



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 9, 2010

Dr. Heath Sommer, Administrator
Seasons of Hope
4650 Hawthorne Road, Suite 3B
Chubbuck, Idaho 83202

Dear Dr. Sommer:

Thank you for submitting the Seasons of Hope Plan of Correction dated December 9, 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 Seasons of Hope a full three (3) year certificate effective from October 27, 2010 through September 30, 2013.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that 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 **January 19, 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
Attn: Pam Loveland-Schmidt
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, Adult & Child DS
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Seasons of Hope

4650 Hawthorne Rd Ste 3B

DDA-1148

Chubbuck, ID 83202

(208) 238-9833

Survey Type: Recertification

Entrance Date: 10/5/2010

Exit Date: 10/7/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; and Karen Tharp, DD Supervisor.

OBSERVATIONS:

[Participant 1] was observed in the home with [Employee 7] working on self-care goals: tooth brushing, flossing, applying deodorant, making the bed, vacuuming, and behaviors. The therapist implemented the programs as written. The therapist did a very good job working with the participant; she provided prompts and reinforcements as appropriate. Overall, the observation conducted in the natural setting was very good.

[Participant 2] was observed in the community (Walmart) with [Employee 9] working on what appeared to be price comparison, but after review of the objectives and discussion with the administrator, the actual objective was identifying the correct coins and bills. The therapist was having the individual identify the price below the item and tell her how many dollar bills, dimes, and pennies the item would cost. It was discussed with the administrator that it appeared as though there was no real purpose for being at the store and this should be addressed. In addition, they were working on eye contact and choosing a preferred activity. The therapist provided prompts and reinforcement as appropriate. The therapist did reinforce the adult participant with a "high five" which did not appear to be the "norm" for the individual and appeared to draw attention to the individual. It was discussed that another reinforcer may need to be implemented.

[Participant A] was observed in the home setting and in the community with [Employee 10]. The objective in the home consisted of making his bed, vacuuming his bedroom floor and common living area next to his bedroom. Programs were very functional and promoted independence. Overall, the program was well executed. Training should focus on thoroughly completing the vacuuming task with quality. Observation in the community consisted of crossing Hawthorne Road and Chubbuck Road four times with the use of pedestrian signals. The staff person provided instruction, guidance, and precaution in carrying out the program. However, the staff person should allow the participant to independently push the signal button. Overall, the street crossing program as written and location of implementation should be reviewed for functionality for the child. The staff person working with the child was very respectful and demonstrated a good rapport with him.

[Participant B] was observed in the community at a local grocery store with [Employee 8]. The initial plan for therapy was to take place in the home; however, a parent was not present so the therapy was moved to the community. The program consisted of introducing himself and the staff person to store personnel five times, and in doing so, ask where to find a particular product. The participant did well with the introductions and asking a question; however, the program appeared contrived and unnatural thus not presenting him in a socially

appropriate manner in the community. The therapist did exceptionally well working with the participant in the community providing the necessary instruction and positive/appropriate reinforcement. In addition, the staff person should be commended for her nonjudgmental behavior in regards to the home conditions and her natural respectful approach in working with the participant.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.01</p> <p>601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)</p>	<p>Assessments</p> <p>Three of four participant records reviewed ([Participant 1 and A]) lacked documentation that assessments were completed or obtained prior to the delivery of therapy. <i>JK</i></p> <p>For example:</p> <p>(Participant 1)'s speech assessment, dated July 28, 2010, was completed after the ISP start date of July 1, 2010. Also, the PIP start date was July 14, 2010, and the PIPs data sheets were completed beginning July 1, 2010.</p> <p>(Participant A)'s occupational therapy assessments were completed after the IPP start date. In addition, occupational therapy recommended a physical therapy assessment, but there was no documentation of the assessment in the file.</p> <p>(Participant B)'s record lacked a speech assessment, which had been recommended by the psychologist.</p> <p>See also IDAPA 16.04.11.701.05.a.</p>	<p>To correct for the cited deficiency (IDAPA 16.04.11.601.01) Seasons of Hope will ensure that all assessments are completed prior to the delivery of services. The individual responsible for the implementation of this correction will be the admitting DS, who will ensure that services are not provided until all evaluations are completed. In the event that a parent denies approval of specific services (e.g., Occupational Therapy), no goals or objectives be will developed or worked on for that domain of intervention. When it is determined by a doctoral level psychologist or physician that to delay services for the completion of an evaluation that is not readily available may be harmful to the participant, services that have been assessed and found medically necessary will begin, while no goals or objectives will be made nor services delivered specific to the unassessed area until such an assessment is completed. In any case, when a goal or objective is identified on any IPP or ISP that regards an unassessed area, any corresponding Goals or Objectives will be removed until the assessment for that service is completed, with the plan being amended once an assessment qualifying the individual for such services has been rendered and meets state requirements showing need and eligibility. Finally, a quarterly QA review will be performed by a Seasons of Hope Developmental Specialist every quarter on all open charts to ensure compliance with this requirement.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 11/1/2010

Administrator Signature (confirms submission of POC): *[Signature]* **Date:** 12/9/10

Team Leader Signature (signifies acceptance of POC): *Pam Loveland-Schmidt* **Date:** 12/9/10

12/09/2010 11:44 2082388447 HEATH SOMMER #1209 P. 003/003