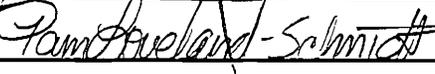
Administrator Initials: 

Administrator Signature (confirms submission of POC):



Date: 2010-08-25

Team Leader Signature (signifies acceptance of POC):



Date: 9/13/10