IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 12, 2007

Alternative Nursing Services, Inc
Branden Beier, Administrator
1827 8th Street
Lewiston, ID 83501

Dear Branden,

Thank you for submitting the Plan of Correction for Alternative Nursing Services dated December 12, 2007 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 Alternative Nursing Services a full Two (2) year certificate effective from December 1, 2007 through December 1, 2009

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 you your Plan of Correction has been met Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and *no later than January 28, 2008*. You may submit supporting documentation as follows:

Fax to: 364-1811,
Email to: fadnessr@dhw.idaho.gov
Mail to: PO Box 83720, Boise Idaho 83720
Or deliver to: 3232 Elder Street, Boise Idaho 83705

You can reach me if you have any questions at 208-364-1906.

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

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

DDA COMPLIANCE REVIEW

AGENCY NAME: ALTERNATIVE NURSING SERVICES **SURVEY DATE(S):** NOVEMBER 5-8, 2007

NOTE: This document contains a listing of 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, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Rebecca Fadness, Medicaid Program Supervisor
Cyndy Jonsson, Medicaid, Clinician
Pete Peterson, FACS, Regional Program Specialist

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:
Participant #2 was briefly interviewed and indicated that she liked getting services at ANS, and did not indicate any concerns during the interview.

Therapy Observation Notes:

Staff were observed delivering community based services to participants at the museum. Staff were attentive and respectful to the participants as well as offered them choices and encouraged independence. Through observation it was found that the group size was too large and was not image enhancing nor did it allow for inclusion into the community setting with such a large group. The staff were providing therapy as written, but therapy was not observable in practice in this setting, nor did it encourage independence in community skills. Activity appeared recreational in nature.

Participant#2 was observed receiving Center based individual therapy. The staff was very patient and encouraged participants participation and independence in the activity. Participant was learning to indicate personal information and tell time. Both activities appeared to meet the needs of the participant. Participant was instructed to write down personal information. It was suggested during the observation to explore increasing the functionality of the activity by having the participant use forms to fill in information, such as Dr's profiles, applications, etc.

Participant #5 was observed working on specific programming in the home. The interaction between the staff and participant was respectful and allowed independence. Program was being run in the home, but would enhance social image, personal competencies and inclusion in the community. Staff appeared to have a good rapport and working relationship with the participant.

Participant #6 was observed. Interaction between staff and participant was respectful and encouraged independence/ The participant indicated during the observation that she would like to have her own place in another year. Staff was delivering programming as written, but task analysis/instructions could be more specific

Deficiencies:	Agency's Plan for Compliance:

IDAPA 16.04.11. 009.MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Criminal History and Background Checks." **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Agency did not have documentation that Criminal history background check was verified for contracted staff: Physical Therapist, Occupational Therapist, and Speech Language Pathologist. • Agency has policy in place, but policy did not articulate the standards as outlined in 16.05.06.	• **Agency Administrator & Human Resource Manager will obtain evidence of background check clearance as required for all contracted staff within 30 days of the accepted plan of correction (POC). The Human Resource Manager will enter all DDA contracted staff into the agency data base to flag that the requirement have been meet at the initiation of any new contract or as needed by IDAPA 16.04.11.009 & 16.05.06.** • **Agency Administrator has updated & attached with the plan of correction (P.O.C.) the Criminal Background Check policy to better articulate the standards as outlined in IDAPA 16.05.06. (please see attachment #1).**
IDAPA 16.04.11. 710. REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Agency did not have documentation that psychotherapy services were made available by formal written agreement nor employment record.	• **Agency has a Psychotherapist available for participants. Agency Administrator will identify James Phillips as our Primary Psychotherapist by updating contract to include psychotherapy services that will be obtained & be filed with all other DDA contracted staff for evidence of services available within 30 days of the accepted plan of correction (POC).**
IDAPA 16.04.11.605.Specific skill assessments must: (7-1-06) **01. Further Assessment.** Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06) **04. Determine a Participant's Skill Level.** Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06) **05. Determine Baselines.** Be used to determine baselines and develop the program implementation plan. (7-1-06) **FINDINGS:** Based upon record review and interview with staff, the agency is not in compliance. The findings included:	• **ANS's Program Manager will acquire an internal assessment and train all Developmental Specialist Responsible in the use & procedure of the internal assessment within 30 days of the accepted POC. ANS will perform this assessment within 45 days prior to the development of each new plan for every participant. This assessment will be administered by each Developmental Specialist Responsible. To assist that this deficiency does not re-occur the assessment will be added to the File review tool for future agency file reviews.**

• 3 of 3 adult participant records did not contain skill assessments to further assess area of limitation identified on comprehensive assessment	
IDAPA 16.04.11.600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) **01. Comprehensive Assessments.** A comprehensive assessment must: (7-1-06) **a.** Determine the necessity of the service; (7-1-06) **b.** Determine the participant's needs; (7-1-06) **c.** Guide treatment; (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • In 3 of 3 adult participant files reviewed, the comprehensive developmental assessment did not guide treatment. Written training programs did not directly link back to needs indicated on the assessment.	• **ANS will have each Developmental Specialist Responsible (DSR) audit all of their files and use assessments to update Developmental Evaluations to guide treatment accurately and to give evidence of need areas indicated through treatment. This will be completed across all DDA files within 4 calendar months of the accepted POC (plan of correction).** • **ANS's Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) **01 Comprehensive Assessments. 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) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Participant #7 file contained Psychological that gave her an I.Q. of 44, IPP mentions an I.Q of 59. Functional level suggests an higher I.Q.	• **ANS will have each Developmental Specialist Responsible(DSR) for #7 will request a new (adults) Psychological Evaluation for this participant within 30 days of the accepted POC (plan of correction).** • **Each Developmental Specialist will audit their files to ensure that IQ scores are relative and will request updated assessments as deemed necessary. This will be completed within 4 calendar months.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.604.01. 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: **c.** Learning; (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings	• **ANS will have each Developmental Specialist Responsible (DSR) perform an assessment for #3 and update the Developmental Evaluation within 30 days of the accepted POC (plan of correction).** • **Each Developmental Specialist will audit each file to ensure that all areas are addressed and update Developmental Evaluation as**

included: • Participant #3's comprehensive developmental assessment did not include developmental status in learning. • 2 of 3 participant files did not contain a supporting functional tool in the file.	needed. This will be completed within 4 calendar months of the accepted POC. • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.701.05. a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Participant #6 IPP was written before assessment. As noted previously IPPs need to include date written. • In 3 of 4 participant files reviewed (#4,5,7) IPP's did not include date written included. •	• **As each new plan is written, an origination date will be included on the IPP, as it is impossible to know for sure what date the past plans were written as evidenced in the deficiency.** • **All future Developmental Evaluations will be written by the Developmental Specialist responsible, within 45 days prior to writing the IPP as that is current practice of ANS & all agency D.S. will be re-oriented to that practice.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.701.05. 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) **b.** The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 4 of 4 children's files did not contain documentation that the parent/guardian was given a copy of the IPP.	• **Each Developmental Specialist Responsible (DSR) will provide copies of the IPP's to the parents or guardian of all participants between the ages of 3-17 within 30 days of accepted POC. Agency will file evidence with parent/guardian signature showing receipt of the IPP in the participants file.** • **There will be a statement on all future plans, directly following the signature statement that recognizes receipt of the IPP, which is signed by the guardian to assist that this deficiency does not re-occur.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**

IDAPA 16.04.11.701.05. Individual Program Plan (IPP).e. 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) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 3 of 4 children's files reviewed showed a discrepancy of more than 20% between recommended and provided hours.	• **ANS will have each Developmental Specialist responsible (DSR) audit timesheets to ensure that hours programming do not deviate by more than 20% of hours recommended for a 4 week period. If there is a deviation, each DSR will document reasons or form a team meeting and alter or adjust plan as needed to correlate hours recommended with hours received. This will be completed within 4 calendar months of the accepted plan of correction.** • **Program Manager or Administrator will audit 1 participant time record per DS each week and flag any deviation of hours. The future time record will then be re-audited by program manager, administrator or designee again with-in 30 days of flagging deviation more than 20% in recommended hours as follow-up to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.701.05. Individual Program Plan (IPP).e xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Participant #7's file did not contain the transition plan; however it was in the computer and was printed out and put in the file. Considering participants date of birth and functional level and goals, transition plan and plan in general needs to include more specificity and practical application.	• **ANS will have each DSR audit all transition plans and update them to provide more specific goals to allow more practical application. This will be completed within 4 calendar months of the accepted plan of correction (POC).** • **#7's will be updated within 30 days of receipt of the updated Psychological Evaluation.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. **02. Baseline Statement.** A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included:	• **ANS will have each DSR correct baseline statements in all DDA files that do not contain measurement of the specific skill level in order to match the objectives. This will be completed within 4 calendar months of the accepted POC.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed**

• In 3 of 3 adult participant files reviewed and 4 of 4 children's files, Program implementation plans (IP) did not contain a measurement of the specific skill level, or consistently contain a measurement that matched the objective (for example: Participant #2: 801,502,601,602) •	corrections to assist that this deficiency does not re-occur.
IDAPA 16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. **03. Objectives.** Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included • In 2 of 3 adult participant implementation plans(IP) (#2,3), objectives measured multiple components, but data was collected as one unit. • In 3 of 3 adult participant files reviewed, IP had terminology that can not be measured (for example: show respect, appropriate, legible, slowly enough) • Objectives did not include the measurement frequency (#trials), and data record is an average of a prompt level which is not measurable as written • Participant #4 and #6 IPP did not contain measurable objectives.	• ANS will have the DSR for the Adult participant files 2 and 3 either break down objectives to measure one item or a task analysis will be written to separate measurements. This will be completed with 30 days by each DSR of the accepted POC. • Each DSR will reword all objectives for participants 1-7 to ensure measurably behaviorally stated objectives. This will be completed within 30 days of the accepted POC. • Each DSR will change measurements for participants 1-7 from percentages to trials within 30 days of the accepted POC. • Each DSR will audit all files to ensure measurable, behaviorally stated objectives. This will be completed with 4 calendar months of the accepted POC. • All Developmental Specialists will attend training for objective writing in January given by the state to assist that this deficiency may not re-occur. • ANS would encourage and appreciate the state providing writing objective training more often (at least yearly) to serve as a refresher which will assist all DDA agencies in meeting required standards and serving all participants to the best of each agencies as well as ANS's ability. • Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.
IDAPA 16.04.11.703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. **04. Written Instructions to Staff.** These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and	• ANS will have each DSR audit and correct participant files 1-3 to include improved step by step instructions and interventions. This will be completed within 30 days of the accepted POC.

data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 3 of 3 adult participant IP's reviewed did not contain written instructions that were directed toward step by step instructions for staff to complete the task. Instructions did not include a training intervention were not specific to development for training the skill. (for example Participant #1- Objectives 304, 305, 306,307) • 3 of 3 adult participant implementation plans did not contain a frequency of reinforcement.	• **Each DSR will ensure that frequency and type of reinforcement will also be included in the procedure section of implementation plans for files 1-3 within 30 days of the accepted POC.** • **All other files will be audited by each DSR and improved to include step by step instructions and interventions as well as reinforcements. This will be completed within 4 calendar months of the accepted POC.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.704.01. PROGRAM DOCUMENTATION REQUIREMENTS. 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) 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) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Participant #2's status review indicated several months of regression (some at 0%) with not revisions recorded, and no ongoing comments made.	• **All ANS Developmental Specialists will update Current Status Reviews every 3 months. They will also document any reason for regression or lack of progression. The DS will update IP's or procedures as needed to attempt to achieve each participants goals. All information will documented on the IPP as well as the Current Status Review.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.706 REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)	• ANS's DSR will place the current Reshab plan in #3's file within 30 days of the accepted POC. • **Each DSR will audit all files to ensure that they contain copies of all IP's from every program that they receive from ANS. This will be completed within 4 calendar months of the accepted POC.** • **Participant #4 & #5 will have collaborations updated with school and other therapies within 30 days of the accepted POC.**

FINDINGS: Based upon record review, the agency is not in compliance. The findings included: • Participant #3's receives Residential Habilitation (RH), but a copy of the RH implementation plan was not in the file. • Participant #4, #5 did not contain adequate documentation of coordination/collaboration with other therapists nor the school. • Participant #6 file did not contain a current IEP.	• **DSR will request the current IEP for participant #6 and place it in the file within 30 calendar days of the accepted POC.** • **Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.**
IDAPA 16.04.11.708. 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) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Participant #4's IPP did not include all therapies (speech).	• ANS's DSR will update IPP for participant #4 to include all therapies within 30 days of the accepted POC. • Program Manager or Administrator will audit 1 participant file per DS each week and flag needed corrections. The files will then be re-audited by program manager or administrator again with-in 30 days of flagging any missing components or needed corrections to assist that this deficiency does not re-occur.
IDAPA 16.04.11.900.03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06) c. Promote integration; (7-1-06) d. Provide opportunities for community participation and inclusion; (7-1-06) f. Are observable in practice. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Observation of Services was completed at a local museum. Several groups of participants went to the same location for services. Community observation found that the group size was very large and did not promote integration, allow for inclusion. Other community members came to the museum and immediately left. Observation was completed for 30 minutes and programming could not be observed for 6 participants.	• All DDA group will be 1:3 and not conjoin with other groups. 1:1 will not join group outings as to help integrate participants with general population and not to alienate others in the community from attending local attractions and businesses. Participants who choose to have recreation or simply social stimulation will be recommended for Adult Day Care Services instead of group Developmental Therapy. • Field Staff will be trained on this issue within 30 days by each DSR once the POC has been accepted. • Monthly observations by the DSR will continue to be done during DDA time to ensure that staff are following these policies to assist that this deficiency may not re-occur.

Survey report completed by: Rebecca Fadness, Program Supervisor — Date: 11-21-2007

Agency Administrator Signature: [signature] — Date: 12-10-2007

Plan of correction accepted: Rebecca Fadness — Date: 12-12-07