# Statement of Deficiencies

Developmental Disabilities Agency

1 Step Closer, LLC
5-1STEP141

496 G Shoup Ave W
Twin Falls, ID 83301-
(208) 734-8570

**Survey Type:** Recertification

**Entrance Date:** 11/3/2009

**Exit Date:** 11/5/2009

**Initial Comments:** Surveyors Present: David Doran, Medical Program Specialist, Survey and Certification; Crystal Pyne, LCSW, FACS; Rosalynn Isaak, DD Program Supervisor, FACS.

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

OBSERVATIONS:

[Participant A] and [Employee 10] were observed in a center-based setting. This session was to have been done in the community but, prior to leaving, [Participant A] had a toileting accident that could have been a result of illness and it was determined that it would be in the participant's best interests to stay in the center so that they would have immediate access to a restroom if needed. Although [Participant A] appeared to be feeling sick, they were able to participate in therapy. The programs were identifying and writing letters and are part of her alternative communication needs. The programs and materials were readily available. Aside from running the programs skillfully, [Employee 10] was able to redirect [Participant A] as needed using the prompt hierarchy. Social reinforcement was used on a 1 to 1 schedule successfully to engage [Participant A] in the task with the successful use of break time when needed. [Participant A] displayed some unique activities that seemed to be used for task avoidance (e.g., taking off her shoes with her feet then getting the strings knotted and refusing help when trying to put them back on). [Employee 10] was very adept at redirection when needed and intervening on these behaviors to keep the pace of therapy at a productive rate. [Employee 10] seemed especially in tune with [Participant A]'s physical needs getting her a Kleenex when needed and allowing her to rest if needed. On several occasions, [Employee 10] used a modified discrete trial format that was effective as a prevention strategy when [Participant A] began to demonstrate off-task behaviors. [Employee 10]'s interactions with [Participant A] were very nurturing and employee treated participant with respect and dignity using "please" and "thank you".

[Participant B] and [Employee 10] were observed in a community based setting at Fred Meyer's. The program was matching items to a picture using the pictures as a shopping list. The program and materials were readily available. [Participant B] has been diagnosed with autism and demonstrates some behaviors that could be challenging in a community-based setting. Aside from running the program skillfully, [Employee 10] was able to redirect [Participant B] as needed using the prompt hierarchy. It appeared that [Employee 10] has considerable understanding of [Participant B]'s behavioral needs and used program momentum as a means to help participant self-regulate. Primary and social reinforcement were both used on a random schedule successfully to engage [Participant B] in the task at hand. [Employee 10]'s

interactions with the participant were both nurturing and yet firm when needed and the employee treated the participant with respect and dignity using "please" and "thank you" and unobtrusive correction strategies that did not call attention to the behavior. [Participant B] demonstrated increased success rates in both his ability to complete the matching of the object to the picture and in decreasing the amount of time needed to complete the task as the observation proceeded. [Employee 10] adjusted his reinforcement strategy, rate, and interval to accommodate the success rate. On several occasions, [Employee 10] used a modified discrete trial format that was effective in a community-based setting as a prevention strategy when [Participant B] began to escalate slightly. This seemed to be "instinctive" of [Participant B] and indicated a very good understanding of the participant and his needs. [Employee 10] was at all time respectful toward [Participant B].

[Participant C] and [Employee 9] were observed in the center and community. [Employee 9] did an excellent job supporting [Participant C] through a transition that may have otherwise been an upsetting event. [Employee 9] used excellent activities for skill building. [Employee 9] was able to embed trial after trial into a game they were playing together. [Participant C] was enjoying the interaction and initiated several exchanges in a very natural manner. [Employee 9] had an excellent rapport with the participant and completed therapy in a manner that will enable skills to be generalized well.

[Participant D] and [Employee 8] were observed in the center environment. [Employee 8] has a very positive rapport with [Participant D]. [Employee 8] has a more formalized interaction when doing discreet trial, but incorporated several trials into [Participant D]'s break while playing with a ball very naturally. [Employee 8] is very positive and uses very effective reinforcement when she tickles and plays with participant. [Employee 8] incorporated several natural interactions that were obviously enjoyable for [Participant D].

PARENT INTERVIEWS:

Unsuccessful attempts by phone were made to contact [Participant A]'s grandmother and father on the afternoon and evening of 11/4/2009. No contact was made.

Unsuccessful attempts by phone were made to contact [Participant B]'s mother on the afternoon and evening of 11/4/2009. No contact was made.

[Participant C]'s parent/guardian was contacted regarding satisfaction with services. The parent/guardian indicated that [Participant C] had been receiving services for almost one year. The parent/guardian stated that although they see the IBI staff daily, they have not met with them formally. The parent/guardian also had concerns that consultation with other professional therapists was not occurring for the participant. The parent/guardian did indicate that they were seeing progress and that they were seeing progress in the participant's developmental skills.

[Participant D]'s parent/guardian was contacted regarding satisfaction of services. The parent/guardian indicated that [Participant D] had been receiving services from the agency for 2.5 years. The parent/guardian stated, "I feel like I get good information from the agency and I can call them on the weekends for help when I need it." The parent/guardian also stated, "They do a great job collaborating with other therapies," and that they have seen a notable change in the child as a result of IBI services.

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.604.05 | Assessments | 2. Agency will continue to complete file reviews for all other participant's monthly and when services are recommended by the agency, it will be documented and signed by parent/ guardian.<br><br>As for Participant A, documentation that speech was recommended by the Developmental Specialist of 1 Step Closer and that the family pursued outside therapy and are on a waiting list has been signed by the parent and Developmental Specialist and placed in the participants records.<br><br>3. Agency's Developmental Specialists/Administrator will be responsible for making sure files are complete and recommendations are documented.<br><br>4. Monthly reviews will continue to be implemented by the Developmental Specialists. |
| 604. TYPES OF COMPREHENSIVE ASSESSMENTS.<br>05. Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 420 of these rules. (7-1-06) | One of four participant records reviewed ([Participant A]) indicated a need for Speech and Language Therapy services; however, no assessment was present in the file or documentation from the parent/family declining the referral for recommended services.<br><br>Agency corrected during survey. Agency must address questions 2, 3, and 4. | |

**Scope and Severity:** Isolated / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** 2009-11-04 **Administrator Initials:** MS

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
|---|---|---|
| 16.04.11.600.01.e | Assessments | 2. All other participant's comprehensive assessments will be reassessed and updated with the missing components by their upcoming reviews.<br><br>3. Agency's Developmental Specialists will be responsible for these corrections.<br><br>4. To assure this problem is corrected, regulations will continue to be reviewed intermittently and monthly file reviews will continue to be implemented. |
| 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 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) | One of four participant records reviewed ([Participant A]) indicated that the comprehensive developmental assessment did not contain the type and amount of therapy recommended.<br><br>Agency corrected during survey. Agency must address questions 2, 3, and 4.<br><br>REPEAT DEFICIENCY from October 2008 survey. | |

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2009-11-03 | **Administrator Initials:** MS

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.701.05.e | Individual Program Plan | 2. Participant A's IPP and PIP's were reviewed and changes were made to the explanation/wording. All other participant's IPP's and PIP's will be reviewed and changes or additions will be made by their upcoming reviews. |
| 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER | One of four participant records reviewed ([Participant A]) indicated that the objectives on the IPP were educational in nature without the functional need clearly defined. | |

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| 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)<br>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)<br>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) | Agency corrected during survey. Agency must address questions 2, 3, and 4. | 3. Agency's Developmental Specialists will be responsible for these corrections, if needed.<br><br>4. All IPP's and PIP's will be reviewed by Developmental Specialists and monthly file reviews will continue to be implemented. |

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2009-11-03 **Administrator Initials:** MS

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
|---|---|---|
| 16.04.11.701.05.e.iv | Developmental Therapy | 1. Agency's DS/Administrator has modified our scheduling format to identify Individual and Consultation deviations separately to distinguish if these hours are being met through scheduling. We have also implemented a scheduling/ cancellation form which has also been modified separating Individual and Consultation in order to document if the reason for cancellation is participant driven.<br><br>2. All participant's could potentially be affected by this deficiency. Agency's DS/Administrator has modified our scheduling format to identify Individual and Consultation deviations separately to distinguish if these hours are being met through scheduling. We have also implemented a scheduling/ca |
| 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)<br>05. Individual Program Plan (IPP). For | One of four participant records reviewed ([Participant D]) indicated that therapy/consultation was only provided for 50% of the time indicated in the plan for services.<br><br>For example, [Participant D]'s record indicated that consultation was only provided for 50% of the time indicated.<br><br>REPEAT DEFICIENCY from October 2008 survey. | |

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| 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)<br>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.<br>The IPP must include: (7-1-06)<br>iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06) | | 3. Agency's Developmental Specialists/Administrator have implemented this corrective action.<br><br>4. Agency's Developmental Specialist (employee #7) will create the schedule every week and ensure Individual and Consultation hours are separated. Agency's administrator (employee #6) will review the schedule to ensure scheduled hours are within 80% of the allotted amounts.<br><br>5. This deficiency has already been implemented as of 11/9/09. |

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2009-11-09 **Administrator Initials:** MY

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
|---|---|---|
| 16.04.11.705 | Participant Records | 2. A template for each therapy data sheets have been created and implemented with type of therapy on them by agency Developmental Specialist. No participant's were directly affected by this deficiency.<br><br>3. Agency Developmental Specialists/Administrator were responsible for these corrections.<br><br>4. Data Sheets will be created by Developmental Specialist (employee #7) and reviewed by the administrator (employee #6). Monthly file reviews will continue to be implemented. |
| 705.RECORD REQUIREMENTS.<br>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 | Two of four participant records reviewed ([Participants C and D]) indicated that the type of service was not included.<br><br>Agency corrected curing survey. Agency must address questions 2, 3, and 4. | |

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| information and to safeguard participant confidentiality under these rules. (7-1-06) | | |

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2009-11-03 | **Administrator Initials:** YM

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
|---|---|---|
| 16.04.11.705.01.f<br><br>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)<br>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)<br>f. When assessments are completed or obtained | Assessments<br><br>One of four participant records reviewed ([Participant A]) indicated that the comprehensive developmental assessment did not contain a narrative summary as required by rule.<br><br>Agency corrected during survey. Agency must address questions 2, 3, and 4. | 2. All other participant's comprehensive assessments will be reassessed and updated with the missing components by their upcoming reviews.<br><br>3. Agency's Developmental Specialists will be responsible for these corrections.<br><br>4. To assure this problem is corrected, regulations will continue to be reviewed intermittently and monthly file reviews will continue to be implemented. |

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| 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) | | |

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| **Scope and Severity:** | Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2009-11-03 | **Administrator Initials:** MS |
| **Administrator Signature (confirms submission of POC):** | | | **Date:** 2009-11-19 |
| **Team Leader Signature (signifies acceptance of POC):** | | | **Date:** 11-20-2009 |