IDAHO DEPARTMENT OF HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
1070 Hiline Rd. Suite 260
Pocatello, Idaho 83201
PHONE: (208) 239-6267
FAX: (208) 239-6269
Email: lovelanp@dhw.idaho.gov
Website: www.ddacertification.dhw..idaho.gov

November 10, 2010

Russ McCoy, Administrator
Developmental Options, Inc.
415 South Arthur
Pocatello, Idaho 83204

Dear Mr. McCoy:

Thank you for submitting Developmental Options, Inc. Plan of Correction for Residential Habilitation services dated November 4, 2010. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Developmental Options, Inc. a full certificate effective November 1, 2010 unless otherwise suspended or revoked.

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 and no later than **December 15, 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 Medicaid-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
DDA/RH Survey and Certification

Submit by Email | Print Form

RECEIVED
NOV 09 2010
BY

Statement of Deficiencies

Residential Habilitation Agency

Developmental Options, Inc.
RHA-371

415 South Arthur
Pocatello, ID 83204
(208) 233-6833

Survey Type: Recertification

Entrance Date: 9/7/2010

Exit Date: 9/8/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; and Eric Brown, Supervisor.

Observations:

[Participant 1] was observed in the home with direct care staff providing food through a feeding tube while watching TV. No formal goals were worked on during the observation.

[Participant 2] was not observed as he resides in a CFH. Record review only.

[Participant 3] was observed in the home working on laundry goals. The direct care staff worked well with the participant.

[Participant 4] was observed in the home working on using a napkin, asking for assistance, and cleaning up after himself. The staff had a good rapport with him and knew how to enhance the participant's participation in working on the objective.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.704.02.a.iv	Provider Records	1) Corrective action: Participant signature will be obtained and verified on every participant's records on a weekly basis. 2) How will corporation identify participants who may be affected and what corrective action will be taken: This corrective action applies to all Residential Habilitation participants. These records will be reviewed on a weekly basis to ensure compliance. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator will be responsible for weekly reviews.
704.DD/ISSH WAIVER SERVICES - PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked documentation that the delivery of service was verified by the participant as evidenced by his/her signature on the service record. For example: [Participant 4]'s record for the week of February 20, 2010; February 15, 2010; March 8, 2010;	

iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by their signature on the service record. (3-19-07)	March 11, 2010; March 14, 2010; June 23, 2010; and June 20, 2010, lacked the participant's signature stamp verifying service delivery.	4) Monitoring of corrective action: Residential Habilitation Program Director will be responsible for quarterly reviews. 5) Corrective action target completion date: October 29, 2010 and ongoing.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-29 | **Administrator Initials:** KCM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.04	Medication	1) Corrective action: All corporation personnel will be re-trained on the approved medication handling process. 2) How will agency identify participants who may be affected and what corrective action will be taken: This corrective action applies to all Residential Habilitation participants with ongoing prescription medicines. These records will be reviewed on a weekly basis to ensure compliance. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator will be responsible for weekly reviews.
302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system forhandling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	One of four participant records reviewed ([Participant 4]) lacked evidence that the provider followed their system for handling medication as outlined in agency policy. For example: [Partipant 4]'s medication log for 07/01/10 was crossed out and hand written August, 10 through 07/31/10. The 12th and 25th lacked documentation Clonidine HCL was taken at bed time. There was no documentation why the medication was not given.	

		4) Monitoring of corrective action: Residential Habilitation Program Director will be responsible for quarterly reviews. 5) Corrective action target completion date: September 23, 2010 and ongoing.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2010-09-23 | **Administrator Initials:** RCM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.05	Service Provision Procedures	1) Corrective action: The program coordinator will submit semi-annual and annual status reviews as per regulation.
302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked evidence that the agency submitted semi-annual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. (REPEAT DEFICIENCY)	2) How will agency identify participants who may be affected and what corrective action will be taken: This corrective action applies to all Residential Habilitation participants. These records will be reviewed on a weekly basis to ensure compliance. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator will be responsible for weekly reviews. 4) Monitoring of corrective action: Residential Habilitation Program Director will be responsible for quarterly reviews. Additionally, copies of all e-mailed, faxed, and posted status reviews will be kept in our records.

		5) Corrective action target completion date: October 29, 2010 and ongoing.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-29 | **Administrator Initials:** PCM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.h	Participant Records	1) Corrective action: The required historical and physical records have been obtained and placed in the appropriate file. 2) How will agency identify participants who may be affected and what corrective action will be taken: All records have been reviewed and no additional omissions were discovered. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator. 4) Monitoring of corrective action: All records will be reviewed on a quarterly basis by Residential Habilitation Program Director to assure compliance. 5) Corrective action target completion date: October 15, 2010.
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) h. Results of a history and physical when necessary. (7-1-95)	One of four participant records reviewed ([Participant 2]) lacked results of a history and physical when necessary. For example: [Participant 2]'s most current history and physical in the record is September 5, 2008.	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.j 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) j. Psychosocial information. (7-1-95)	Participant Records One of four participant records reviewed ([Participant 1]) lacked documentation of current psychosocial information. For example, [Participant 1]'s most current Social/Medical/Development on file was dated from 2008. There was no further current information in the record.	1) Corrective action: An updated copy compiled September, 2010 has been placed in the participant's file. The missing 2009 update was also obtained from the participant's Service Coordinator. 2) How will agency identify participants who may be affected and what corrective action will be taken: All records have been reviewed and no additional omissions were discovered. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator. 4) Monitoring of corrective action: All records will be reviewed on a quarterly basis by Residential Habilitation Program Director to assure compliance. 5) Corrective action target completion date: October 21, 2010 and ongoing.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-10-21 | **Administrator Initials:** RCM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.402.01.c	Participant Rights	1) Corrective action: A new resident rights form developed during the last quality assurance review that includes all necessary elements will be re-implemented. All participants will have their rights reviewed with them including all necessary elements. 2) How will agency identify participants who may be affected and what corrective action will be taken: This corrective action applies to all Residential Habilitation participants. These records will be reviewed on a weekly basis to ensure compliance. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator will be responsible for weekly reviews. 4) Monitoring of corrective action: Residential Habilitation Program Director will be responsible for quarterly reviews. 5) Corrective action target completion date: November 19, 2010 and ongoing.
402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04) c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)	Four of four participant records reviewed ([Participants 1, 2, 3, and 4]) lacked evidence the provider informed each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, and alternative forms of services available. In addition, see Additional Term RH A-5.2 (REPEAT DEFICIENCY)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2010-11-19 | **Administrator Initials:** RCM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms A-5.10	QA Program	1) Corrective action: A statement has been added to the implementation plans just above the participant and or guardian signature that states, "By signing below I indicate that this implementation plan has been reviewed with me, I agree with it, and I have received a copy of it." For plans already in place, an addendum sheet has been added to include the above statement.
A-5. Quality Improvement. The Provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. At a minimum, quality of services shall be evaluated according to the following criteria:	Two of four participant records reviewed ([Participants 1, 3, and 4]) lacked documentation that the provider discussed the implementation plan(s) with the participant and provided him/her a copy of each plan.	

A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.		2) How will agency identify participants who may be affected and what corrective action will be taken: This corrective action applies to all Residential Habilitation participants. These records will be reviewed on a weekly basis to ensure compliance. 3) Who will be responsible for implementing the corrective action: Residential Habilitation Program Coordinator will be responsible for weekly reviews. 4) Monitoring of corrective action: Residential Habilitation Program Director will be responsible for quarterly reviews. 5) Corrective action target completion date: November 19, 2010 and ongoing.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 2010-11-19	**Administrator Initials:**
Administrator Signature [confirms submission of POC]:			**Date:** 2010-11-04
Team Leader Signature [signifies acceptance of POC]: Pam Loveland-Schmidt			**Date:** 11/10/10