IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 2, 2008

COPY

Administrator, Jerome Perner
Meridian Developmental Services
40 W. Franklin Rd.
Meridian, ID 83642

Dear Mr. Perner,

Thank you for submitting the Meridian Developmental Services Plan of Correction dated June 19, 2008. 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 Meridian Developmental Services a full one year certificate effective from June 27, 2008 through June 27, 2009.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. 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 Wednesday, August 20, 2008. You may submit supporting documentation as follows:

Fax to:364-1811
Email to: jonssonc@dhw.idaho.gov
Mail to: Division of Medicaid
DD Survey and Certification, Attn Cyndy Jonsson
3232 Elder St.
Boise, ID 83705

Or deliver to: Same address as above

You can reach me if you have any questions at 364-1841.

Thank you for your patience and accommodating us through the survey process.

Cyndy

Cynthia Jonsson
Clinician
DD Survey and Certification

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DDA COMPLIANCE REVIEW

RECEIVED
JUN 23 2008
DIV. OF MEDICAID

AGENCY NAME: MERIDIAN DEVELOPMENTAL SERVICES **SURVEY DATE(s):** 5/12 – 5/15/08

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS:

SURVEY FINDINGS

Therapy Observation Notes:

Deficiencies:	Agency's Plan for Compliance:
16.04.11. 705.RECORD REQUIREMENTS **01.** General Records Requirements e. Current medical, social, and developmental information and assessments **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Participant file #1 and #2 do not contain current medical, social, and developmental information from ICDE. It is noted that a faxed request was sent to ICDE on May 10th for Participant #2.	1. What corrective action(s) will be taken? **MDS will fax requests for missing documents. Update: 5/20/08 received participant #1's medical, social, and developmental info; 6/02/08 re faxed the Service. Coordination Agency representing participant #2. Will fax ICDE if no response.** 2. How will the agency identify participants who may be affected by the deficiency(s). **MDS will review all participant files for missing documents.** If participants are identified what corrective action will be taken? **MDS will fax requests for missing documents.** 3. Who will be responsible for implementing each corrective action? **Dept DS's will review files, and fax requests.** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **MDS QA File Reviews will be conducted quarterly.** 5. Dates for when the corrective action will be completed? **File reviews and faxes requesting missing documents will be completed by July 1, 2008. QA File Review will be completed by Aug 29, 2008.**

16.04.11.400.GENERAL STAFFING REQUIREMENTS FOR AGENCIES **03. Records of Licenses or Certifications.** The agency must maintain documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Agency copy of license for SLP is expired. **Corrected at survey**	
16.04.11.706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS 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. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • File #4 does not contain current Reshab implementation plan.	1. What corrective action(s) will be taken? ? **MDS will fax requests for missing documents. Update: 5/14/08 received participant #4's Reshab implementation plan.** 2. How will the agency identify participants who may be affected by the deficiency(s)? **MDS will review all participant files for missing documents.** If participants are identified what corrective action will be taken? **MDS will fax requests for missing documents.** 3. Who will be responsible for implementing each corrective action? **Dept DS's will review files, and fax requests.** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **MDS QA File Reviews will be conducted quarterly by the Administrator/QA staff.** 5. Dates for when the corrective action will be completed? **File reviews and faxes requesting missing documents will be completed by July 1, 2008. QA File Review will be completed by Aug 29, 2008.**
16.04.11.600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA **01. Comprehensive Assessments.** A comprehensive assessment must: 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.*** **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • Comprehensive Developmental assessment format does not contain a recommendation for the amount of developmental therapy necessary to meet the participant's needs.	1. What corrective action(s) will be taken? **MDS will added "amount" of developmental therapy to its DS Instructions for Comprehensive Developmental Assessments 6/4/08.** 2. How will the agency identify participants who may be affected by the deficiency(s). **MDS will review all participant's Comprehensive Developmental Assessments for incomplete recommendations.** If participants are identified what corrective action will be taken? **MDS will add "amount" of therapy to MDS generated Comprehensive Developmental Assessment recommendations.** 3. Who will be responsible for implementing each corrective action? MDS DS's will review participant files, and add missing **"amount" of therapy to MDS generated Comprehensive Developmental Assessment recommendations.** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The QA staff will be trained on **16.04.11.600.Comprehensive Developmental Assessment requirements.**

	5. Dates for when the corrective action will be completed? As of 5/16/08 MDS added **"amount" of Developmental Therapy to its DS Instructions for Comprehensive Developmental Assessments. Review, and revision of MDS generated recommendations to include "amount" of Developmental Therapy will be completed by 7/30/08. QA staff training on 6.04.11.600.Comprehensive Developmental Assessment requirements will occur by 6/9/08**
16.04.11.704.01. General Requirements for Program Documentation. For each participant the following program documentation is required: **b.** Sufficient progress data to accurately assess the participant's progress toward each objective **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • The agency practice is to average data over the week and then again over the month. Using this method does not assure accurate, consistent data to measure progress.	1. What corrective action(s) will be taken? **MDS Program Manager will research current data assessment practices, and revise its current process in order to meet 16.04.11.704.01. requirements.** 2. How will the agency identify participants who may be affected by the deficiency(s). **MDS will assume all participants may be affected by this deficiency.** If participants are identified what corrective action will be taken? **MDS DS's will note in all participant Progress Notes and Status Reviews the date when MDS adopts an assessment process which meets 16.04.11.704.01. requirements.** 3. Who will be responsible for implementing each corrective action? The MDS Program Manager will research; make recommendations to the MDS Administrator and QA staff; and write up the DS Data Assessment Instructions. The MDS DS's will implement the data assessment process, and note the change in for all participant's Progress Notes and Status Reviews. 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The QA staff will receive training on **16.04.11.704.01. requirements. QA Program File Reviews will be revised to reflect the change.** 5. Dates for when the corrective action will be completed. **Research by the Program Manager on assessment practices will be completed by 6/30/08. Recommendations to the MDS Administrator and QA staff; and written DS Data Assessment Instructions will be completed by 7/18/08. As of 8/1/08 data assessment which meets 16.04.11.704.01. requirements will be implemented for all MDS participants and noted in their Progress Notes and Status Reviews.**
16.04.11.604.06. Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and accurately reflects the current status and needs of the person. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:**	1. What corrective action(s) will be taken? **MDS will fax requests for missing documents. Update: 6/02/08 MDS re faxed the Service. Coordination Agencies representing both participants #2, and #3. MDS will fax ICDE if no response.** 2. How will the agency identify participants who may be affected by the deficiency(s). **MDS will review all participant files for missing documents.** If participants are identified what corrective action will be taken? **MDS will fax requests for missing documents.**

• Medical Assessment for Participant #3 and Participant #2 are expired. Participant #3 expired in 3/08 and Participant #2 is from 2006.	3. Who will be responsible for implementing each corrective action? **Dept DS's will review files, and fax requests.** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **QA staff/Administrator will complete File Reviews quarterly.** 5. Dates for when the corrective action will be completed? **File reviews, and faxes requesting missing documents will be completed by July 1, 2008. QA File Review will be completed by Aug 29, 2008.**
16.04.11. 705.RECORD REQUIREMENTS **01.** General Records Requirements **f.** When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • The agency's format for Comprehensive Developmental Assessments does not contain narrative reports.	1. What corrective action(s) will be taken? **Update: 5/16/08 MDS revised its DS Instructions for Comprehensive Developmental Assessments to include narrative reports.** 2. How will the agency identify participants who may be affected by the deficiency(s). **MDS will review all participant's Comprehensive Developmental Assessments for incomplete recommendations.** If participants are identified what corrective action will be taken? **MDS will add a narrative to MDS generated Comprehensive Developmental Assessments.** 3. Who will be responsible for implementing each corrective action? MDS DS's will review participant files, and add missing narratives **to MDS generated Comprehensive Developmental Assessments.** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The QA staff will be trained on **16.04.11.600.Comprehensive Developmental Assessment requirements.** 5. Dates for when the corrective action will be completed? As of 5/16/08 MDS added the requirement of a narrative to its **DS Instructions for Comprehensive Developmental Assessments. Review, and revision of MDS generated recommendations to include a narrative will be completed by 7/30/08. QA staff training on 16.04.11.600. Comprehensive Developmental Assessment requirements will occur by 6/9/08**
16.04.11. 600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 01. Comprehensive Assessments. A comprehensive assessment must: a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; c. Guide treatment; **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:**	1. What corrective action(s) will be taken. MDS will revise, or discontinue PIP's which do not meet 16.04.11.600. requirements for use of Comprehensive Developmental Assessments. 2. How will the agency identify participants who may be affected by the deficiency(s)? MDS Program Reviews will check for discrepancies between **Comprehensive Developmental Assessment recommendations and participant PIP's.** If participants are identified what corrective action will be taken? MDS will discontinue PIPs; or generate and fax addendums to participant Service Coordination agencies

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compliance. Agency files **lacked evidence as follows:** • The implementation plan objectives must be derived from the Comprehensive Developmental Assessment in order to assure the assessment is meeting criteria for a – c above. Four of four files contained implementation plans that do not have an assessed need for the program in the Comprehensive Developmental Assessment.	requesting to discontinue all Goal Areas not supported by current Comprehensive Developmental Assessment . 3. Who will be responsible for implementing each corrective action? MDS Administrator/QA staff will identify discrepancies; Program Manager will draft Addendums as needed; DS's will make revisions **to PIPs.** 4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? The QA staff will be trained on **16.04.11.600.Comprehensive Developmental Assessment requirements. Program Reviews will be completed quarterly.** 5. Dates for when the corrective action will be completed? QA training on **16.04.11.600.Comprehensive Developmental Assessment requirements will occur by 6/9/08. Review, and revision of participant PIPs will occur on a quarterly basis with all files reviewed and all PIP revised by 8/29/08.**

Survey report completed by : Cynthia Jonsson Date: 5/23/08

Agency Administrator Signature: Diane Lerner Date: 6-19-08

Plan of correction accepted: Cynthia Jonsson Date: 7-2-08