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# IDAHO DEPARTMENT OF HEALTH & WELFARE

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February 17, 2010

M. C. Niland  
WITCO Development Center  
122 West Georgia Avenue  
Nampa, ID 83686

Dear Ms. Niland:

Thank you for submitting the WITCO Development Center Plan of Correction dated February 4, 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 WITCO Development Center a full one year certificate effective from February 1, 2010 through January 31, 2010.

Pursuant to IDAPA 16.05.03.300, you may request an administrative review to appeal this decision effecting your length of certification. No later than 28 days from the date of this notice, you may request, in writing, an administrative review by routing your request to:

Randy May, Deputy Administrator  
Idaho Medicaid Division  
PO Box 83720  
Boise Idaho 83720-0036  
(208) 334-5747

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 thirty (30) days of the date of the conclusion of the hearing.

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. Please submit these documents in order of citation, following the plan of correction findings. 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 March 22, 2010. You may submit supporting documentation as follows:

NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to: 364-1811

Email to: [miles@dhw.idaho.gov](mailto:miles@dhw.idaho.gov)

Mail to: Medicaid Elder - DDA Survey and Certification

PO Box 83720

Boise Idaho 83720

Or deliver to: 3232 Elder Street

You can reach me if you have any questions at 364-1828.

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

Greg Miles

Medical Program Specialist

DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

WITCO Development Center  
3WITCO009-1

122 W Georgia Ave  
Nampa, ID 83686-  
(208) 467-6910

**Survey Type:** Recertification

**Entrance Date:** 11/16/2009

**Exit Date:** 11/20/2009

**Initial Comments:** Survey Team Members: Rebecca Brodhecker, Program Supervisor; Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist.

**Observations:**

[Participant 9] was observed in the center working on fine motor skills. One task was clipping clothes pins to a box and the other task was putting a disc in a device that flung the disk. The staff person working with her was trying to get her engaged in the program, which she did not seem very interested in. The staff initiated the program by providing multiple verbal cues as well as hand-over-hand assistance. However, objective goal was for the task to be completed at the independent level. Therefore, the training was not observable in practice as related to the training objective.

[Participant 6] was observed while he was engaged in looking at a book that asked to identify items in a collage. He appeared to have no problem participating in the group. There appeared to be two groups, one was a group of three, the other a group of four. He was part of the group of four looking at a book and only interacted with staff when asked direct questions about what he brought for lunch, where his church was located, and what songs Ozzy Osbourne sings.

[Participant 1] was observed with a staff member working on a "dollar up" program and a five-step direction program. They looked for items in a flyer that she wanted to purchase for Christmas gifts. She understood the "dollar up" concept and had a little trouble finding the dollars to make the amounts.

[Participant 2] was observed at the Nampa center. Staff was working with her to complete her physical therapy exercises. Staff ran the training as the program stated and reinforced for completion of the individual routines. After completion, they began a fine motor task of stringing beads. It was unclear how this task was functional for the participant in that there was no documentation from a professional stating that the task increased her fine motor abilities.

[Participant 5] was observed at the Fruitland center location. He initially was working on his physical therapy exercises. Staff reinforced him very well for completing the task that was recommended. It was evident that the participant and the staff had a very good rapport. They proceeded to work on a task which encouraged the participant to state different objects. Finally, the participant began working on identification of various coins. Staff did a nice job of re-arranging the coins so as the participant did not go off of any encouragement

unintentionally given by her or others.

[Participant 7] was observed at the center working on placing golf tees in a jig. The programming appeared to be for task attention. Staff did a nice job redirecting him to his activity when he became off-task. However, it was noted that there was a group activity going on nearby which was distracting to the participant since their activity was of a different nature.

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)   |
|--|--|--|
| <p>16.04.11.400.02.a</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06)</p> <p>a. Speech-language pathologist or audiologist; (7-1-06)</p> | <p>Required Services</p> <p>According to agency staff, the contracted SLP was only available during the summer months. This would not meet the definition of "have available" since the service would not be accessible.</p> | <p>1. What corrective actions will be taken? WITCO will develop an agreement with another SLP or audiologist</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? Therapy evaluations have been completed and therapy has been provided as prescribed for participants when therapy was recommended.</p> <p>3. Who will be responsible for implementing each corrective action? Program Director, Corporate Vice President</p> <p>4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? The Program Director will monitor to ensure contracted staff is available to provide service.</p> <p>5. By what date will the corrective action be completed? March 22, 2010</p> |
| <p><b>Scope and Severity:</b> / No Actual Harm - Potential for Minimal Harm</p>  |  | <p><b>Date to be Corrected:</b> 06/22/10 <b>Administrator Initials:</b> MCM</p>  |

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)   |
|--|--|--|
| <p>16.04.11.405.02.a-c</p> <p>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: (7-1-06)</p> <p>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)</p> <p>a. Give instructions; (7-1-06)</p> <p>b. Review progress; and (7-1-06)</p> <p>c. Provide training on the program(s) and procedures to be followed. (7-1-06)</p> | <p>Supervision</p> <p>After reviewing the weekly supervision logs, it was unclear as to whom was providing the weekly supervision since the documents were unsigned.</p> | <p>1. What corrective actions will be taken? WITCO Weekly Supervision Forms will be signed and credentialed by appropriate professional staff.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No participants were affected.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist., Program Director</p> <p>4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? The Program Director will review for compliance as part of the Quality Assurance process.</p> <p>5. By what date will the corrective action be completed? Completed, review for compliance is on-going. Training was provided to Developmental Specialists on December 17, 2009. All forms have been signed by appropriate staff. Reviews as part of the Quality Assurance process has been revised and will ensure compliance.</p> |
| <p><b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm</p>   |  | <p><b>Date to be Corrected:</b> 01/22/10   <b>Administrator Initials:</b> <i>MEM</i></p>   |

| Rule Reference/Text   | Category/Findings   | Plan of Correction (POC) |
|---|---|--------------------------|
| <p>16.04.11.405.03</p> <p>STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides</p> | <p>Supervision</p> <p>After review of the monthly supervision logs, it was unclear who was providing the supervision since the documents were unsigned.</p> |                          |

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: (7-1-06)

03. Professional Observation. The agency must assure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)

(REPEAT DEFICIENCY)

1. What corrective actions will be taken? Monthly monitoring forms will be signed and credentialed by appropriate professional staff.  
 2. How will the agency identify participants who may be affected by the deficiency? What corrective action will be taken? No participants were affected.  
 3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director  
 4. How will the corrective actions be monitored to ensure compliance with IDAPA rules? The Program Director will review for compliance as part of the Quality Assurance process.  
 5. By what date will the corrective action be completed? Completed. All forms have been signed by appropriate staff. Quality Assurance process has been revised and will ensure compliance.

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

**Date to be Corrected:** 06/22/10

**Administrator Initials:** *MCSU*

**Rule Reference/Text**

16.04.11.511.05

**511. MEDICATION STANDARDS AND REQUIREMENTS.**

05. Administration of Medications. Only a licensed nurse or another licensed health professional working within the scope of his license may administer medications. Administration of medications must comply with

**Category/Findings**

Medication

For two participants ([Participants 9 and 11]), there was documentation found that a PRN was being given due to behavioral issues. This procedure requires a nursing assessment to be completed prior to delivery of the service.

[Participant 9] was taking Thorazine and

**Plan of Correction (POC)**

1. What Corrective actions will be taken? WITCO Developmental Services program staff will no longer administer medicine prescribed as PRN.

the Administrative Rules of the Board of Nursing, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (7-1-06)

[Participant 11] was taking Ritalin.

2. How will the agency identify participants who may be affected by the deficiency? Two program participants were receiving medicine as PRN. Participant 9: Medications have been returned to Provider.  
Participant 11: Plan amendment to increase type and amount of therapy will be submitted. Participant can benefit from increased therapy provided by direct care staff.  
3. Who will be responsible for implementing each corrective action? Developmental Specialist / Targeted Service Coordinator / Care Manager  
Target Date: Plan amendment will be submitted no later than January 22, 2010.  
4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? No participants will receive medicine prescribed as PRN.  
5. By what date will the corrective action be completed? By January 22, 2010. As stated WITCO developmental services staff will no longer administer medicine prescribed as PRN. A meeting was held between the parent of participant 11 and WITCO staff where the parent was made aware that WITCO developmental staff would no longer be able to administer medication PRN. Action was completed.

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

**Date to be Corrected:** 01/22/10

**Administrator Initials:** *MCN*

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)   |
|--|--|--|
| <p>16.04.11.600.01.a-c</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>a. Determine the necessity of the service; (7-1-06)</p> <p>b. Determine the participant's needs; (7-1-06)</p> <p>c. Guide treatment; (7-1-06)</p> | <p>Assessments</p> <p>For eight out of 10 participants reviewed ([Participants 2-5 and 7-10]), the comprehensive assessments did not determine the necessity of the service, the participant's needs, or guide therapy.</p> <p>The agency was using a "checklist of adaptive living skills (CALs) report of testing" as the basis of their comprehensive developmental assessment. It was, for the most part, literally a checklist of what was found on the CALS tool itself. Many of the programs being worked on did not relate to the results of the checklists.</p> | <p>1. What corrective actions will be taken? WITCO has developed a new Developmental Assessment and has revised the Developmental Evaluation Report so the format corresponds directly to areas assessed. Areas assessed are areas identified by IDAPA rule. All programs developed will be developed based on a need identified and guided by the comprehensive assessment process.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? All program participants</p> |

Some examples included but not limited to:

[Participant 2] had programming to follow a three-step signed instruction independently; however, the assessment indicated that she does not follow a one- or two-step request without additional requests. She further had a program to set-up her lunch; however, the eating section of the assessment does not address this at all.

For [Participant 4], there was no way to determine why Objectives 1, 2, 5, 7, 8, and 9 were chosen from any other of the deficit areas recorded in the list format. Further, Objective 3 was not assessed as a need on the comprehensive assessment or recommended by the physical therapy assessment.

For [Participant 3], the assessment did not determine necessity or guide treatment for six of eight implementation plans (1, 3, 5, 6, 7, 8, and 9).

For [Participant 10], the assessment did not determine necessity or guide treatment for eight of nine implementation plans (2-9).

For [Participant 5], there was a program to use a name stamp; however, this was not addressed in the comprehensive developmental assessment. Further, documentation showed this as a program he had worked on several years before with a high degree of success.

See also 16.04.11.705.01.f.

(REPEAT DEFICIENCY)

3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director

4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? Revised forms are currently in use. Program Director will monitor as part of the Quality Assurance process to ensure all therapy corresponds with need as identified by assessment and evaluations. Training will be provided to Developmental Specialists and the Program Director will monitor as part of the Quality Assurance process.

5. By what date will the corrective action be completed? Sample files pulled for review will be updated or reassessed by March 22, 2010. All participants' assessments will be re-assessed/ updated by June 22, 2010.

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

**Date to be Corrected:** 01/22/10

**Administrator Initials:** MCM



| Rule Reference/Text   | Category/Findings  | Plan of Correction (POC)   |
|---|--|--|
| <p>16.04.11.600.01.d</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>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>Assessments</p> <p>For 10 out of 10 participants reviewed, the comprehensive developmental assessment did not contain interests that pertained to developmental therapy.</p> <p>For example, assessments would state that the individual was interested in bowling or swimming. These interests do not have a direct bearing on the service being provided (these interests specifically because they are excluded in rule as recreational).</p> <p>(REPEAT DEFICIENCY)</p> | <p>1. What corrective actions will be taken? The Developmental Assessment has been revised to include identification of interests as they relate to specific functional areas being assessed. Interests listed will relate to Developmental Therapy. Interests identified by participant during the assessment/evaluation process that may not translate into specific developmental therapy but provide meaningful information as to identifying possible reinforcers and a better understanding of the participant may also be reflected in interest section, however, will not be included as part of developmental therapy.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If the participants are identified, what corrective action will be taken? All developmental evaluations/assessments will be re-assessed/updated and interests as they relate to developmental therapy will be identified.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialists when completing assessment/evaluation, Program Director through Quality Assurance process.</p> <p>4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? The revised format specifically identifies interests as they relate to developmental therapy. Consistency will be monitored through revised Quality Assurance process.</p> <p>5. By what date will the corrective action be completed? Sample group will be re-assessed/updated by March 22, 2010. All assessments/evaluations will be re-assessed/updated by June 22, 2010. Interests will relate to specific areas being assessed.</p> |

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

**Date to be Corrected:** 01/22/10

**Administrator Initials:** *MCW*

| 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>Assessments</p> <p>For 10 out of 10 participants reviewed, documentation was not found recommending the type and amount of therapy on the comprehensive developmental assessment.</p> | <p>1. What corrective actions will be taken? Developmental Assessment and Developmental Evaluation Report have been revised to include specific area to list recommended services. Implementation plans will relate to therapy identified by assessment and evaluations.</p> |

|   |   |   |
|---|---|---|
| <p>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)<br/>                 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>Additionally, for [Participant 9], the occupational therapy assessment did not recommend the type of therapy. This participant had current implementation plans in this area from the Developmental Specialist.</p>  | <p>2. How will the agency identify participants who may be affected by the deficiency? All program Participants.<br/>                 3. Who will be responsible for implementing each corrective action? The Developmental Specialist, Program Director<br/>                 4. How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The Developmental Specialist when writing the Program Implementation Plan will ensure the plan relates back to therapy prescribed by assessment and evaluations.<br/>                 5. By what date will corrective action be completed? Sample group will be re-assessed and/or updated and recommendations will include recommendation of specific therapy as to type, amount and duration by March 22, 2010. All program participants will be re-assessed/updated by June 22, 2010.</p> |
| <p>16.04.11.600.01.e</p>  | <p>Behavioral programming</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)<br/>                 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)<br/>                 e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and</p> | <p>For one of seven participants reviewed ([Participant 9]) with this possible issue, there was documentation found in the psychological assessment indicating a need for a behavior support plan. However, no such plan was found in the participant's record.<br/><br/>                 Corrected at the time of survey. Please answer questions 2-4.</p> | <p>2. How will the agency identify participants who may be affected by the deficiency? Psychological evaluations will be reviewed prior to Individual Support plan meeting. If team and/or psychological evaluation recommends development of behavioral support plan recommendation will be listed on recommendation form and plan will be developed.</p>  |

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)

3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director  
 4. How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? The Developmental Specialist will be responsible for developing and implementing a behavioral support plan if recommended. The Program Director through the Quality Assurance process will ensure plans are developed if recommended.

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

**Date to be Corrected:** 06/22/10 **Administrator Initials:** MCM

**Rule Reference/Text**

16.04.11.600.03

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)

**Category/Findings**

Assessments

For six of 10 participants reviewed ([Participants 1, 2, 5, 7, 8, and 9]), there were assessments in the files that were not signed or credentialed by the professional who completed the document.  
 For [Participant 9], the latest progress report for Speech/Language, did not have a signature.  
 For all other participants, the comprehensive assessments did not contain the credentials of the professional completing those documents.

**Plan of Correction (POC)**

1. What corrective actions will be taken? All assessments and plans will be signed and credentialed by the responsible individual.  
 2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? No participants have been affected.  
 3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director.

4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? The Developmental Specialist is responsible for signing and dating all plans and assessments and this responsibility will be reiterated during training. Compliance will also be monitored through the Quality Assurance process conducted by the Program Director.  
 5. By what date will the corrective action be completed? Implementation is occurring immediately. Training was provided on December 17, 2009.

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

**Date to be Corrected:** 01/27/10

**Administrator Initials:** mdm

| Rule Reference/Text   | Category/Findings  | Plan of Correction (POC)   |
|---|--|--|
| 16.04.11.602.01-02  | Assessments  |  |
| <p><b>602.REQUIREMENTS FOR CURRENT ASSESSMENTS.</b><br/>                     Assessments must accurately reflect the current status of the participant. (7-1-06)<br/>                     01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)<br/>                     02. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain</p> | <p>For two of 10 participants reviewed ([Participants 5 and 6]), there was no documentation found that assessments had been updated.</p> <p>For [Participant 5], the psychological evaluation, physical therapy evaluation, speech/language evaluation, and the comprehensive assessment were all over a year old. The participant continued to have/need services in all the above mentioned areas.</p> <p>For [Participant 6], the comprehensive assessment was over a year old.</p> <p>None of the above assessments had further documentation from the given professional stating the "old" assessments remained valid.</p> <p>(REPEAT DEFICIENCY)</p> | <p>1. What corrective actions will be taken? Notations will be made to indicate that the assessment is being completed or is in the process of being updated.<br/>                     2. How will the agency identify participants who may be affected by the deficiency? Notations will be made in files of participants when assessments are being completed or updated. Notation will also be made indicating assessment remains valid, when appropriate. All assessments will be reviewed on an annual basis.<br/>                     3. Who will be responsible for implementing each corrective action? The Developmental Specialist will be responsible for ensuring all assessments are current and if in the process of being revised that proper notation is made in the participant's file. The Program Director will also review assessments as part of the Quality Assurance process.</p> |

documentation from the professional stating so. (7-1-06)

4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? Training has been provided to the Developmental Specialists on December 17, 2009. This will be monitored by the Program Director as part of the Quality Assurance process.  
 5. By what date will the corrective action be completed? Sample population will be completed by March 22, 2010. All participant files will be completed by June 22, 2010.

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

**Date to be Corrected:** 08/22/10

**Administrator Initials:** MCM

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)   |
|--|--|--|
| <p>16.04.11.604.01.a-g</p> <p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06)</p> <p>a. Self-care; (7-1-06)</p> <p>b. Receptive and expressive language; (7-1-06)</p> <p>c. Learning; (7-1-06)</p> <p>d. Gross and fine motor development; (7-1-06)</p> <p>e. Self-direction; (7-1-06)</p> <p>f. Capacity for independent living; and (7-1-06)</p> <p>g. Economic self-sufficiency. (7-1-06)</p> | <p>Assessments</p> <p>For five of 10 participants reviewed ([Participants 4, 5, 7, 8, and 10]), documentation showed that the comprehensive assessments were missing some of the components that are required.</p> <p>These included:</p> <p>[Participant 4] was missing the areas of fine motor development, self-direction, and learning.</p> <p>[Participant 5] was missing the areas of gross and fine motor development, and economic self-sufficiency.</p> <p>[Participant 7] was missing the area of economic self-sufficiency.</p> <p>[Participant 8] was missing the area of fine motor development.</p> <p>[Participant 10] was missing the areas of self-sufficiency and self-direction (section 3.3 states</p> | <p>1. What corrective actions will be taken? WITCO's Developmental Assessment has been revised to include all required components.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? All participants identified by sample will be re-assessed to include all areas specified by rule.</p> <p>3. Who will be responsible for implementing each corrective action? The Developmental Specialist. Program Director will ensure compliance through Quality Assurance review.</p> <p>4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? Developmental Specialist will be responsible for ensuring compliance. Program Director will ensure compliance through QA review.</p> <p>5. By what date will the corrective action be completed? Sample population will be corrected by March 22, 2010. All other participants will be re-assessed by June 22, 2010.</p> |

time management but does not address finances, protection of self-interests or making decisions).

(REPEAT DEFICIENCY)

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

**Date to be Corrected:** 04/22/10

**Administrator Initials:** MCL

| Rule Reference/Text   | Category/Findings  | Plan of Correction (POC)   |
|---|--|--|
| 16.04.11.604.03   | Assessments  |  |
| <p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>03. Occupational Therapy Assessment. Occupational therapy assessments must be conducted by an occupational therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. (7-1-06)</p> | <p>For one of 10 participants reviewed ([Participant 3]), documentation showed formal fine motor programs being delivered. However, the participant's record did not contain an occupational therapy assessment that recommended therapy in that area.</p> | <p>1. What corrective actions will be taken? All fine motor programs have been discontinued if not recommended by occupational therapy assessment.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? Any participant who has a program involving fine motor skills must have an occupation assessment and recommendation. Training has been provided to Developmental Specialists and programs have been revised.</p> <p>3. Who will be responsible for implementing each corrective action? The Developmental Specialist and the Program Director.</p> <p>4. How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? Monitoring will be conducted through continued training and QA review by Program Director.</p> <p>5. By what date will the corrective action be completed? Completed. Program for participant 3 has been revised.</p> |

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

**Date to be Corrected:** 04/22/10

**Administrator Initials:** MCL

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)   |
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| <p>16.04.11.700.05</p> <p>700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS.</p> <p>Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06)</p> <p>05. Documentation of Plan Changes.</p> <p>Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)</p> | <p>Documentation of Plan Changes</p> <p>For 10 out of 10 participants reviewed, there were no credentials listed by the person making alterations to the program implementation plans.</p> | <p>1. Description of how deficiency will be corrected: All assessments, program implementation plans and evaluations will be signed, credentialed and dated by appropriate professional.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? All program implementation plans will be signed, credentialed and dated when reviewed.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialists, Program Director.</p> <p>4. How will the corrective action be monitored to ensure consistent compliance with IDAPA training? Training was provided to Developmental Specialists on December 17, 2009. Quality Assurance process will be revised to ensure plans are signed, dated credentialed when reviewed.</p> <p>5. By what date will the corrective action be completed? Sample files have been corrected. All other files will be corrected by June 22, 2010.</p> |
| <p><b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm</p>   |  | <p><b>Date to be Corrected:</b> 06/22/10      <b>Administrator Initials:</b> MCM</p>   |

| Rule Reference/Text   | Category/Findings   | Plan of Correction (POC)   |
|---|---|--|
| <p>16.04.11.703.03</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</p> | <p>Program Implementation Plan</p> <p>For 10 of 10 participants reviewed, and 38 of 83 programs reviewed, objectives were found not to be measurable.</p> <p>The following is the list of objectives and some examples of why they were found not to be measurable.</p> | <p>1. What corrective actions will be taken? All program implementation plans will be revised to include measurable objectives. Training on developing measurable objectives will be provided by March 22, 2010.</p> |

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)  
03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)

[Participant 1]: Objectives 1, 2, and 5.  
Objective 5 is to greet a person using their first name independently; however, the instructions state she can be provided a cue if she does not know their name to ask what their name is--it is unexplained how staff can judge if she does not know the name).

[Participant 2]: Objectives 2, 4, 6, and 8.  
(Objective 6 is to complete a three-step direction with thoroughness--"thoroughness" is not defined).

[Participant 3]: Objectives 3 and 4. (Objective 3 states to use proper voice volume--"proper volume" is not defined).

[Participant 4]: Objectives 4, 6, and 7.  
(Objective 7 by verbally and/or physically interacting with peers and staff for a time period--how often verbally responding within the time period is not defined).

[Participant 5]: Objectives 2 and 3. (Both objectives define success as being understood--which would depend on the listener).

[Participant 6]: Objectives 2, 6, 8, 9, 11, 13, and 14. (Objective 14 states to attend to task for duration and specifies that the time frame can vary--this leads to inconsistent success rates since the time frame is not fixed).

[Participant 7]: Objectives 2, 6, and 9. (Objective 9 states "given a challenging fine motor activity"--the term "challenging" is not defined).

[Participant 8]: Objectives 4, 6, and 7.  
(Objective 4 states "given 5-10 written questions, participant will say/write answers"--questions and reading material can change from day to day and staff to staff--thereby making the response variable and unmeasurable).

2. How will the agency identify participants who may be affected, what corrective action will be taken? All files pulled in sample will be corrected by March 22, 2010. All other plans will be corrected by August 22, 2010.  
3. Who will be responsible for implementing each corrective action? The Developmental Specialists  
4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? Through continued training and by Quality Assurance.  
5. By what date will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? All files pulled in review will be corrected by March 22, 2010. All other participant files will be revised by June 22, 2010.



[Participant 9]: Objectives 4, 6, and 7. (Objective 4 states "with independence and accuracy"—to what degree of accuracy is not defined and many tasks are recommended which could vary in difficulty making the response variable and unmeasurable).

[Participant 10]: All objectives. (Objectives are for independence, but the instructions state to provide a cue, thereby making the objectives not measurable based on data collection).

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

**Date to be Corrected:** 01/22/10

**Administrator Initials:** *MEW*

| Rule Reference/Text   | Category/Findings  | Plan of Correction (POC)   |
|---|--|--|
| 16.04.11.703.05   | Program Implementation Plan  | 1. What corrective actions will be taken?  |
| <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>05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)</p> | <p>For four of 10 participants reviewed ([Participants 2, 5, 6, and 8]), the locations where the professional wanted the program implementation plans run at were not specific. They simply stated "community". Without further definition, program data can be inaccurate to the individual's true capabilities in his own community environment.</p> <p>For example, see [Participant 6]'s objectives 2, 6, and 12.</p> <p>(REPEAT DEFICIENCY)</p> | <p>The Program Implementation Plan format will be revised to include location and environment. Training for Developmental Specialists was provided on December 17, 2009.</p> <p>2. What will the agency do to identify any other participant files, staff files or systems that may be affected?<br/>Program Implementation Plan for all participants will be revised to include specificity regarding program location and environment.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director</p> <p>4. How will corrective action be monitored to ensure consistent compliance with IDAPA rules? Program Implementation Plan will be revised. Program Director will provide training on proper completion to include specifics in environment and location. QA review will include review to ensure environment and location is specific.</p> <p>5. By what date will the corrective action? All sample files will be completed by March 22, 2010. All other participant files will be completed by June 22, 2010.</p> |

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

**Date to be Corrected:** 04/27/10

**Administrator Initials:** MNC/LL

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)  |
|--|--|---|
| <p>16.04.11.704.01.c</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>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)</p> | <p>Program Documentation (data/progress)</p> <p>For eight of 10 participants reviewed ([Participant 2-8 and 10]), and 38 out of 83 programs reviewed, documentation showed that programs were not modified when data indicated a need to do so.</p> <p>[Participant 2]: five of seven programs, specifically Objectives 2, 4, 6, and 7 (criteria met, programs not modified as objective states).</p> <p>[Participant 3]: two of eight programs, specifically Objectives 3 and 4 (programs falling below baseline with no modifications made).</p> <p>[Participant 4]: four of nine objectives (programs falling below baseline with no modifications made).</p> <p>[Participant 5]: three of seven programs. Specifically Objectives 2, 4, and 8 (criteria met, programs not modified as objective states).</p> <p>[Participant 6]: six of 14 programs (criteria met, programs not modified as objective states).</p> <p>[Participant 7]: seven of 10 programs. Specifically Objectives 2, 3, 4, 5, 6, 7, and 10 (criteria met, programs not modified as objective states).</p> | <p>1. What corrective actions will be taken? A Detection of Need change form has been developed and will be utilized to record and communicate to the Developmental Specialist when programs need modification</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? The Detection of Need form will be utilized to identify participants whose programs need modification.</p> <p>3. Who will be responsible for implementing each corrective action? The Therapy Technicians, Developmental Specialists.</p> <p>4. How will the corrective action be monitored to ensure consistent compliance with IDAPA rules? By file review by the Developmental Specialists and Program Directors. Staff training will be provided to ensure that staff is able to identify when criteria has been met and the process used to identify when change is needed will continue to be reviewed and revised. This will be added as a component to the Quality Assurance process.</p> <p>5. By what date will the corrective action be completed? All sample files will be corrected by March 22, 2009. All other participant files by June 22, 2010.</p> |

[Participant 8]: seven of seven programs (criteria met, programs not modified as objective states).

[Participant 10]: four of eight programs. Specifically Objectives 1, 5, 6, and 8 (programs falling below baseline with no modifications made).

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

**Date to be Corrected:** 06/22/10

**Administrator Initials:** MCR

| Rule Reference/Text   | Category/Findings  | Plan of Correction (POC)  |
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| <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>Program Documentation (data/progress)</p> <p>For 10 of 10 participants reviewed, there was no documentation found of six-month and annual reviews stating why the participants continued to need the services provided to them.</p> | <p>1. What corrective actions will be taken? Training has been provided to Developmental Specialists to ensure that a statement of need is included in six month and annual review. On December 17, 2009 training was provided.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? All six month and annual reviews conducted for all program participants will include a statement of need. Quality Assurance and training process will be revised to ensure statement is included in review.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director</p> <p>4. How will the corrective action be completed? Training has been provided and Quality Assurance review will be revised.</p> <p>5. By what date will the corrective action be completed? All sample files pulled will be corrected by March 22, 2009. All program participant files will be corrected by June 22, 2010.</p> |

**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)   |
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| <p>16.04.11.705</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 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)</p> | <p>Record Requirements</p> <p>For 10 of 10 participants reviewed, "time" was not documented for when services were provided. Further, there were no signatures or credentials of the individuals providing each service.</p> | <p>1. What corrective actions will be taken? Data sheet master form has been revised to record time and signature. Training was provided to Developmental Specialists on December 17, 2009.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? Revised data form has been implemented. Form will be used for all participants.</p> <p>3. Who will be responsible for implementing each corrective action? Program Director, Developmental Specialists, Senior Therapy Technicians, Therapy Technicians.</p> <p>4. How will the corrective action be monitored to ensure consistent compliance with IADPA rules? Training for Developmental Specialists occurred on December 17, 2009. Training for Therapy Technicians will be held January 22, 2010</p> <p>5. By what date will the corrective actions be completed? Data form will be revised to include time, date and signature/credential line. Training will be provided for all staff on proper completion of form by January 22, 2010.</p> |
| <p><b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm</p>  |  | <p><b>Date to be Corrected:</b> 01/22/10 <b>Administrator Initials:</b> MCM</p>  |

| Rule Reference/Text   | Category/Findings   | Plan of Correction (POC)   |
|---|---|--|
| <p>16.04.11.705.01.f</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</p> | <p>Record Requirements</p> <p>For six of 10 participants reviewed ([Participants 1, 3, 4, 7, 8, and 10]), the comprehensive assessment did not contain a narrative report. Rather, those assessments were made up of lists that appeared to come directly from the agency's "tool". There was no way to ascertain why one deficit was chosen over another to work</p> | <p>1.What corrective actions will be taken? The assessment tool has been revised to include a narrative report to address and prioritize programming needs. The assessment tool has been completely revised and training has been provided to Developmental Specialists regarding the administration of the assessment and completion of the narrative. Training was provided December 17, 2009.</p> |

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| <p>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)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>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. (7-1-06)</p> | <p>on (see also 16.04.11.600.01.a-c).</p> | <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? Assessments will be completed on all Program Participants using new format. Quality Assurance process is being revised to ensure assessments contain narrative information and program needs are prioritized.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>Developmental Specialist, Program Director.</p> <p>4. How will the corrective actions be monitored to ensure consistent compliance with IDAPA rules? A new assessment tool has been developed. Quality Assurance process includes review of Assessment to ensure completion. The Comprehensive Assessment, which is the agency's tool has been revised to include a narrative. This will also be monitored as part of the Quality Assurance process.</p> <p>5. By what date will the corrective action be completed? Sample files will be corrected by March 22, 2010. All program participant files will be completed by June 22, 2010.</p> |
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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 06/22/10 **Administrator Initials:** MCM

| <b>Rule Reference/Text</b>   | <b>Category/Findings</b>   | <b>Plan of Correction (POC)</b>  |
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| <p>16.04.11.706</p> <p>706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS.</p> <p>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</p> | <p>Collaboration/Consultation</p> <p>For three of 10 participants reviewed ([Participants 3, 7, and 8]), there was no residential habilitation plans or other documentation found in their files to assure there was no duplication of services.</p> <p>(REPEAT DEFICIENCY)</p> <p>Corrected at the time of survey. Please answer questions 2-4.</p> | <p>1.What corrective actions will be taken? Action has been completed.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? If participants are identified, what corrective action will be taken? WITCO will ensure request for a copy of the participant's residential habilitation plan is documented on the Recommendation form that is given to TSC.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director</p> |

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)

4. How will corrective actions be monitored to ensure consistent compliance with IDAPA rules? Developmental Specialist will monitor receipt of Residential Habilitation plan by noting on Recommendation form. Quality Assurance review will be revised to ensure plans are received and in participant's file.

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

**Date to be Corrected:** 02/22/10

**Administrator Initials:** MCH

| Rule Reference/Text  | Category/Findings   | Plan of Correction (POC)   |
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| <p>16.04.11.708.01</p> <p>708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.</p> <p>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)</p> | <p>Assessments</p> <p>For one of 10 participants reviewed ([Participant 9]), there was no documentation that a comprehensive developmental assessment had been completed prior to the delivery of service.</p> <p>(REPEAT DEFICIENCY)</p> | <p>1. What corrective actions will be taken? Assessment has been completed.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? Training to Developmental Specialists was provided on December 17, 2009. Quality Assurance process will be revised to ensure assessment is completed prior to delivery of service.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director.</p> <p>4. How will corrective actions be monitored to ensure consistent compliance with IDAPA rules? Training will be provided to Developmental Specialist, QA process will monitor.</p> <p>5. By what date will the corrective action be completed? Sample file was completed during review.</p> |

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

**Date to be Corrected:** 06/22/10

**Administrator Initials:** MCM

| Rule Reference/Text  | Category/Findings   | Plan of Correction (POC)   |
|--|---|--|
| <p>16.04.11.711.02</p> <p>711.DEVELOPMENTAL THERAPY.<br/>                     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-appropriate. (7-1-06)</p> | <p>Developmental Therapy</p> <p>For two of 10 participants reviewed ([Participants 6 and 7]), program implementation plans contained training objectives that were educational in nature.</p> <p>For example:</p> <p>[Participant 6]'s program Objective 14 is described as having to answer questions after reading a story.</p> <p>[Participant 7]'s Objective 4 is to answer questions after a story was told to him.</p> <p>Both of these programs focus on comprehension skills about abstract material, making them educational vs. functional.</p> | <p><b>Plan of Correction (POC)</b></p> <ol style="list-style-type: none"> <li>1. What corrective actions will be taken? Program Implementation Plans will be reviewed to ensure objectives are functional rather than educational. Training for Developmental Specialists was provided on December 17, 2009.</li> <li>2. How will the agency identify participants who may be affected by the deficiency? All files will be reviewed.</li> <li>3. Who will be responsible for implementing each corrective action? Developmental Specialist, Program Director</li> <li>4. How will corrective actions be monitored to ensure consistent compliance with IDAPA rules? Training will be consistently provided to Developmental Specialists. QA will review program objectives to ensure all are functional rather than educational.</li> <li>5. By what date will the corrective action be completed? Sample files will be corrected by March 22, 2010. All other participant files will be completed by June 22, 2010.</li> </ol> |

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 06/22/10**Administrator Initials:** MCM

| <b>Rule Reference/Text</b>  | <b>Category/Findings</b>  | <b>Plan of Correction (POC)</b>  |
|---|---|--|
| <p>16.04.11.900.01.a</p> <p>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)</p> <p>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)</p> <p>a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-06)</p> | <p>QA Program</p> <p>For 10 of 10 participants reviewed, the agency's quality assurance program did not provide many of the components that it is designed, and intended, to do.</p> <p>For example: For 10 of 10 participants reviewed, the participant's interests relevant to the service being provided were not included in the comprehensive developmental assessment (see 16.04.11.600.01.d, which is also a repeat deficiency).</p> <p>For 10 of 10 participants reviewed, program implementation plans contained obojectives that were not measurable (see 16.04.11.703.03).</p> <p>For eight of 10 participants reviewed ([Participants 2, 3, 4, 5, 7, 8, 9, and 10]), it was unclear why a deficit area was chosen over another to become a need for formal programming. Without that information, it is not possible to discern each participant's actual individual needs (see 16.04.11.600.01.a-c, which is a repeat deficiency, and 16.04.11.705.01.f).</p> <p>Also noted, 40% (eight out of a possible 20) of the previous survey findings were repeated this survey.</p> | <p>1. What corrective actions will be taken? The Quality Assurance program and process has been revised to include all required components.</p> <p>2. How will the agency identify participants who may be affected by the deficiency? All files will be reviewed.</p> <p>3. Who will be responsible for implementing each corrective action? Program Manager.</p> <p>4. How will corrective actions be monitored to ensure consistent compliance with IDAPA rules? The Quality Assurance will measure all necessary components.</p> <p>5. By what date will the corrective action be completed? The Quality Assurance program will be revised by March 22, 2010. Revision will include file checklist, file review to ensure observation, proper signature, date and credentialing.</p> |

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:** 06/22/10**Administrator Initials:** MCM



| Rule Reference/Text   | Category/Findings   | Plan of Correction (POC)   |
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| <p>16.04.11.900.03.f</p> <p>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)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06)</p> <p>f. Are observable in practice. (7-1-06)</p> | <p>QA Program</p> <p>For one of seven participants reviewed ([Participant 9]), programming was not observed to be run as written by the professional. Therefore, the implementation of the training was not observable in practice.</p> | <p>1. Description of how the deficiency will be corrected? Training provided to Developmental Specialists on December 17, 2009 provided to Senior Therapy Technicians will occur on December 28, 2009. Training provided to Therapy Technician responsible for therapy will occur by January 4, 2010. Developmental Specialist will observe to ensure therapy is being delivered as specified.</p> <p>2. What will agency do to identify participants? Training will be provided, weekly observation forms will continue to be recorded.</p> <p>3. Who will be responsible? Therapy Technicians, Developmental Specialists, Program Director</p> <p>4. How will the corrective action be monitored to ensure the problem is corrected and will not reoccur? Developmental Specialists will note whether therapy is not being provided correctly on weekly observation form and training will occur. Quality Assurance includes a review of observation forms and will identify whether or not therapy is being provided properly.</p> <p>5. Dates for corrective action? Training for Therapy Technicians providing therapy to participant 9 will be provided by the Developmental Specialist by January 4, 2010. Training for Developmental Specialists occurred December 17, 2009.</p> |

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

**Date to be Corrected:** 01/30/10

**Administrator Initials:** MCM

| Rule Reference/Text  | Category/Findings  | Plan of Correction (POC)   |
|--|--|--|
| <p>16.04.11.915.04</p> <p>915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate</p> | <p>Behavior Replacement</p> <p>For one of five participants reviewed for this issue ([Participant 4]), documentation showed a program to reduce maladaptive behaviors that did not contain behavior replacement components that would teach an alternative replacement behavior.</p> | <p>2. How will the agency participants who may be affected by the deficiency? Sample file has been corrected.</p> <p>3. Who will be responsible for implementing each corrective action? Developmental Specialist?</p> |

behavior. These policies and procedures must include statements that: (7-1-06)  
04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)

The participant's program implementation plan was written to decrease maladaptive behaviors but did not show what was being trained to replace those behaviors.

Corrected at the time of survey. Please answer questions 2-4.

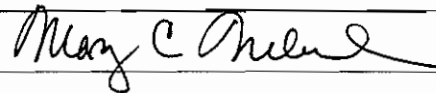
4. How will corrective actions be monitored to ensure consistent compliance with IDAPA rules? Training for Developmental Specialists was provided on December 17, 2009. Quality Assurance will be revised to include review.

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

**Date to be Corrected:** 06/22/10

**Administrator Initials:** MCM

**Administrator Signature (confirms submission of POC):**



**Date:** Jan. 24, 2010

**Team Leader Signature (signifies acceptance of POC):**

**Date:**