



C.L. "BUTCH" OTTER - Governor
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF MEDICAID
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PHONE: (208) 334-5747
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December 20, 2010

G. Annette Nielson, Administrator
Concepts, Inc.
1380 East Griffon Street
Meridian, ID 83642

Dear Ms. Nielson:

Thank you for submitting the Plan of Correction (POC) dated November 1, 2010, for Concepts, Inc. The Department has reviewed and accepted the POC in response to the recertification survey conducted on September 23, 2010. As a result, we have issued Concepts, Inc. a full one-year certificate effective from November 13, 2010, through November 30, 2011.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency is required to submit documentation to substantiate that your POC has been implemented. Please submit these documents in order of citation listed on the Statement of Deficiencies (NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation). All supporting documentation must be submitted no later than February 7, 2011. You may submit supporting documentation as follows:

Fax: (208) 364-1811

E-mail: ALC@dhw.idaho.gov

Mail: DDA/ResHab Survey & Certification
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Deliver: Division of Medicaid
3232 Elder Street
Boise, ID 83705

G. Annette Nielson, Administrator
December 20, 2010
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Pursuant to IDAPA 16.05.03.300, you may request an administrative review to appeal the decision affecting your length of certification. No later than 28 days from the date of this notice, you may request an administrative review by routing your written request to:

**Randy May, Deputy Administrator
Division of Medicaid
P.O. Box 83720
Boise Idaho 83720-0009**

Upon receipt of the written request, an administrative review will be scheduled and conducted in accordance with IDAPA 16.05.03 "Rules Governing Contested Case Proceedings and Declaratory Rulings." A written review decision will be sent to you within 30 days of the date of the conclusion of the hearing.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you may reach me at (208) 364-1906.

Sincerely,



ERIC D. BROWN
Supervisor
DDA/ResHab Survey & Certification Program

EDB/sm

Enclosures

c: Steven Millward, Administrative Assistant, Administration of Licensing & Certification

Statement of Deficiencies

Developmental Disabilities Agency

Concepts, Inc.
4CONCEPTS096

1380 E Griffon St
Meridian, ID 83642
(208) 861-3026

Survey Type: Recertification

Entrance Date: 9/20/2010

Exit Date: 9/23/2010

Initial Comments: Survey Team: Michael Breuer, Regional Program Specialist; Greg Miles, Medical Program Specialist; and Eric Brown, Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c 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 (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:	Administration Review of [Participant C]'s data documentation did not show that supervision oversight of the therapy staff was occurring. There were many gaps in the documentation of therapy including programming that was not documented correctly and parts of objectives not being completed or documented. [Participant C]'s notebook contained at least three weeks worth of data and this reviewer did not find documentation that the professional had reviewed the paperwork.	<p>1. Concepts Inc. has put in place a plan in which the Developmental Specialist will provide weekly supervision to all paraprofessionals this plan includes a monthly individual training session, a monthly employee meeting that will include training and weekly contact by the Developmental Specialist. This supervision will ensure that the paraprofessionals will properly document progress of participants objectives. Each participant's file will contain documentation of the weekly supervision and training.</p> <p>2. The Agency will review all participant files to make sure that all paperwork is being reviewed by the D.S. and all the objectives are being correctly documented.</p> <p>3. The Developmental Specialist as well as the Administrator will be responsible for the implementation of the action.</p> <p>4. The D.S. will be required to turn in the documentation of the weekly supervision to the Administrator.</p> <p>5. November 1, 2010</p>

(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)

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

Date to be Corrected: 2010-11-01

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.a 600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) a. Determine the necessity of the service; (7-1-06)</p>	<p>Administration [Participant 3]'s comprehensive developmental assessment did not determine the necessity of treatment.</p>	<p>1. Concepts Inc will complete a comprehensive developmental assessment for the participant which will include the necessity of treatment for Participant 3. The Administrator will readdress this deficiency with the Developmental Specialists to eliminate reoccurrence of this issue. 2. The Administrator will review all of the developmental assessments to ensure that all participant assessments include the necessity of treatment. If any of the other assessments are found lacking this statement of necessity, the D.S. will be required to make the necessary changes. 3. The Developmental Specialist will be responsible to make these corrective actions. 4. The Administrator will review the developmental assessments. 5. January 15, 2011.</p>

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-01-15 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.d 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) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)</p>	<p>Administration [Participants 1, 2, and 3]'s assessments were missing interests.</p>	<ol style="list-style-type: none"> 1. Concepts Inc will edit the comprehensive developmental assessments for the participants to include their interests that reflect the Participants both long and short tem goals. The Administrator will readdress this deficiency with the Developmental Specialists to eliminate reoccurrence of this issue. 2. The Administrator will review all of the developmental assessments to ensure that all participants assessments include the personal interests of the participant's goals. If any of the other assessments are found lacking this information, the D.S. will be required to make the necessary changes. 3. The Developmental Specialist will be responsible to make revisions to any developmental assessments that lack participants interests. 4. The Administrator will review the developmental assessments. 5. January 30, 2011.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 1-30-2011 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.e</p> <p>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)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)</p> <p>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)</p>	<p>Administration</p> <p>[Participant 3]'s assessment was missing recommendations to include type and amount of therapy.</p>	<ol style="list-style-type: none"> 1. Concepts Inc will edit the comprehensive developmental assessments for participant 3 to include the recommended type and amount of therapy. The Administrator will readdress this deficiency with the Developmental Specialists to eliminate reoccurrence of this issue. 2. The Administrator will review all of the developmental assessments to ensure that the type and amount of therapy is included in all assessments. The D.S. will be required to make the necessary changes. 3. The Developmental Specialist will be responsible to make revisions to any developmental assessments. 4. The Administrator will review the developmental assessments. 5. January 30, 2011.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected: 1/30/2011	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.03.a</p> <p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06)</p>	<p>Assessments</p> <p>[Participant C] was on behavior modifying medications. [Participant C]'s file contained a hand completed psychiatric evaluation and medication management evaluation, but did not contain a psychological assessment.</p>	<ol style="list-style-type: none"> 1. A new psychological evaluation has been scheduled for Participant C with a licensed psychologist. 2. A review has been made of all participants psychological evaluations. Any evaluations lacking the necessary assessments have been brought to the attention of the parent/guardian so

a. When the participant is receiving a behavior modifying drug(s); (7-1-06)

that an appointment can be made with a licensed psychologist.
 3. The Administrator will review participant files and follow up with the parents/guardians where necessary.
 4. The Administrator will communicate with the participant/parent or guardian as to when the psychological evaluations are needed.
 5. January 31, 2010

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

Date to be Corrected: 2011-01-31

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.01</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code.</p>	<p>Administration</p> <p>[Participant 2]'s IPP was written prior to eligibility determination. The IPP was dated November 25, 2009. The eligibility worksheet was not dated, but indicated that it was created after May 17, 2010, as the psychological evaluation was listed as having occurred on that date. The psychological evaluation was dated May 17, 2010. The medical assessment on file indicated that it occurred on July 29, 2010.</p>	<p>1. A new eligibility form will be completed to reflect the proper sequencing of dates as the IPP's are updated annually. 2. All files will be reviewed ; if any IPP's were completed prior to eligibility being determined, then a new IPP will be generated. Participants files will be monitored monthly to verify that all necessary assessments are current. 3. The Administrator will be responsible for reviewing the files. 4. The Administrator will check all Participants files monthly to ensure that all of the Participants Assessments are current. In doing so Participants eligibility will be dated prior to the writing of the IPP. 5. December 1, 2010</p>

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.02.a 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) 02. Intake. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06) a. The person must have been determined by the DDA to be eligible for DDA services. (7-1-06)	Administration [Participant 1]'s file was missing documentation that eligibility was determined. The child is eligible; however, the formal process making that determination did not appear to have occurred. The medical/social history was written on July 27, 2010, and signed on August 24, 2010. The IPP was dated March 1, 2010. [Participant 3]'s medical/social history was written on July 27, 2010. The IPP was written on March 3, 2010.	1. As each of the Participants' Plans come due all of the eligibility forms as well as the developmental assessments will include current evaluations ensuring the proper sequencing of dates. 2. All files will be reviewed to ensure that the proper assessments occur prior to determining eligibility. 3. The Administrator will be responsible for reviewing the files. 4. The Administrator will check all Participants files monthly to ensure that all of the Participants Assessments are current. In doing so Participants eligibility will be dated prior to the writing of the IPP. 5. December 1, 2010

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-12-01 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.i</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>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)</p> <p>i. The participants name and medical diagnosis; (7-1-06)</p>	<p>Administration</p> <p>[Participant 1]'s IPP had a section identified as "diagnosis" left blank.</p>	<p>1. The Participants IPP will be updated to reflect the diagnosis. The Administrator will review with the Developmental Specialist the IDAPA Rule #16.04.11.701.05 requirements for the IPP.</p> <p>2. All Participants IPP's will be reviewed to ensure that the diagnosis is listed. If any other IPP's reflect this deficiency, they will be corrected immediately.</p> <p>3.The Developmental Specialist and the Administrator will be responsible for implementing the corrective action.</p> <p>4. As each IPP comes due the Developmental Specialist and the Administrator will review the document to ensure it is completed accurately.</p> <p>5. December 1, 2010</p>

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-12-01 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.ix</p> <p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>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)</p> <p>ix. The target date for completion of each objective; (7-1-06)</p>	<p>Administration</p> <p>[Participants 1, 2, and 3]'s IPPs did not indicate a target date for each objective.</p>	<p>1. All of the IPP's will be reviewed and updated to include a target date on each of the objectives.</p> <p>2. The Agency will review all of the files now and as they are updated to verify that target dates are posted on each objective.</p> <p>3. The Developmental Specialist will be responsible for determining the target dates and positing them on the objectives.</p> <p>4. The Administrator will review each of the IPP's as they are written.</p> <p>5. This action will be carried out as the IPP's are re-written and updated. January 30, 2011</p>
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 01-30-2011 Administrator Initials:</p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.viii</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to</p>	<p>Administration</p> <p>[Participants 1, 2, and 3]'s IPPs did not identify who was responsible for each objective.</p>	<p>1. Although the person responsible for the objectives was listed on the front page of each IPP, the responsible person wasn't listed with each objective. The responsible person will be listed on each objective, listed at the end of the IPP document.</p> <p>2. All of the children's files will be reviewed and updated to include the person responsible on each of the objectives.</p>

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)

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)

viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)

3. The Developmental Specialist will make these corrections.
4. The Developmental Specialist will use a checklist to ensure that the IPP has all the necessary components.
5. January 30, 2011

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

Date to be Corrected: 2011-01-31

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.xi</p> <p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 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)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's</p>	<p>Administration</p> <p>[Participants 1, 2, and 3]'s transition plans did not realistically define how transition would occur.</p>	<ol style="list-style-type: none"> 1. Although a transition plan had been included in each of the IPP's they were not individualized for each of the Participants' interests and needs. Transitions will be re-written to be more comprehensive. 2. The Developmental Specialist will review all of the IPP's to ensure that the transition plans are written correctly. 3. The Developmental Specialist will be responsible for making the corrective actions. 4. The Administrator will review each of the IPP's as they are written and updated. 5. January 30, 2011

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:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.02	Administration	
<p>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 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</p>	<p>[Participant 1]'s file contained baseline statements indicating that the child performed at 100% success. Subsequent objectives, therefore, had criteria that were established at levels below baseline. [Participant 3]'s IPP was missing baselines on two objectives.</p>	<ol style="list-style-type: none"> 1. The Developmental Specialist made a decision to include the program on the plan as an objective. The Developmental Specialist felt the baseline data wasn't recorded accurately after talking to the therapist. Also, there were too few probes recorded to establish an accurate baseline. In the future, an explanation will be written in the comment section of the Status Review, if the program was implemented despite having a 100% success rate for the baseline. Also, a new baseline will be determined for the objectives currently listed with a baseline of 100% success (for all children's files). The missing baselines will be transferred from the Status Review to each Implementation Plan. 2. The Developmental Specialist will review all of the children's files to determine if any of the other baseline's need to be addresses and adjusted. 3. The Developmental Specialist will be responsible for this corrective action . 4. The Administrator as well as the Developmental Specialist will review all of the Implementation Plans to determine appropriate baselines.

abilities related to the specific skill to be learned.
(7-1-06)

5. January 15, 2011

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

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.04</p> <p>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 following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)</p> <p>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)</p>	<p>Administration</p> <p>Several objectives had instructions that were inconsistent with steps to be carried out, making the program unable to be carried out as written.</p> <p>Example: [Participant 3]'s PIP objective regarding identifying an exit did not mention identifying a fire extinguisher; however, the steps did. Instructions to carry out the coin program in the library did not indicate counting out change, yet the identified steps did.</p>	<p>1. The Implementation Plans will be edited so that the steps to be carried out will be consistent with the written instructions.</p> <p>2. The Developmental Specialist will review all of the PIP's to identify and correct any other PIP's that may have steps inconsistent with the written instructions.</p> <p>3. The Developmental Specialist will be responsible for making any corrections on any Implementation Plans where this problem is identified.</p> <p>4. The Administrator will review the PIP's with the Developmental Specialist as new Implementation Plans are written.</p> <p>5. January 30, 2011</p>

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.05</p> <p>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 following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)</p>	<p>Administration</p> <p>Several of [Participant 2]'s objectives did not identify the location they were to be carried out.</p> <p>[Participant 3]'s locations were unrealistic on some objectives. Example: coin identification program included steps such as purchasing items and counting change to be carried out in the library.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF SEPTEMBER 22, 2008)</p>	<p>1. Implementation Plans will be reviewed and adjusted to reflect the location where the objectives will be worked on.</p> <p>2. Program Implementation Plans will all be reviewed to ensure that each objective identifies a location where they will be carried out. In addition each location will be reviewed as to the relevance to the objective.</p> <p>3. The Developmental Specialist will be responsible to make corrections to the Implementation Plans. The DS is responsible to train the staff as to the corrective actions made.</p> <p>4. The Developmental Specialist will monitor the locations where the objective are being worked on the in community. The DS will monitor this weekly. The Administrator will review all Implementation Plans to verify that locations are included in each plan and they are relevant to the objective.</p> <p>5. January 30, 2011</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 01-30-2011 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.704.01.d</p> <p>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)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)</p>	<p>Administration</p> <p>[Participants 1, 2, and 3]'s six month reviews were missing in the files. Data summaries were located; however, this did not contain narratives at six months to describe progress, nor did they state why objectives should be continued.</p> <p>[Participants A, B, C, and D]'s six month and annual progress reviews did not include information as to why the participant continued to need the services.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF SEPTEMBER 22, 2008)</p>	<p>1. The Administrator will review with the Developmental Specialist the rule regarding the completion of the 6 month review which will include why services should be continued as well as the achievement and progress of the Participant toward their therapeutic goals.</p> <p>2. All Participant's files will be updated by the Developmental Specialist to reflect the summation on the 6 month review as they become due.</p> <p>3. The Developmental Specialist will be responsible for meeting with the Participant to review the progress every 6 months and for writing the summation to include the progress toward the achievement of goals and the need for continued services.</p> <p>4. The Administrator will oversee the updated reviews as they become due to ensure that the Developmental Specialist do not duplicate this deficiency.</p> <p>5. This deficiency will be reviewed on November 1, 2010 with the Developmental Specialists. Summaries will be reviewed as they become due.</p>

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

Date to be Corrected: 2010-11-01

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.705.01.a</p> <p>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</p>	<p>Administration</p> <p>[Participants 1, 2, and 3]'s files contained Healthy Connections referrals that did not include authorization for evaluations. The agency conducted evaluations.</p>	<p>1. The agency will communicate with the Doctors, who provide the Health Connection referrals, the necessity of having the appropriate authorization boxes checked.</p> <p>2. The Agency will audit all Participant's Healthy Connection referrals. If other participant files are found to have this deficiency the agency will communicate with the Doctors, who</p>

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)

a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (7-1-06)

who provide the Health Connection referrals, the necessity of having the appropriate authorization boxes checked.

3. The Administrator will be responsible.
4. The Administrator will mark the boxes before the Doctors sign the document.
5. As new Healthy Connection Referrals come due.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-11-01 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.705.01.d</p> <p>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</p>	<p>Administration</p> <p>[Participant 2]'s profile sheet was missing medications.</p>	<p>Medications were listed for participant 2 on the personal information file. The information regarding medications had not been transferred to the Profile Sheet.</p> <ol style="list-style-type: none"> 1. Participant 2's Profile Sheet has been updated with the list of all current medications. 2. All Profile Sheets will be reviewed to ensure accuracy. 3. The Administrator will be responsible for reviewing all of the Profile Sheets. 4. The Administrator will review the Profile Sheets at least yearly with updates posted as needed. 5. November 1, 2010

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)

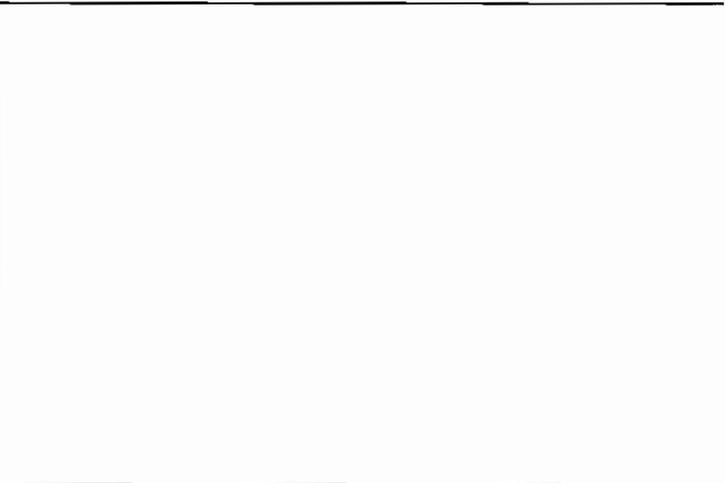
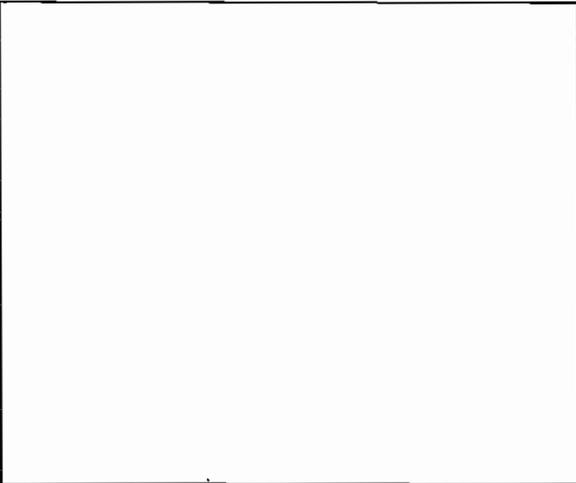
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 2010-11-01

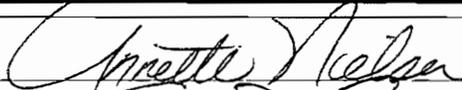
Administrator Initials:

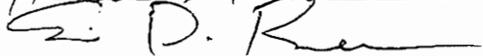
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.706.01.a</p> <p>706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across 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)</p> <p>01. Requirements for Participants Three to Twenty-One. (7-1-06)</p>	<p>Administration</p> <p>There was no evidence in the file that [Participant 1]'s PIP had been sent to the school district. A fax confirmation sheet documented that the agency attempted to send it to the school district, but the confirmation sheet's error code stated "no answer". Further attempts were not documented.</p>	<p>1. The Agency has tried multiple times to fax this document to the School District. Because the School does not have a dedicated fax line, the fax transmission always shows an error. In order to comply, the Agency will hand deliver a copy of the Participant's Plan to the School.</p> <p>2. The Agency is aware of this unique problem involving this School District and has not had this issue with any other school.</p> <p>3. The Administrator is responsible.</p> <p>4. As the IPP comes due annually part of the Agency's checklist is to ensure that schools will receive copies of the plans.</p> <p>5. November 30, 2010</p>

a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)



Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2010-11-30 **Administrator Initials:**

Administrator Signature (confirms submission of POC):  **Date:** 2010-11-01

Team Leader Signature (signifies acceptance of POC):  **Date:** 12/16/10