

HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-5747 FAX: (208) 364-1811

October 5, 2010

Sean Jonz, Administrator S.L. Start and Associates 579 West Hayden Avenue Hayden Lake, ID 83835

Dear Mr. Jonz:

Thank you for submitting the S.L. Start and Associates Plan of Correction dated September 28, 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 S.L. Start and Associates a full three-year certificate effective from September 1, 2010, through August 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 implemented. Please submit these documents in order of citation, following the findings listed on the Statement of Deficiencies (NOTE: Pease assure that each document submitted as supporting documentation is directly referenced to a citation). Documentation must be submitted within seven days of the date of completion listed on your agency's Plan of Correction (no later than December 15, 2010). You may submit supporting documentation as follows:

Fax: (208) 364-1811

Email: MilesG@dhw.idaho.gov

Mail: Attn: Greg Miles

Division of Medicaid

PO Box 83720

Boise, ID 83720-009

Deliver: 3232 Elder Street, Boise, Idaho, 83705

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

Sincerely,

GREG MILES

Medical Program Specialist

DDA/ResHab Survey and Certification



Statement of Deficiencies

Developmental Disabilities Agency

S.L. Start & Associates #2 - Hayden Lake

1SLSTAR002-1

579 W Hayden Ave Hayden Lake, ID 83835 (208) 762-1250

Survey Type:

Recertification

Entrance Date:

6/21/2010

Exit Date:

6/23/2010

PAGE 2/19 * RCVD AT 9/28/2010 9:59:28 AM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/1 * DNIS:1811 * CSID: * DURATION (mm·ss):04-20

hittel Comments:

Survey Team: Rebecca Fadness, Program Supervisor; Greg Miles, Medical Program Specialist; Heather Heidt, Clinician; and Paul Nostog,

	Category/Findings	Plan of Correction (POC)
	Staffing The agency did not have the following	Referral agreements have been obtained for a physical therapist, occupational therapist, and speech language
AGENCIES 02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement:(7-1-06) a. Speech-language pathologist or audiologist;(7-	professional personnel available in the area: Physical Therapist, Occupational Therapist, Speech Language Pathologist, and Pscyhologist. Contracts with these personnel were from Twin Falls. The administrator indicated that these professionals were only available for paperwork review or by phone. The required assessments in this area were absent in the files.	therapisticopies of those agreements were sent to Boise). We are in discussions with a psychologist and will have that agreement secured by 10/1/10. On-going monitoring for this issue will be conducted via the internal quality assurance review team.

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Developmental Disabilities Agency

6/23/2010

Scope and Severity: Widespread / No Actual Harm - Pr	otential for Minimal Harm	Date to be Corrected: 2010-10-03. Administrator initials:
Rule Reference/Text 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 For [Participants 4, 8, A, and F], doucumentation showed the need for further assessment; however, the needed assessments for those areas were not found in the files. For example: [Participant 4]'s comprehensive developmental assessment showed a need for a PT assessment, yet a PT assessment was not found in the file. [Participant 8] had programming for PT, CT, and SLP areas. There were no assessments from those areas in the file.	obtained by 10/1/10. A review of all participant files will be conducted by 10/1/10 to ensure that current assessments are on file for any participants receiving OT, PT, or SLP. If needed relevant assessments will be obtained by 10/1/10. On-going monitoring for this issue will be conducted via the internal quality assurance review process.
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S.L. Start & Associates #2 - Hayden Lake

Developmental Disabilities Agency	S.L. Start & Associates #2 Hayden Lake	6/23/2010
Segne and Severity: Isolated / No Actual Harm - Potent Rule Reference/Text 16.04.11.600.01.e	Catagory/Fladings Assessments	Date to be Corrected., 2010-10-01 Administrator Initials: Plan of Correction IPOCO We provided documentation for Participant F of a diagnosis of
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 participant's needs. (7-1-06)	For one of six participants reviewed for this issue ([Participant F]), there was no documentation found in the medical assessment that formulated a diagnosis.	autism from her primary physician during the exit meeting. This was provided to Heather Heidt and Paul Norstog and we were told that it met the required criteria. A review of all participant files was conducted and all relevant diagnostic information is on file for all active participants. On-going monitoring for this Issue will be conducted via the internal quality assurance review process.
Scope and Severity: Isolated / No Actual Harm - Potent	lial for Minimal Harm	Date to be Corrected: 2010-19-01 Administrator initials:
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Developmental Disabilities Agency	S.L. Slari & Associales #2 Hayden Lake	6/23/2010
Rule Reference/Jext	Category/Findings	Plan of Correction (POC)
10,04,11,04,10014	Assessments	The psychological assessment requests for participants D.1.5.8
ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s); (7-1-06) b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility	For example: [Participants 5, 8, 9, and D] were taking behavior	and 9 have been requested to the appropriate medical professional. The required documentation will be obtained by 10/1/10. A review of all participant files will be conducted by 10/1/10 to ensure that current psychological assessments are on file for all participants that require them.
Scrip and Severity: Widespread / No Actual Harm - Po	olential for Minimal Harm	Date to be Corrected: (2010) 10-011 Administrator Initials.
Rale Reference/Text	Category/Andings	Plan of Correction (POC)
16.04.11.604.09	Assessments	The psychiatric diagnostic interview for participant 6 has been
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 09. Psychological Assessment. A psychological assessment includes psychological testing for	[Participant 6] was taking behavior modifying medication. She had an assessment that included an IQ test, but it did not include the psychiatici diagnostic interview.	requested from the appropriate medical professional. The required documentation will be obtained by 10/1/10.

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diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and the psychiatric diagnostic interview. (7-1-06)	S.L. State a Associates #2 - Hayour Lake	On-going monitoring for this issue will be conducted via the internal quality assurance review process.
Score and Severity: Isolated / No Actual Harm - Poter	tual for Minimal Harm	Date to be Corrected 2010-10-01 Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Currection (POC)
16.04.11.700.01	Eligibility	Participant A and C have had their eligibility correctly
700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must	[Participant A] did not have a source for eligibility.	documented and evidence of those corrections have been sent to Boise. A review of all participant files has already been completed by our internal QA team and all other participants have properly documented eligibility in their case files.

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comply with the requirements under Section 701 of these rules for those adults. (7-1-06) 01. Eligibility Determination. Prior to the delivery of any DDA services, the person must be determined to be eligible as defined under Section 66-402, Idaho Code, for DDA services. (7-1-06)			
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Scope and Severity: Isolated / No Actual Harm - Potent	tial for Minimal Harm	Date to be Corrected: 2010-10-01	Administrator bittals:
Rufe Reference/Text	Category/Flodings	Plan of Correction (POC)	
16.04.11.701.05.b	Individual Program Plan	Physicians signatures have been	obtained for participant C and
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	For two of six participants reviewed for this issue ([Participants C and D]), there was no documentation showing that a physcian's signature was obtained prior to beginning services.	D. A review of all participant files ha were isolated incidents. On-goin be conducted via the internal qui On-going monitoring for this issu- internal quality assurance review.	ve shown that these cases g monitoring for this issue will ality assurance review process. In will be conducted via the

Developmental Disabilities Agency	S.L. Start & Associates #2 Hayden Lake		3/23/24
carticipants 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 PP. (7-1-06) b. The planning process must include the carticipant and his parent or legal guardian, if applicable, and others the participant or his carent or legal guardian chooses. The carticipant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the carticipant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700,02,b.ii. of these rules. (7-1-06)			
Section and Severity: isolated / No Actual Harm - Potent	lial for Minima) Harm	Date to be Corrected: 2010-10-01 Administrator Initials:	
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Rufe Reference/Text		Plan of Correction IPOC)	
6.04.11.701.05.e.iv	Individual Program Plan	Training was done on 8/11/10 to the managerial team to	
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.	For three of six participants reviewed for this issue [Participants C, D, and E], documentation revealed more than a 20% deviation from what the IPP indicated.	ensure compliance going forward with this regulation. A review of all participant files has been conducted and all are currently less that a 20% deviation from the approved hours. On-going monitoring for this issue will be conducted via internal quality assurance review process.	t files i IPP

Developmental Disabilities Agency	S.L. Start & Associates #2 Hayden Lake	8/23/20
7-1-06) 25. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Walver services, and for adults receiving EPDST services, the DDA is required to complete an PP. (7-1-06) 26. 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) 27. The type, amount, frequency and duration of the type, amount, frequency and duration of the type, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of the type 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: Isolated / No Actual Harm - Potent	lial for Minimal Harm	Date to be Corrected: 2010-10-01. Administrator initials:
		Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	Training on transition plans occurred on 8/11/10 and included
THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER	For four of six participants reviewed for this issue ([Participants A, C, D, and F]), documentation revealed that transition plans were not rule compliant. There were no specific criteria given for any transitions to a less restictive environment.	all DS's. A review of all children's files will be conducted and transition plans will be updated as the plans come due. On-going monitoring for this issue will be conducted via the internal quality assurance review process.

Developmental Disabililles Agency	S.L. Start & Associates #2 Hayden Lake	6/23/201
Developmental Disabillies Agency D5. 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) xl. 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	S.L. Start & Associates #2 Hayden Lake	6/23/201
services from a DDA. (7-1-06) Stope and Severity: Widespread / No Actual Harm - Po	tential for Minimal Harm	Date to be Corrected: 2010-10-01 Administrator initials:
	Category/Flodings	Plan of Correction (POC)
16.04.11.703.02	Program Implementation Plan	Training for DS's will occur by 9/1/10 to ensure that they are
REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the	For four of 15 participants reviewed ([Participants 2, 3, 4, and 9]), documentation showed baselines to have a percentage, but records did not indicate the prompt levels to which percentages corresponded.	properly documenting baseline %'s and including the prompt levels. A review of all participant files will occur by 10/1/10 to ensure that all baselines have been calculated properly. On-going monitoring for this issue will be conducted via the the internal quality assurance review process.

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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)	S.L. Start & Associates #2 — Hayden Lake		6/23/201
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Scope and Severity: Isolated / No Actual Harm - Potent	tial for Minimal Harm	Date to be Corrected: 2010-10-01: Administrator initials:	
Rule Reference/Text	Category/Finding's	Pian of Correction (POC)	
16.04.11.703.03	Program Implementation Plan	Developmental Specialists were trained on how to calcul	ate
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	For three of 15 participants reviewed [[Participants 1, 3, and 5]], documentation revealed that objectives were written in a way that were not measurable. For example: [Participant 1]'s objective #3 had too many variables.	data to ensure it is measurable(i.e. based on a single step than multiple steps). Additionally training included how operational definitions for behavioral terms on our object to keep all staff consistently trained. On-going monitoring for this issue will be conducted via internal quality assurance review process	rather to use tives

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S.L. Start & Associates #2 -- Hayden Lake

Participant 5]'s objective #1 defined

"appropriate" as being "loud enough", which

definition would be subject to each individual

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and be revised whenever participant needs

not completed within this time frame, the

change. If the Program Implementation Plan is

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Developmental Disabilities Agency and (7-1-06)	S.L. Start & Associates #2 Hayden Lake	6/23/201
Stoge and Seventry: VVidespread / No Actual Harm - Po	plential for Minimal Harm	Pate to be Corrected: .2010-10-01
	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.c 704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation, For each participant, the following program documentation is required: (7-1-06) c. A review of the data, and, when indicated,	Program Documentation (data/progress) For 10 of 15 participants reviewed ([Participants 1, 2, 3, 4, 5, 6, 7, 8, 9, and C]), documentation showed that objectives were set at six and 12 months. No revisions were made when participants showed obvious mastery of those objectives in a shorter period of time or when regression was lower than baselines or had a downward trend.	Participants 1,2,3,4,5,6,7,8,9 and C will be reviewed and any corresponding plan changes completed by 10/1/10. Our current policies indicate that plans will be revised as needed to promote participant progress. Retraining of developmental specialists on our policy will be conducted by 9/1/10. On-going monitoring for this issue will be conducted via the internal quality assurance review process.

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changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)			
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Scope and Severity: Widespread / No Actual Harm - Po	otential for Minimal Harm	Date to be Corrected: 2010-10-01 Administrator initi	as:
Ruie Reference/Text	Category/Finding's	Pian of Correction (POC)	
706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative	Collaboration/Consultation For two of 6 participants reviewed for this issue ([Participants C and D]), there was no documentation found that a copy of the plan was given to the school.	For participant C and D copies of their IPP's were ser corresponding schools. A file review for all participal completed and these were deemed to be isolated in On-going monitoring for this issue will be conducted internal quality assurance review process.	nts was cidents.

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plans have been integrated into the DDA's plan of service for each participant. (7-1-06) 01. Requirements for Participants Three to Twenty-One. (7-1-06) a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part 8. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)		
Scope and Severity: Isolated / No Actual Harm - Poter	ntial for Minimal Harm	Date to be Corrected: 2010-10-01 Administrator initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.708.01	Assessments	A review of all participant files will be conducted by 10/1/10 to
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)	For four of 15 participants reviewed ([Participants 1, 4, 5, and 6]), the comprehensive developmental assessment (CDA) was developed after the delivery of service was started as noted from the dates for the ISP compared to the CDA. For example:	ensure that all CDA's were conducted prior to the delivery of service as stated on the ISP. On-going monitoring for this issue will be conducted via the internal quality assurance review process.
	[Participant 5]'s ISP was dated 1/30/2009. His CDA dated 1/25/2009.	

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evelopmental Disabilities Agency	S.L. Start & Associates #2 — Hayden Lake	6/
	[Participant 6]'s ISP was dated 4/14/2010. His CDA was dated 6/1/2010.	
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cope and Severity: Isolated / No Actual Harm - Poter	ntial for Minimal Harm	Date to the Corrected: 2010-10-01 Administrator Initials:
ide Reference/Text	Category/Andings	Plan of Correction (PGC)
ide Reference/Text 6.04.11.724.03 /24.COLLATERAL CONTACT. Collateral contact is consultation with or reatment direction given to a person with a	Category/Findings Collateral Contact For two of six participants reviewed for this issue ([Participants B and C]), there was no documentation with whom, specifically, collateral	Plan of Correction (PIC) All participant files will be reviewed by 10/1/10 to ensure the IPP properly documents who will be initiating collater contact and with whom. Documentation was added to the
ide Reference/Text 6.04.11.724.03 24.COLLATERAL CONTACT. Collateral contact is consultation with or reatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-96)	Category/Findings Collateral Contact For two of six participants reviewed for this issue ([Participants B and C]), there was no	Plan of Correction (PIC) All participant files will be reviewed by 10/1/10 to ensure the IPP properly documents who will be initiating collater contact and with whom. Documentation was added to the
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TIPE REFERENCE/Text 6.04.11.724.03 24.COLLATERAL CONTACT. Collateral contact is consultation with or reatment direction given to a person with a wimary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06) 33. On the Plan of Service. Have a goal and expirective stated on the plan of service that dentifies the purpose and outcome of the service and is conducted only with individuals expecifically identified on the plan of service.	Category/Rindings Collateral Contact For two of six participants reviewed for this issue ([Participants B and C]), there was no documentation with whom, specifically, collatera contact would be initiated.	Plan of Correction (PIC) All participant files will be reviewed by 10/1/10 to ensure the IPP properly documents who will be initiating collater contact and with whom. Documentation was added to the for participant B and C. On-going monitoring for this issue will be conducted via the participant of the conducted via
COURT CHILD COOPER INT.	Category/Rindings Collateral Contact For two of six participants reviewed for this issue ([Participants B and C]), there was no documentation with whom, specifically, collatera contact would be initiated.	Plan of Correction (PIC) All participant files will be reviewed by 10/1/10 to ensure the IPP properly documents who will be initiating collater contact and with whom. Documentation was added to the for participant B and C. On-going monitoring for this issue will be conducted via the participant of the conducted via
inia Reference/Text 16.04.11.724.03 724.COLLATERAL CONTACT. Collateral contact is consultation with or reatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06) 33. On the Plan of Service. Have a goal and objective stated on the plan of service that dentifies the purpose and outcome of the service and is conducted only with individuals expecifically identified on the plan of service. Program Implementation Plans are not required	Category/Rindings Collateral Contact For two of six participants reviewed for this issue ([Participants B and C]), there was no documentation with whom, specifically, collatera contact would be initiated.	Plan of Correction (PIC) All participant files will be reviewed by 10/1/10 to ensure the IPP properly documents who will be initiating collater contact and with whom. Documentation was added to the for participant B and C. On-going monitoring for this issue will be conducted via the participant of the conducted via
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and the contract of the contra		Date to be Corrected: 2010-10-01 Administrator info	\$2 5 \$:
Rule Reference/Text 16.04.11.900.02.c	Category/Findings [QA Program	Plan of Correction (POC) Plan of Correction (POC)	
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. Each DDA's written quality assurance program must include: (7-1-06) c. A system to ensure the correction of problems identified within a specified period of time; (7-1-06)	For nine of 16 participants reviewed (all adult participants), documentation revealed a lack of changes being made to programming to enhance each individual's skill areas (criteria was being met or participants were falling below baselines without changes). Two adult Deveopmental Specialists were	Weekly manager meetings have been developed in focations to discuss current caseloads and any additional the DS's need in successfully managing their caselo meetings began 8/4/10. On-going monitoring for this issue will be conducted internal quality assurance review process.	tional help ads. Those

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Scope and Severity: Widespread / No Actual Harm - Po		Date to be Corrected: 2010-10-01 Administrator Initials;
Ruio Reference/Text 16.04.11.915.04	Category/Hndings Behavior Replacement	Plan of Correction CPCC
915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and Implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)	For one of 15 participants reviewed ([Participant 2]), documentation showed programming to reduce specific behavior issues without a positive behavior replacement alternative. For example, beads were given to [Participant 2] as a reinforcement, however, they were taken away for unwanted behavior issues without teaching an alternative skill.	participant 2's parent. All participant files will be reviewed by 10/1/10 to ensure that it follows this criteria. On-going monitoring for this issue will be conducted via the

FAX

09/28/2010 TUE

Developmental Disabilities Agency	S.L. Start & Associates #2 Hayden Lake	-	6/23/20
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Cope and Severity: Isolated / No Actual Hamn - Potentia	ıl for Minimal Harm	Date to be Carrected 2010-10-01	Administrator initials:
Administrator Signature Leonfirms submission of POCE	Sar Jan		Date: 2010-08-19
Team Leader Signature (signifies acceptance of POC):	Duy Myles		Date: 10-5-10
			•