IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 23, 2010

Deb and Rob Bennett, Administrator
MDC Magic Valley
798 Lawrence
Twin Falls, Idaho 83318

Dear Mr. & Mrs. Bennett:

Thank you for submitting MDC Magic Valley's Plan of Correction dated September 22, 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 MDC Magic Valley a full one (1) year certificate effective from November 1, 2010 through October 31, 2011.

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 **December 3, 2010**. You may submit supporting documentation as follows:

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

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

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

MDC Magic Valley
5MVDEV037-3

200 South 5 East
Burley, ID 83318-1302
(208) 324-6776

Survey Type: Recertification

Entrance Date: 7/26/2010
Exit Date: 7/29/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; Roz Isaac, DD Supervisor.

OBSERVATIONS:

Child Participants:

[Participant A] was observed in a center-based setting with a paraprofessional ([Employee 14]). The participant was working on moving her wheelchair to a different location and opening doors with a variety of different types of door knobs. Data was submitted on moving the wheelchair, staying on task, and standing up/sitting down. The participant seemed to be a willing and compliant participant in these activities and responded in a very positive manner to the therapist. The therapist used very appropriate social reinforcement and varied her praise nicely. This seemed quite motivating for the participant who responded with smiles and increased effort on the task. The Program Implementation Plan (PIP) was followed for moving her wheelchair, but this program could be made more effective if provided in the natural environment where a functional need to navigate obstacles and get from one point to another would occur. There were no programs for opening doors on the Individual Program Plan (IPP) in effect the day of the observation, although this skill development could occur as incidental teaching without a formal program.

[Participant B] was observed in a community-based setting at a bowling alley with a paraprofessional ([Employee 11]). The participant had completed her bowling and was sitting at a table with other participants and staff. The therapist used this opportunity to work on communication goals and staying on task. He used questioning appropriately to prompt the participant regarding interacting with individuals she had just met, staying on task, and general communication skills. The participant seemed to enjoy working with the therapist and he treated her with dignity and respect. Although this was a natural environment, it appeared that the other participants were older than the participant and some adults would not facilitate age appropriate interactions with a peer group. In addition, although it was not observed, bowling could be recreational in nature and not a Medicaid billable activity.

Adult Participants:

[Participant 1] was observed in the center working on individual developmental therapy with a paraprofessional ([Employee 9]). They were working on when to say, "Excuse me," "I'm sorry," etc. The therapist provided prompts and reinforcements appropriately and collected data during the observation. The therapist had a good rapport with the participant, but she did appear to have a difficult time understanding the

participant due to her Spanish accent and use of Spanish words. The objectives worked on were utilized in the center only. There was no objective to generalize skills into the natural setting. PIPs for washing hands did not meet her needs. The objective was implemented in the center only, which is not the natural setting for the participant. She lives with her brother, who is not a Certified Family Home provider; the natural setting would be in the home and in her community. In addition, she had three socialization objectives that were only conducted in the center, which is not her natural setting, and did not have an objective to generalize skills into the natural setting.

[Participant 2] was observed in the center with a paraprofessional ([Employee 12]) working on signing words and identifying signs. The therapist did a good job working with the participant; she redirected her back to working on the task when she got distracted. The therapist followed the implementation plans and collected data during the observation. The participant did distract another participant with her "squealing" and he then started copying her. This was discussed with the administrator. The participant's PIP for social skills stated, "While in the center, will knock and wait until told to 'come in' before entering a room with one knock." The status stated the participant does not wait to be told to come into a room as she just barges in. If the door is shut she will always open the door disrupting meetings. This was not a need listed in her comprehensive developmental assessment and was not in her natural setting. Eight of ten objectives, such as "signing," were conducted in the center and were not generalized into the natural setting.

[Participant 3] was observed with a paraprofessional ([Employee 12]) working on folding hand towels and putting shirts on a hanger. There did not appear to be a purpose to this objective and it would need to be conducted in the natural setting. This individual lives in his own home and the skill should be taught in his natural setting. The therapist implemented the program as written and had a good rapport with the participant.

[Participant 4] was observed in the community at the Burley Albertson's with a paraprofessional ([Employee 15]). During the observation, the participant and the therapist utilized a list of items developed prior to arriving at the store. The objective was to find and purchase items so he could go home and make sloppy joes at home. When we received the data from the developmental specialist for the observation, the data did not correspond with the activities they were working on. In addition, the participant stated he had not shopped at this store in a long time. The activities observed in the store such as finding items on a grocery list for an evening meal and purchasing these items were very good functional goals, but it appeared as though they were not conducted in his natural setting and did not correspond with the written objectives. The therapist had a good rapport with the participant and had a natural ability to implement training when necessary.

[Participant 5] was observed in the home with a paraprofessional ([Employee 13]) working on gross/fine motor skills such as pouring coffee and counting money. The staff person then had the participant stack plastic cups for gross/fine motor skills, which did not appear to be a functional goal. These were the only objectives worked on during the observation. During discussion with the participant and the staff person, they stated that he works on a lot of range of motion (ROM) objectives. The staff person stated that a personal care agency assists him with his bathing, cleaning, and meal preparation. The staff person also stated that when she goes on vacation or cannot meet the times scheduled for developmental therapy, she just checks with the participant and arranges different times. The agency is required to provide sufficient staff and material resources to meet the needs of each person served (IDAPA 16.04.11.900.01.b). The participant's schedule should not be changed due to staff availability. In addition, the agency was working on ROM objectives, which should be conducted by a qualified staff person. The paraprofessional followed the objectives as written.

[Participant 6] was observed in the center in a group of six participants with a paraprofessional ([Employee 10]). The therapist worked with each individual on their objectives while eating watermelon. The therapist worked with [Participant 6] on communication and socialization, which was conducted in the center and not in the natural setting. The therapist did a good job working with the individuals providing prompts and reinforcements as necessary and collecting data. At approximately 2:50 p.m., other participants from other groups in the DDA began congregating in the group room where the therapist was attempting to conduct group therapy for the six individuals. During this time, the

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staff had the participants collect their chairs and stack the chairs next to the wall. Then the participants were all standing at the table waiting to be called to get on the bus. Once the individuals began congregating in the room, the environment was no longer conducive to learning. In addition, see the observation for [Participant B] regarding age appropriateness in the center.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.503	Eligibility	1. The current medical records for Participant A have been obtained. Participant B's SIB-R has been completed. MDC will no longer serve children as of October 1, 2010. 2. The files of the remaining children MDC serves will be reviewed and missing components obtained prior to transition to another agency. 3. Developmental Specialists. 4. MDC will not be providing services to children after the above date so no recurrence of the problem will occur. 5. October 1st, 2010
503.DEVELOPMENTAL DISABILITY DETERMINATION - TEST INSTRUMENTS. A variety of standardized test instruments are available. Tests used to determine a developmental disability must reflect the current functional status of the individual being evaluated. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional. Instruments designed only for screening purposes must not be used to determine eligibility. (3-19-07)	Two of two child participant records reviewed ([Participants A and B]) lacked evidence that tests used to determine a developmental disability were current. For example: [Participant A]'s developmental assessment, physical therapy assessment, and medical/social history reflected the participant's current status, but medical records were outdated. [Participant B]'s SIB-R was outdated.	

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

Date to be Corrected: 2010-10-01 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.400.01	Staffing	1. The PA will develop a quality assurance checklist that will be implemented on an on-going basis, with all requirements being reviewed at a minimum, on a quarterly basis. Deficiencies found will result in disciplinary action for staff involved. 2. All participant files are currently under review to identify deficiencies which will be corrected. Staff files will be reviewed to ensure compliance and missing elements will be obtained. 3. Program Administrator 4. The on-going quality assurance checklist will be completed on a quarterly basis. 5. November 25th, 2010.
400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-06)	The agency lacked evidence that the administrator assured compliance with all service elements of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-c	Assessments	1. The identified participant's files are currently under review to ensure objectives are run in the natural setting and needs are assessed correctly in the developmental assessment. Addendums will be submitted changing the location and type of service to that determined to be the natural setting.
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	Five of eight participant records reviewed ([Participants 1, 2, 3, 4, and 6]) lacked evidence that the comprehensive developmental assessment determined the necessity of the service, determined the participants' needs, and	

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)	guided treatment. For example: [Participant 1]'s comprehensive developmental assesment (CDA) stated she has needs in dressing, health care, clothing care, meal preparation, etc. These areas were not addressed as priority needs. Four of seven objectives were to be conducted in the center; there no objectives addressing her needs in her natural setting (home). [Participant 2]'s CDA stated under prioritized needs (#1) when at the center, she will knock and wait until told to "come in" before entering a room with two verbal prompts. This objective was not addressed as a need in the assessment. [Participant 3]'s CDA stated he has needs in grooming, toileting, dressing, laundry, meal planning and preparation, etc. and needs not met per family request were not to be trained for in the home. Five of seven objectives were to be conducted in the center and two were to be conducted in the community. The objectives should be based upon the participant's needs in his natural setting. [Participant 4]'s CDA addressed needs in the home and the PIPs included three of nine objectives in the community and six of those objectives were to be conducted in the center. In addition, the participant had needs for self-care grooming and meal planning and preparation; these needs had not been addressed. The CDA did not guide treatment. The observation of the participant was conducted in the Burley Albertson's. During the observation, the participant stated, "I haven't been to this store in a long time." The activities observed in the store, such as finding items on a grocery list for the evening meal and purchasing	Participant 1s program will be revised to reflect services in the natural setting. All services available in the natural setting will be offered to the participant. Participant 2s CDA will be revised to include this objective. The developmental specialists at MDC were not consistently completing the developmental assessments prior to the development of the PIPs so CDAs in the participant files may have represented the previous plan year's objectives. All developmental assessments will be brought up to date and will accurately reflect the current objectives. Participant 3s program will be revised to reflect services in the natural setting. All services available in the natural setting will be offered to the participant. Participant 4s program will be revised to reflect services in the natural setting. All services available in the natural setting will be offered to the participant. Participant 6s CDA was outdated and will be brought up to date to reflect the current objectives. 2. All participant's files are currently under review and addendums will be submitted with objectives to be run in the natural setting. All center-based objectives will be deleted from participants programs. 3. Developmental specialists under the guidance of the program administrator. 4. MDC will no longer provider center-based group or center-based individual services. We will offer community-based group and community-based individual services as well as home-based individual services and adult day care. 5. November 25th, 2010

these items, were functional goals, but it appears as though they were not conducted in his natural setting.

[Participant 6]'s CDA contained objectives that were not included on the ISP Implementation Plan and conversely the ISP contained objectives that were not on the CDA; therefore, the assessment did not guide treatment.

Additionally, one of eight participant records reviewed ([Participant B]) lacked evidence the comprehensive developmental assessment (CDA) was completed after the delivery of services and contained recommendations and observations that were not included in treatment. Also, treatment objectives were included on the IPP that were not identified as needs in the assessment.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
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 participant's needs. (7-1-06)	Assessments Two of eight participant records reviewed ([Participant 5]) lacked evidence that the agency assured that the assessments obtained formulated a diagnosis and/or recommended the type of therapy necessary to address the participant's needs. For example: [Participant B]'s record lacked a medical assessment to formulate a diagnosis. [Participant 5]'s physical therapy assessment lacked recommendations for the type of therapy. (REPEAT DEFICIENCY)	1. The records of participant B are now current with this information. Participant 5's physical therapy assessment will be brought into compliance. The quality assurance checklist will include this item to ensure all assessments reflect correct information. 2. All participant files containing obtained assessments will be reviewed to ensure they contain the required information. If not, that information will be obtained. 3. Developmental specialists under the guidance of the program administrator. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25th, 2010.

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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.03	Assessments	1. Participant 5's physical therapist will be contacted and required to sign the assessment with a credentialed signature. 2. All participants who have such assessments in their records will be reviewed to ensure they are properly credentialed. If not, the appropriate professional will be contacted and the required signature obtained. 3. Developmental specialists under the guidance of the program administrator. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010
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) 03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)	One of eight participant records reviewed ([Participant 5]) lacked documentatonthat all assessments were signed and dated by the professional completing the assessment and included the appropriate professional credential or qualification of that person. For example, [Participant 5]'s physical therapy assessment lacked a credentialed signature.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.a-h	Assessments	1. Participant A's original medical social history will be replaced in the file. Participant B's medical social history will be revised to include all required components. Participant 2s 2008 medical social history update will be replaced in the file. MDC social workers will address all components in the updates they complete as well as original medical social histories. All original and updated medical social histories will remain in the file for reference purposes. 2. All participant's files will be reviewed and all available medical social history updates and original medical social histories will be replaced in the records. 3. MDC social workers 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010
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) a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06) b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06) d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06) e. Educational history including any participation in special education; (7-1-06) f. Prevocational or vocational paid and unpaid work experiences; (7-1-06) g. Financial resources; and (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06)	Three of eight participant records reviewed ([Participants A, B, and 2]) lacked documentation that medical/social histories contained a narrative report that included all rule requirements. For example: [Participant A]'s medical/social history update in the record referenced an original that was not in the record or available. The update did not contain the required components. [Participant B]'s medical/social history in the record did not contain a devevelopmental history, personal history, pre-vocational/vocational history, or financial resources. [Participant 2]'s medical/social history update completed by the agency on September 13, 2009, stated, "The LSW has reviewed the Med/Soc dated 09/11/08 and find it to be true and accurate." This assessment was not located in the participant records and it could not be determined whether the agency addressed all areas noted in IDAPA 16.04.11.604.07.a-h.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 1125/2010 | **Administrator Initials:** DB

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.605.01-05	Specific Skill Assessments	
605.REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06)	Two of eight participant records reviewed ([Participants 5 and 6) lacked documentation that skill assessments further assessed an area of limitation or deficit identified on a CDA. For example:	

02. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06) 03. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-06) 04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06) 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)	[Participant 5]'s record did not document all objectives on the CDA had skill assessments. [Participant 6]'s record lacked skill assessments for home-based goals on the prioritized needs list on the CDA. The goals that were included on the ISP had the baseline skill assessment completed with the exception of a goal that has been crossed off the ISP (vacuuming) "deleted phone call per Service Coordinator" with no reason, date, or staff signature accompanying this deletion.	1. Participant 5s objectives will receive skills assessments. Participant 6s vacuuming goal was denied in the approval process. If a particular objective is denied through the plan approval process and thus has no skill assessment, the reason, date and staff signature will be properly documented. 2. All participant's files will be reviewed to ensure the objectives on the prioritized needs list have a proper skill assessment in place. If not, they will be completed. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25th, 2010

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-11-25 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01.a-c 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	Eligibility Two of two child participant records reviewed ([Participants A and B]) lacked documentation that the DDA determined and documented eligibility prior to the delivery of DDA services. For example: [Participant A]'s record lacked an eligibility checklist or any other documentation with staff signature and date of eligibility determination (medication records dating back to June 1997 indicated developmental delayss with cerebral palsy indicated in October 1997). In addition, the most current medical records on file were	1. MDC was remiss in completing this checklist prior to delivery of services. Both participant A and B's files now contain this checklist. MDC will no longer be serving children after October 1, 2010 so this problem cannot occur again. 2. The files of the remaining children served by MDC will have the checklist completed prior to transition to another agency. 3. Developmental specialists under the guidance of the program administrator. 4. MDC will no longer be serving children so this problem will not recur. 5. October 1, 2010

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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)	dated September 2003. [Participant B]'s record lacked an eligibility checklist or any other documentation with staff signature and date of eligibility determination (no medical records were on file; a psychological report dated July 24, 2009, indicated pervasive developmental disorder and moderate mental retardation). In addition, the SIB-R, dated April 7, 2009, contained the developmental information needed for current status and functional eligibility, but the results were not contained in the comprehensive developmental assessment, nor reflected in eligibility determination documentation.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-01 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.b	Individual Program Plan	1. The developmental specialist serving Participant A prepared the PIP's ahead of time, anticipating the physician's approval. The services were not initiated until the approval was received, however the dates on the PIPs reflected the date they were written rather than the date they were begun. 2. The files of the children served by MDC will be reviewed to ensure the dates of the PIPs reflect the approval date rather than the date they were developed. 3. Developmental specialists 4. MDC will no longer be serving children after October 1, 2010 so this problem will not recur. 5. October 1, 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	One of two child participant records reviewed ([Participant A]) lacked evidence that a physician or other practitioner of the healing arts signed the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii of these rules. For example, [Participant A]'s program implementation plan (PIP) start date was July 14, 2010, and the physician's signature on the IPP was dated July 21, 2010.	

services, the DDA is required to complete an IPP. (7-1-06) b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant'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 participant 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)		

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-01 | **Administrator Initials:** Donna

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.713	Assessments	1. An occupational therapy evaluation has been requested for both Participant 3 and 5. Additionally, these objectives have been deleted from their programs. MDC developmental specialists will receive further training from the PA to ensure any objective of this type is developmental and functional in nature . 2. All participants whose assessments reflect the need for an OT or PT evaluation will be receive those evaluations. All objectives developed from these evaluations will be performed by qualified OT and PT personnel. 3. Developmental specialists and program administrator. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this policy is being followed. 5. November 25, 2010
713.OCCUPATIONAL THERAPY. Occupational therapy services must be available and provided by a licensed occupational therapist and be based on the results of an occupational therapy assessment completed in accordance with Section 604 of these rules. (7-1-06)	Two of eight participant records reviewed ([Participants 3 and 5]) lacked a completed or obtained assessment when a need for occupational therapy had been indicated on the comprehensive developmental assessment. For example: [Participant 3]'s PIP for mobility-gross motor skills stated, "On a daily basis, he will do a series of stand up, sit down exercies at 100% of data probes over three consecutive months," and his current status stated he had lost some strength in his legs, making it hard for him to use the restroom. This objective is not functional. In addition, there was no occupational therapy/physical therapy assessment to address gross/fine motor skills.	

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	In addition, during the observation it was noted that his hands appeared to be retracting. There were no notes in the comprehensive developmental assessment or medical/social history addressing this, and there was no occupational therapy/physical therapy assessment. [Participant 5]'s comprehensive developmental assessment contained a goal that stated, "On a weekly basis, the participant will work on his fine motor skills by stacking small items..." This goal had no functional developmental base. In addition, there was no occupational therapy assessment or therapy recommendation to work on this goal. See the observation of [Participant 5] in the initial comments. See also IDAPA 16.04.11.604. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.201.04.i	Agency Requirements	1. Employee 1's current license has been obtained. MDC is in the process of locating a professional willing to provide psychotherapy. 2. All other professional's licenses have been reviewed and found to be current. Licenses will be monitored to ensure they are replaced with current licenses as they expire. 3. Program Administrator
201.APPLICATION FOR INITIAL CERTIFICATION. 04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06)	One of five contracted professionals records ([Employee 1]) lacked a current license. The professional's psychological license expired on June 18, 2010. In addition, the agency lacked evidence of an agreement for psychotherapy referrals including the professional's certificate and qualifications. (See IDAPA 16.04.11.710-Required Services)	

i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06)		4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:** Dee Bento

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	1. The method by which weekly contacts are done with all paraprofessionals has been changed. Instead of individually meeting with each para, a group meeting is conducted weekly with the required components present on the contact worksheet. 2. All staff are required to attend this meeting. Anyone who is unable to attend for valid reasons will receive an individual weekly contact. 3. Developmental specialists 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this policy is being followed. 5. Completed as of August 9, 2010
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 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	Seven of seven paraprofessional records reviewed ([Employees 9, 10, 11, 12, 13, 14, and 15]) lacked documentation that the agency assured a professional qualified to provide the service for all paraprofessionals under his supervision, on a weekly basis or more often if necessary, gave instructions, reviewed progress, and provided training on the programs and procedures to be followed. For example: The agency records indicated weekly contact with the professional, but it did not include instruction, review of progress, or training provided.	

(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)	(REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-08-09 | **Administrator Initials:** Dan Berman

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.01.a 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)	Training Six of nine employee records reviewed ([Employees 10, 11, 12, 13, 14, and 15]) lacked documentation of annual fire safety training. The most current training in these employees' files was June 17, 2009.	1. MDC conducted 3 trainings per year in which we closed the center and completed required training. The fire safety training was part of the June training in 2009. The June training in 2010 was delayed. We have changed our training methods and now meet with all staff weekly. We will accomplish all required training at the weekly meetings. 2. All staff were affected by this problem and will receive their fire safety training on September 9, 2010. 3. Developmental specialists under the guidance of the program administrator. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. September 9, 2010

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-09-09 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.03.f	Facility Standards	1. These items have been properly stored in the cabinet designated for this purpose. The staff have been counseled for not complying with this rule. 2. The physical system is in place to keep these materials locked up. Staff did not comply with the rules. The DS assistant has been tasked to monitor the building on a daily basis to ensure staff are locking items up as instructed. 3. DS assistant, program director 4. The DS assistant will notify the program director immediately upon finding any incident of noncompliance. The staff responsible will receive a letter of counseling and will be terminated if it occurs again. 5. July 29th, 2010
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) 03. Fire and Safety Standards. (7-1-06) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)	The agency lacked evidence that hazardous/toxic materials were properly labeled, stored, and locked. For example, there was de-icer stored in a mislabeled bucket by the garage door near the entry/exit accessible by participants. Dish soap under the kitchen counter that stated, "Keep out of reach of children," was not stored in a locked cabinet. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 7/29/2010 | **Administrator Initials:**

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.03.g	Facility Standards	1. The water temperatures were corrected on July 29th, 2010.
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) 03. Fire and Safety Standards. (7-1-06) g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-06)	The agency lacked evidence it assured the water temperature in the facility did not exceed 120 degrees. For example, the water temperature in Bathroom #1 was measured at 128 degrees, and the water temperature in Bathroom #2 was measured at 132 degrees.	2. The DS assistant will conduct monthly checks to ensure the water temperatures remain below the required temperature. 3. DS assistant and program director. 4. The DS assistant will be required to document the water temperatures at each check and submit the result to the program director. 5. July 29, 2010

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | Date to be Corrected: 7/29/2010 | Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.04.a-b	Building Evacuation	1. The form for documenting fire drills has been amended to include all required information.
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) 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must	The agency conducted quarterly fire drills, but did not address which fire drills included evacuation of the building, summary of the fire drill, problems encountered, and corrective action taken. (REPEAT DEFICIENCY)	2. All participants were affected by this problem. The new form should prevent any further problems from occurring.

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indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06) a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-06) b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, problems encountered, and corrective action(s) taken. (7-1-06)		3. DS assistant and program director. 4. The quarterly fire drill documentation will be reviewed by the program director at the completion of each drill to ensure all components were completed and documented. 5. The new form has been developed and will be implemented at the next scheduled fire drill scheduled on September 16, 2010

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-09-16 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.06.a	Facility Standards	1. The light bulb was replaced on August 29th, 2010.
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) 06. Housekeeping and Maintenance Services. (7-1-06) a. The interior and exterior of the center must be maintained in a clean, safe and orderly manner and must be kept in good repair; (7-1-06)	The agency lacked evidence the interior of the center was kept in good repair. For example, the room across from the LSW's office had a light out and needed to be replaced.	2. No other lighting elements appeared to be out. 3. DS assistant. 4. All lighting elements will be checked on a monthly basis and replaced as needed by the DS assistant. 5. August 29, 2010

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 8/29/2010 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.04	Incident Reporting	1. The parents and guardians of Participants 1,2 A and B will be notified of the incidents that occurred. The bruising of Participant B was discussed with Beth Bristol of the Burley children protection office. The accident/injury reporting form was amended on September 3rd, 2010 to include documentation of notification of the parent/guardian or care provider as appropriate. Additionally, the accident injury reports will be reviewed by the program administrator by October 15th, 2010 and annually thereafter. 2. This problem affected all participants. All future accident/ injury reports will be reported promptly to the parent/guardian or caregiver and the proper authorities. 3. Developmental specialists and program administrator. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure proper reporting policies are followed. 5. October 15, 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)	Four of eight participant records reviewed ([Participants 1, 2, A, and B]) lacked evidence each incident report contained documentation that the participant's parent or legal guardian, if he has one, had been notified of an incident or that the participant's care provider had been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. For example: [Participants 1, 2, A, and B]'s incident reports lacked notification of the incident to the parent/guardian. On the incident report for [Participant B], documentation of bruising was determined by staff to be "old bruising" and not reported to administration or the appropriate authority such as Child Protection. In addition, the agency lacked a documented review of all incident reports completed at least annually with written recommendations.	

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Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2010-10-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.511.02.a-d	Medication	1. The outdated medications were removed from the cabinet on July 29, 2010. The CNA in charge of ensuring these medications are kept current was counseled to follow regulations. 2. No other medications were found to be outdated or mis-labeled. 3. CNA 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this regulation is followed. 5. July 29, 2010
511.MEDICATION STANDARDS AND REQUIREMENTS. 01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will assure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to assure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-06) 02. Handling of Participant's Medication. (7-1-06) a. The medication must be in the original pharmacy-dispensed container, or in an original over-thecounter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-06) b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the participant's record. Medisets filled and labeled by a pharmacist or licensed	The agency lacked evidence it followed the rule requirements when handling participant medications. For example, the agency had outdated participant medications for one participant and four over-the-counter medications were outdated. One over-the-counter medication was mislabeled "for headaches"; staff stated it was Vitamin C.	

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nurse can serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use can also serve as written evidence of an order from the physician or other practitioner of the healing arts. (7-1-06) c. The agency is responsible to safeguard the participant's medications while the participant is at the agency or in the community. (7-1-06) d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2010-07-29 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.601.03.a-f	Assessments	1. The psychological assessment for Participant 1 was not completed on July 13, 2010 as scheduled because the provider was not able to bill Medicare. Our contracted provider is not able to see her soon, so a new provider was found and the psychological was completed on September 16, 2010. Participant 2s psychological was completed on July 22, 2010 but MDC had not received the report prior to survey. That assessment is now in the file. 2. All other participant files will be reviewed to ensure psychological assessments are completed when required. If needed, the assessments will be scheduled and placed in the file. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010.
601.GENERAL REQUIREMENTS FOR 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 services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance. (7-1-06)	Two of eight participant records reviewed ([Participants 1 and 2]) lacked a current psychological assessment. For example: [Participant1]'s record stated she takes medication for mental health. Her most current psychological assessment was dated January 4, 2006, and notes in the record indicated the developmental specialist requested a release of a psychological evaluation on July 13, 2010, but there was no documentation of a current (annual) psychological evaluation. [Participant 2]'s medcial/social history and physician's medical care evaluation stated she has anxiety. Her most current psychological evaluation was dated July 28, 1999. Another was faxed on May 13, 2002, with a diagnosis only. There was no current psychological evaluation in the file. A note in the record states she had an appointment on July 22, 2010, but there was no further information in the record.	

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	(REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.04.a-d	Individual Program Plan	1. The frequency and duration of Participants A&B are present in the files.
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) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) a. Type of service refers to the kind of service described in terms of: (7-1-06) i. Discipline; (7-1-06) ii. Group, individual, or family; and (7-1-06) iii. Whether the service is home, community, or center-based. (7-1-06) b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06) c. Frequency of service is the number of times	Two of two child participant records reviewed ([Participants A and B]) lacked documentation that the IPP included frequency of service offered in a week or month as defined in rule and noted the duration of service as defined in rule. For example: [Participant A]'s IPP lacked frequency and duration. [Participant B]'s IPP lacked duration.	2. All children's files will be reviewed to ensure frequency and duration are noted on their IPPs. 3. Developmental specialists 4. MDC will no longer be serving children as of October 1, 2010 5. October 1, 2010

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service is offered during a week or month. (7-1-06)
d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-01 | **Administrator Initials:** Deb Bennett

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.a	Individual Program Plan	1. An OT assessment on Participant A is being scheduled. She is transitioning to a new agency on September 23, 2010 and the new assessment will be sent to that agency. 2. The remaining child participants were affected by the problem of the DS's not completing their assessments prior to implementing the IPPS. The assessments on the remaining children MDC served will be brought into compliance. 3. Developmental specialists. 4. MDC will no longer be serving children after October 1, 2010 so the problem will not recur. 5. October 31, 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) a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter.	Two of two child participant records reviewed ([Participants A and B]) lacked evidence the IPP was developed following obtainment or completion of all applicable assessments. For example: [Participant A]'s IPP was developed prior to obtaining an occupational therapy assessment. [Participant B]'s IPP was developed prior to obtaining the comprehensive developmental assessment and medical/social history.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10/31/2010 | **Administrator Initials:** Deb Bennett

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.d	Individual Program Plan	1. Participant A's OT eval is being scheduled. She is transitioning to a new agency on September 23, 2010 and the assessment will be sent to the new agency. Participant B's current assessment has been completed and addresses all goals on the IPP. 2. The remaining children's files will be reviewed to ensure all needed assessments are completed and the existing assessments address all goals on the IPP. If not correct, the assessments will be completed and/or amended to include all IPP goals. 3. Developmental specialists. 4. MDC will no longer be serving children as of October 1, 2010 so this problem cannot recur. 5. October 31, 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) d. The IPP must be supported by the documentation required in the participant's record under Section 705 of these rules. (7-1-06)	Two of two child participant records reviewed ([Participants A and B]) lacked evidence the services ordered on the IPP were supported by the assessments on file outlined in IDAPA 16.04.11.705. For example: [Participant A]'s record lacked an occupational therapy assessment to support goals and objectives in that area. [Participant B]'s IPP included goals that were not identified in the comprehensive developmental assessment, such as writing name and address.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10/31/2010 | **Administrator Initials:** Dee

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iv	Individual Program Plan	1. The identified objectives were removed from Participant As IPP on July 28, 2010. OT and PT evaluations are being scheduled and the assessments will be sent to the new agency taking over her services after MDC no longer serves children.
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	Two of two child participant records reviewed ([Participants A and B]) did not comply with this rule. [Participant A] had six of 13 objectives that were OT/PT in nature and have no functional relationship established to promote inclusion.	

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) 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)	[Participant B]'s record lacked documentation the agency was within the 20% requirement. A sampling of medicaid billing records for 28 consecutive four-week periods indicate that for 11 of 28 four-week cycles, the agency provided the authorized hours 39% of the time. The participant received 80% or more of the services outlined on her IPP 61% of these cycles, and the justification provided was inadequate to determine whether the reason was participant-based or not. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	Participant B's services with MDC did not begin at the start date originally anticipated and authorized by the physician. This caused the annual variance to be off but was not properly noted. This participant will be transitioning to another agency as MDC will not be providing services to children after October 1, 2010. 2. The remaining children's IPP's will be reviewed to ensure the PIPs are functional and do not contain objectives that are OT and PT in nature. 3. Developmental specialists. 4. MDC will no longer be serving children as of October 1, 2010 so the problems cannot recur. 5. October 1, 2010

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-01 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.vi 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)	Individual Program Plan One of two child participant records reviewed ([Participant A]) lacked evidence the IPP contained an accurate, current and relevant list of the participant's prioritized developmental and prioritized behavioral strengths and needs. For example, six of 13 of [Participant A]'s prioritized needs had been added to a developmental checklist, but were not developmental in nature.	1. The OT/PT objectives in question were removed from the participants file on July 28, 2010. 2. The remaining children's IPP's will be reviewed to ensure the PIPs are developmental and do not contain objectives that are OT and PT in nature. 3. Developmental specialists. 4. MDC will no longer serve children after October 1, 2010 so this problem will not recur. 5. October 1, 2010.

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)		

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-01 | **Administrator Initials:** Del Bohner

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	1. The transition plans on Participant A&B will be revised to be compliant with rule. 2. All children's plans will be reviewed to ensure the transition plans are rule compliant. If not, they will be re-written to come into compliance. 3. Developmental specialists 4. MDC will no longer serve children after October 1, 2010 so this problem cannot recur. 5. October 1, 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	Two of two child participant records reviewed ([Participants A and B]) lacked rule compliant transition plans. For example, [Participants A and B]'s transition plans on the IPP promoted moving from a less restrictive to a more restrictive environment, and did not promote integration. These were statements rather than plans.	

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) 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:** 2010-10-01 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (PIP)
16.04.11.703.02	Program Implementation Plan	1. MDC was not documenting baseline statements correctly. The identified participants plans have been revised to reflect services in the natural setting. Upon authorization of the new services, the baseline statements on their objectives will be descriptive of the level of functioning and relate to criteria used. 2. All participants were affected by this problem and as their new plans are approved, the objectives will have baseline statements that are descriptive of the level of functioning and relate to criteria used. 3. Developmental specialists 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records.
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	Eight of eight participant records reviewed ([Participants A, B, 1, 2, 3, 4, 5, and 6]) lacked documentation that the implementation plan included a baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. For example, [Participants A, B, 1, 2, 3, 4, 5, and 6]'s PIPs included a baseline percentage handwritten in the upper corner of PIP, but was not descriptive of the level of functioning. The baseline percentage did not relate with statistically or descriptive accuracy to the criteria used to measure the objective. (REPEAT DEFICIENCY)	

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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)	(FAILURE TO COMPLY WITH PLAN OF CORRECTION)	5. November 25, 2010

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-11-25 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.04	Program Implementation Plan	1. The implementation plans of all identified participants are being re-written to reflect the necessary components. 2. All participants were affected by this problem. All participants implementation plans are being revised to reflect services in the natural setting. As their new plans are authorized, the new PIPs written will have staff instructions that contain all necessary components. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs 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	Four of eight participant records reviewed ([Participants A, B, 5, and 6]) lacked documentation that the implementation plans had written instructions to staff that promoted participant progress toward the stated objective. included curriculum, interventions, task analysis, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. For example: [Participants 5 and 6]'s written instructions were minimal and did not contain specific instructions	

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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)	regarding data collection, frequency, and scheduling of data probes as per the criteria of the objectives, therefore invalidating the data. [Participants A and B]'s written instructions contained some components, but none contained all of the necessary components to run the program and collect the data to ensure fidelity to the program and reliability in the data including specific instructions regarding data collection frequency and scheduling of data probes as per the criteria of the objectives.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.b	Program Documentation (data/progress)	1. The identified participants implementation programs are being revised to reflect services in the natural setting. As the objectives are approved, the data collection taken on the approved objectives will be done with the prompt level system being implemented. The percentage data system will no longer be used. 2. All participants were affected by this problem and as their new implementation plans reflecting natural setting are begun, their objectives will be run with the prompt level system as opposed to the percentage system. Staff are currently being trained on the prompt level data collection system and will be proficient by the time the new system is implemented. 3. Developmental specialists 4. The program administrator will be involved in the implementation of the new system and will conduct frequent
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) b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)	Six of eight participant records reviewed ([Participants 1, 2, 3, 4, 5, and 6]) lacked documentation of sufficient progress data to accurately assess the participant's progress toward each objective. For example, [Participants 1, 2, 3, 4, 5, and 6]'s percentage data consistency and calculation was suspect and did not accurately reflect the participants' progress based on the statistically invalid sample completed for analysis.	

		quality assurance reviews to ensure the data collected is valid and reliable. 5. November 25, 2010.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.c	Program Documentation (data/progress)	1. Participant A's mislabeled notes as well as the Continuing Service reports were incidental notes kept by the DS's as reminders to themselves of items to watch or keep track of. They were not intended to track data or use as progress notes. This practice has been stopped and the DS's counseled to keep only notes relevant to data that are properly signed and dated. 2. All participant's files will be reviewed and anecdotal notes removed. 3. Developmental Specialists 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this policy is being followed. 5. November 25, 2010
704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant, the following program documentation is required: (7-1-06) c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)	One of eight participant records reviewed ([Participant A]) contained pages titled "Residential Habilitation Progress Notes." [Participant A] is a child and not eligible for Res Hab services. Other notes titled "Continuing Service Reports" in the file contained notes that were not signed with a date, were observational in nature, not linked to data, and could not be used to determine progress.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.d	Record Requirements	1. Both participants profile sheets have been amended to include living arrangement. The program administrator gave erroneous information to the surveyors regarding his living arrangement on the census. The PA was unaware his family became qualified to become a certified family home under the A&D waiver. 2. All participants profiles will be reviewed to ensure living arrangement was properly noted. If not, they will be amended to include this information. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010.
705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each 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) 01. General Records Requirements. Each participant record must contain the following information: (7-1-06) 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)	Two of eight participant records reviewed ([Partcipants B and 3]) lacked current profile sheets that contained all the required identifying information about the participant. For example: [Participant B]'s profile sheet lacked living arrangements. [Participant 3]'s profile sheet lacked living arrangements. In addition, the agency's participant census stated that he lives in a CFH; after discussion with the administrator, it was determined that he lives in his own home with family. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.02	Provider Records	1. The case records of all identified participants will be divided correctly per rule. 2. All participants case records will be checked and divided to be compliant with rule. All assessments will be filed in the proper location. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010
02. Case Record Organization. The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable. (7-1-06)	Five of eight participant records reviewed ([Participants 1, 2, 3, 4, and 5]) lacked evidence that the case record was divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable. For example: [Participant 1, 2, 3, and 4]'s records contained misfiled assessments, and there were no tabs for SLP, OT or PT when applicable. [Participant 5]'s record contained a misfiled PT assessment, and no tab for this service was present.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:** Dee Bennett

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.706	Collaboration/Consultation	1. The OT objectives on Participant 5 were removed from his developmental program. An OT evaluation has been requested through his A&D waiver program. 2. All participant files will be reviewed to ensure no OT objectives are being run in developmental programs. OT assessments will be obtained on any participant with that need.
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	One of eight participant records reviewed ([Participant 5]) lacked documentation of collaboration through coordination of each participant's DDA program with providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services (copy of IEP, PCS, RH,	

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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)	PSR, OT, PT and SLP). For example, [Participant 5] had programs that are OT in nature that were listed as priority needs on the comprehensive developmental assessment. There was no evidence of collaboration with an OT. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure assessments are completed and objectives are developmental in nature. 5. November 25, 2010

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-11-25 **Administrator Initials:** TS

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.708.01	Service Delivery	1. MDC DS's were not consistently completing the comprehensive developmental assessment prior to the development of the PIPs. The CDA's of all identified participants will be brought up to current status. 2. All participants CDA's will be reviewed to ensure they are current. If not they will be brought up to date and reflect the current status and objectives being run. 3. Developmental specialists 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this policy is followed. 5. November 25, 2010
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)	Five of eight participant records reviewed ([Participants B, 1, 2, 3 and 4]) lacked evidence the comprehensive developmental assessment (CDA) was completed prior to the delivery of service or documented the participant's need for service. For example, [Participant B]'s CDA was completed on January 15, 2010, after the IPP was written on October 26, 2009. [Participant 1]'s CDA was completed on May 27, 2010. The ISP was authorized April 13, 2010. There was no documentation of any other CDAs.	

	[Participant 2]'s CDA was completed on April 24, 2010, and the plan was authorized from between December 19, 2009, and October 19, 2010. There was no documentation of any other CDAs prior to April 24, 2010. [Participant 3]'s CDA was completed on March 2, 2010, and the plan was authorized between January 12, 2010, and December 31, 2010. [Participant4]'s CDA was completed on November 27, 2009. The ISP start date was November 26, 2009, and the PIP start dates were for November 26, 2009. There was no documentation of a previous CDA.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.711.01	Developmental Therapy	1. The OT/PT objectives in question were removed from the participants file on July 28, 2010. 2. The remaining participants files will be reviewed to ensure all objectives are functional in nature. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010.
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) 01. Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, selfdirection, capacity for independent living, or economic self-sufficiency. (7-1-06)	For one of eight participant records reviewed ([Participant A]), objectives addressed areas that were not functional in nature as per the definition of developmental therapy and developmental disabilites and were outside the scope of practice of both a therapy technician and developmental specialist. See also see IDAPA 16.04.11.510.02 (22.01.05).	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.711.02 711.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) 02. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-ppropriate. (7-1-06)	Developmental Therapy Observation of one of eight participants ([Participant B]) revealed that the community setting at the bowling alley was in a natural environment, but was not age appropriate as the participant was a child and was part of a group of primarily adults. When observed in a center group setting on the subsequent day, she was again in a group of adults. See observation of [Participant 6] in the initial comments. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	1. Participant B is a child who was home-schooled until the age of 16. Her parent requested that she attend the center for developmental therapy. MDC will no longer be serving children as of October 1, 2010 and this participant's guardian was notified. 2. All participants under the age of 18 have been notified that MDC will no longer be serving children. 3. Developmental Specialists 4. MDC will no longer be serving participants under the age of 18. 5. October 1, 2010

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-01 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.b 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) b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-06)	QA Program Observation of one of eight participant ([Participant 5]) revealed that the agency lacked evidence it provided sufficient staff and material resources available to meet the needs of each person served. For example, the staff person working with [Participant 5] stated during the observation that when she goes on vacation or cannot meet the times scheduled for developmental therapy, she just checks with the participant and arranges different times. The agency is required to provide sufficient staff and material resources available to meet the needs of each person served. The participant's schedule should not be changed due to staff availability.	1. Participant 5 chose not to have a different staff during the time his regular staff was on vacation. MDC will review this policy with him and if he continues to refuse other staff, it will be properly documented and signed by the participant. 2. All participants receiving home-based services will be offered other staff during the times their regular staff are not available. 3. Developmental Specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this practice is followed. 5. On-going

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.c 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) c. The environment in which services are delivered is safe and conducive to learning; (7-1-06)	QA Program One of eight participant records reviewed ([Participant 6]) and observations revealed the agency lacked evidence the environment in which services were delivered was conducive to learning. See observation of [Participant 6] in the initial comments for specific information.	1. The agency staff have been counseled not to begin getting participants ready to leave for the day or allowing them to leave their particular developmental therapy area until exactly 3:00. MDC will no longer be providing developmental therapy in a center-based group or center-based individual setting. 2. All participants were affected by this problem and all staff have been counseled to follow proper procedures until the date MDC no longer provides services in the center. 3. Developmental specialists. 4. The developmental specialists will observe the behavior of the direct care staff beginning at 2:45 each day to ensure no participant stops developmental therapy services prior to 3:00/ Any staff not complying with this policy will receive disciplinary action. 5. August 2, 2010

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-08-2 | **Administrator Initials:**

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Rule Reference/Text	Category/Findings	Plan of Correction (PIC)
16.04.11.900.01.d	QA Program	1. Participant 1's program is being revised to reflect services in the natural setting. Her family has not chosen to receive home-based services at this time so the services will be provided in the community. Participant 2's program is being revised to reflect services in the natural setting. All services available in the natural setting will be offered to the participant's guardian. Participant 3's program is being revised to reflect services in the natural setting. Services appropriate to the A&D CFH setting will be offered to this participants guardian. An OT/PT evaluation has been requested through is A&D program. Participant 4's staff has been counseled to ensure the stores chosen are stores the participant would typically go. Participant 6's program is being revised to reflect services in the natural setting. All services available in the natural setting will be offered to the participants guardian. Participant A's family has been notified that MDC will not longer be serving children as of October 1, 2010. 2. All participants were affected by programs being run in a center-based setting. MDC will no longer be providing center group or center-based individual developmental therapy. 3. Developmental Specialists 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure all services are being provided in the natural setting. 5. November 25, 2010
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; and (7-1-06)	Observations of six of eight participants ([Participants 1, 2, 3, 4, 6, and A]) revealed the agency lacked evidence that skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: Observation of [Participant 1] revealed therapy was conducted in the center while working on individual developmental therapy. The objectives worked on were utilized in the center only. There was no objective to generalize into the natural setting. The program implementation plans for washing hands did not meet her needs. The objective was implemented in the center only, which is not the natural setting. The participant lives with her brother, who is not a Certified Family Home provider, and the natural setting would be in the home and her community. In addition, she had three socialization objectives that were only conducted in the center, which is not her natural setting and did not have an objective to generalize into the natural setting. See observation of [Participant 1] in the initial comments for specific information. [Participant 2] was observed in the center working on signing words and identifying signs. The PIP for social skills stated, "While in the center, the participant will knock and wait until told to 'come in' before entering a room with one knock." The status stated she does not wait to be told to come into a room as she just barges in, and if the door is shut she will always open the door, disrupting meetings. This is not a need listed in her comprehensive developmental assessment as being in her natural setting.	

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Eight of ten objectives were conducted in the center and were not generalized into the natural setting, such as "signing".

[Participant 3] was observed in the center working on folding hand towels and putting shirts on a hanger. There did not appear to be a purpose to this objective, and was not conducted in the natural setting. This individual lives in his own home; the skill should be taught in his natural setting. If the individual was folding towels to develop his fine/gross motor skills, then the objective needs to have a purpose and an OT/PT assessment needs to be conducted to guide therapy.

[Participant 4] was observed in the Burley Albertson's. During the observation, the participant stated, "I haven't been to this store in a long time." The activities observed in the store, such as finding items on a grocery list for the evening meal and purchasing these items, were functional goals, but it appeared as though they were not conducted in his natural setting.

[Participant 6] was observed working on skill training in the center, which is not the natural setting where the individual would commonly learn and utilize the skill. See observation of [Participant 6] in the initial comments for specific information.

All services for [Participant A] were observed in the center and daily notes for the month of July 2010 indicated there was minimal time spent in the community. The natural setting for many of these goals would be a home environment. In addition, the agency's policy is to bring children to the center during breaks in school.

(REPEAT DEFICIENCY)

(FAILURE TO COMPLY WITH PLAN OF

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	CORRECTION)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.02.d	QA Program	1. MDC typically gives each participant a participant satisfaction assessment at the end of the plan year. Participant 4 had not attended services for a year so he had not received this opportunity. He will be given a participant satisfaction assessment to complete. 2. All participant's files will be reviewed to ensure participant satisfaction survey's are present in the files. If not, they will be given the opportunity to complete this assessment. 3. Developmental specialists. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010
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) d. A method for assessing participant satisfaction; and (7-1-06)	One of eight participant records reviewed ([Participant 4]) lacked evidence the agency had documentation that quality of services was assured through ongoing participant satisfaction assessment. For example, [Participant 4]'s record lacked evidence of participant satisfaction assessment. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-25 | **Administrator Initials:**

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.02.e	QA Program	1. The code of ethics policy will be reviewed and any violations will be identified and corrected if present. 2. If any violations are present, the affected participants will be notified and the problem corrected. 3. Program administrator. 4. The quality assurance review done by the PA at a minimum of a quarterly basis will ensure this information is present in the records. 5. November 25, 2010
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) e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.	The agency lacked Evidence of a regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. (REPEAT DEFICIENCY) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	

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

Date to be Corrected: 2010-11-25

Administrator Initials: Deb Bennett

Administrator Signature (confirms submission of POC): Deb Bennett Deb Bennett Digitally signed by Deb Bennett DN: cn=Deb Bennett, o=MDC Magic Valley, ou=Administrator, email=deb@mdcmagicvalley.com, c=US Date: 2010.09.21 13:36:10 -06'00' Administrator

Date: 2010-09-21 9/22/2010

Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmidt

Date: 9/23/10