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Statement of Deficiencies

Developmental Disabilities Agency

Riverside Service Group
7RIVER056

557 S Woodruff Ave
Idaho Falls, ID 83401
(208) 542-4517

Survey Type: Recertification

Entrance Date: 12/6/2010

Exit Date: 12/8/2010

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist; and Mark Schwartzenberger, Clinician.

OBSERVATIONS:

[Participant A] was observed in the center with a paraprofessional ([Employee 10]). The objectives worked on involved turn-taking (Chutes and Ladders board game). Based on the diagnosis of autism, the participant was not generally observed as being actively engaged in the activity, but the staff member was able to effectively keep the participant engaged in the activity through verbal prompting and signs (effective use of a combination of both; e.g., sign for "more" and verbally expressing "time" to provide engagement prompting). The staff member was able to provide reinforcement with minimal intrusion or detracting from the participant's ability to engage. When the staff member asked the participant to select an activity from his picture board, she praised and prompted well when this was successfully completed by the participant. The program was implemented in using PECS cards from the schedule.

[Participant B] was observed in the home with a paraprofessional ([Employee 9]). The participant was observed when he first got home. They went through the process of putting things away (school items, keys) and then proceeded to talk about the bus ride that morning to school and everything that happened relative to that. The therapist then inquired if the participant wanted to start his programming and he responded, "Yes." Then he continued to talk about the bus ride and the therapist allowed this to continue for too long without bringing him back to task. The task involved going to his room (on the lowest level of his split level home) and getting items needed to complete the task (i.e., shower caddy, change of clothes). While selecting clothes from clothes basket, the staff member asked if clothes were clean or not and participant indicated, "Yes." The participant requested that the staff member get him more of an item he needed, and when she did, he thanked her and the staff member thanked the participant and reinforced for asking. Hygiene task was completed in the bathroom, which is on the upper level of the home. The staff member showed concern for the participant's privacy by asking if he wanted the door closed, which he did.

[Participant 1] was observed in the center with a paraprofessional ([Employee 11]). The objectives worked on were expressing feelings and problem solving when she gets upset. The participant worked on three solutions for when someone upsets her. The therapist stated, "Let's act it out and pretend [Employee 6] hurt your feelings. What could you do?" They discussed the options and then once they were done with that objective, the therapist asked her if she was ready for a break. She then took a break. Then they discussed how many tokens she had to earn to choose something from the token box. The therapist informed the participant it was time to work with someone else and got up and went through the center looking for another participant to work with and left the participant by herself. The therapist then saw another

participant come into the center and asked him if she could work with him. After discussion with the administrator, she stated staff work with an individual until they are done with the objective in 15 minute increments, and then they move on to another individual. The participant, when she was left by herself, was then in Adult Day Care. The administrator was informed that the therapist should transition the individual from Developmental Therapy to Adult Day Care. Also, the therapist thanked the participant for letting her work with her while she was documenting data with no face to face eye contact. In addition, the participant's Individual Service Plan is authorized for six hours a week in the community and the therapy is conduct in the center only. The administrator stated occasionally the participant goes into the community. The Developmental Assessment and Program Implementation Plans address needs in the community, which were not being addressed in the natural setting only in the center. This was addressed with the administrator and the need for a transition plan to transition the participant into the community was discussed.

[Participant 2] was observed in the home with a paraprofessional ([Employee 8]). The objective worked on was budgeting. During the observation, the participant accessed her bank account on-line and looked to see if items purchased had cleared. Once they cleared, she wrote them down in her ledger. They then looked for all receipts for items purchased and wrote them down. The staff member provided prompts and reinforcement as necessary. The therapy was conducted in the natural setting and the therapist had a good rapport with the participant.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.201.04.i	Staff Qualifications	When we originally signed our contract with our Speech Therapist they were not required to have a state occupational licence. She was not part of our tickler system based on this information. RSG was unaware that this had changed. 1. A copy of her occupational license is in the file. 2. We have added her to the tickler system to get her new licence each year as the old one expires. 3. Administrative Assistant is responsible for following through and requesting a copy of each consultants license as they come due. 4. This is already a part of our quality assurance review. 5. Corrective action has already been completed. 1-31-11
201.APPLICATION FOR INITIAL CERTIFICATION. 04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06) i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06)	One of five contracted professional records reviewed ([Employee 5]) lacked documentation of copies of state licenses and certificates for staff when applicable. For example, [Employee 5]'s record lacked documentation of her Speech Language Pathologist license. (The agency corrected the deficiency during survey. The gency must address questions 2-4 on the Plan of Correction.)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 1-31-11 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.415.01.b.i-ii 415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. 01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06) b. Each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter. (7-1-06) i. The agency must assure that CPR and first aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-06) ii. Each agency staff person must have the appropriate CPR and first aid certification for the participants he serves. (7-1-06)	Training One of four employee records reviewed ([Employee 9]) lacked evidence the agency assured that CPR and First Aid trained staff were present or accompanied participants when services or DDA-sponsored activities were being provided. For example, [Employee 9] was a new employee and was scheduled within the 90-day requirement to receive CPR/First Aid training, but the employee had been working with the participant in the community one-on-one without another CPR/First Aid trained employee.	1. Added additional statements to our CPR/FIRST AID TRAINING policy that A. RSG will insure that CPR and first aid trained staff will always be present or accompany participants when services or activities are being provided. B. I understand I will not be allowed to provide services to participants unless another employee who is CPR/first aid trained is present. 2. A review of all employee files was conducted and everyone is currently CPR/first aid trained. We included this topic on our weekly training log and will train on it two times each year. New employees must sign the CPR/FIRST AID procedure indicating they understand what has been outlined as part of their initial orientation. 3. Our administrative assistant is responsible for scheduling the CPR/first aid classes as needed. Administrator revised the policy/procedure. 4. A tickler system is in place to monitor when the current employees need to recertify. New employees will be trained within 90days and will not be allowed to work with a participant unless a certified employee is with them. 5. Corrective actions have already been completed. 1-31-11

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 01-31-11 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.04	Incident Reporting	1.The incident report was revised. There is now an area to indicate that the incident is reported to the guardian and care provider as appropriate. 2. A review of 2010 incident reports was completed. With each incident the guardian and care provider were contacted. the administrator made a note and signed as such. 3. Administrator and Developmental Specialists will continue to be responsible for contacting the guardian and care providers. They will now indicate this contact on the incident report. 4. All incident reports are reported to the administrator. The administrator will review the report to insure that the guardian and care providers have been notified. 5.Corrective actions have already been completed. 1-31-11
510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06)	All incident reports reviewed lacked evidence that each report documented that the adult participant's legal guardian, if he had one, or in the case of a minor, the minor's parent or legal guardian, had been notified. For example, [Participant 1]'s multiple incident reports lacked evidence the incident was reported to the participant's legal guardian.	

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 1-31-11 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.601.03.a-f	Assessments	Both of these participants were fairly new to our agency and had begun services several months prior. Both participants had their psychological reviews scheduled at the time of survey. Eligibility had been determined and there were no unstable mental health conditions at the time they started services with RSG. This was not an oversight.
601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior	Two of four participant records reviewed ([Participants B and 2]) lacked current psychological assessments completed or obtained when the participant had been diagnosed with mental illness. For example:	

modifying drug(s); (7-1-06) b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) c. Prior to the initiation of supportive counseling; (3-30-07) d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) e. When a participant has been diagnosed with mental illness; or (7-1-06) f. When a child has been identified to have a severe emotional disturbance. (7-1-06)	[Participant B]'s most current psychological assessment was dated June 29, 2009, and a note in the record stated a psychological assessment had been completed and expected December 15, 2010. The participant had a mental health diagnosis of Oppositional Defiant Disorder and the profile sheet indicated he took medication for anxiety/depression. [Participant 2]'s most current psychological assessment was dated September 23, 2009. The participant had a mental health diagnosis of Bipolar Disorder, not otherwise specified. There was not a current assessment in the file.	1. Both participants have had their psych. reviews completed as scheduled. 2. All other participants of RSG have current psychological evaluations in their files. We are currently scheduling our psychological appointments out 2-3 months in advance to insure that they are done in a timely manner with current participants. In the event we have new participants who have a outdated psychological evaluation and we are unable to get them scheduled in a timely manner we will have our consultant psychologist review the file before services begin. 3. Administrator and Developmental Specialist 4. Review of records is already a part of our QA procedure. 5. Corrective actions have already been completed 1-31-11

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 1-31-11 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iv	Individual Program Plan	1. An addendum was completed for Participant A during survey. Addenda will be completed for all other participants who may be identified. that the amount and frequency of the type of therapy deviates more than 20%. Documentation of a participant based reason will occur in the participants record when the amount of therapy delivered varies or deviates 20% or more. 2. The DS will review each file for a deviance to identify participants that need to have addenda completed. 3. Developmental Specialist 4. The administrator will monitor this during QA process. 5. Corrective actions will be completed by 2-11-11
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For	One of two participant records reviewed ([Participant A]) lacked evidence the agency assured the amount and frequency of the type of therapy did not deviate from the Individual Program Plan (IPP) more than 20% over a period of four weeks, unless there was documentation of a participant-based reason. For example, [Participant A] only attends the DDA for approximately four hours per week due to school attendance, per agency administration report. Documentation did not demonstrate the	

participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) 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)	need for 20 hours per week; there was no documentation why the participant only receives four hours per week during the school year. An addendum was developed during survey to demonstrate this and will be presented to parents/service coordinator/physician. The IPP indicated utilization of 20 hours per week of deveopmental therapy, with the comprehensive developmental assessment indicating a need for 22 hours per week. There was a statement in the participant record addressing the 20 hours per week, which stated, "The child's parents determine the hours and days per week the child attends therapy..." The participant record lacked documentation the agency provided 20 hours per week of developmental therapy.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 02-11-11 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.d	Record Requirements	1. The profile sheet was updated to include the living situation. We have also added a description of who the emergency contact person is. 2. Each participant file needs updated. 3. Administrative Assistant is responsible for typing them and updating information on then. Developmental Specialist is responsible for gathering of updated information and passing it on to the Administrative Assistant 4. Review of the different components of the profile sheet has been added to the QA form.
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	Three of four participant records reviewed ([Participants A, B, and 2]) lacked current profile sheets containing the identifying information about the participant, including residence and living arrangement. For example: [Participant A]'s profile sheet dated November	

date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06) 01. General Records Requirements. Each participant record must contain the following information: (7-1-06) d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)	30, 2010, lacked living arrangement. [Participant B]'s profile sheet lacked living arrangements. [Participant 2]'s profile sheet lacked living arrangement, such as lives in own home, with parents, CFH (paid provider), etc. (REPEAT DEFICIENCY)	5. Approximately 2/3rds of the profile sheets have been revised. The remainder will be completed by 2-11-11

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16.04.11.900.01.d	Developmental Therapy	1. A meeting has taken place with the parents of Participant A to educate them on best practice. They were receptive and Participant A will be receiving 50% of his therapy in home and community based settings. A transition plan for Participant 1 will be developed to help her to access community type environments on a consistent basis. The administrator is developing best practice guidelines based on research and empirical data. These guidelines will be given to and explained to parents/guardians/care providers/participants with the initial application packet. During development of the plan the DS will i
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) 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) d. Skill training activities are conducted in the	Based on observation and record review of two of four participants ([Participants A and 1]), the agency lacked evidence skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: All developmental therapy for [Participant A] was	

natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)	provided in the center. Per agency staff, the parents were not inclined to have services provided in the home. The provider, as the professional, needs to educate the parent on evidence-based practice and the utilization of treatment in the natural environment where the needs have been addressed. [Participant 1]'s Individual Service Plan was authorized for six hours a week in the community. The therapy was conducted in the center only. The administrator stated occassionally the participant goes into the community. The Developmental Assessment and Program Implementation Plans addressed needs in the community, which were not being addressed in the center only. This was addressed with the administrator and the need for a transition plan to move the participant into the community was discussed. The therapy was not conducted in the natural setting. See observations in the initial comments for specific information. (REPEAT DEFICIENCY)	identified to learn and utilize the skill. 2. A review of other child participant records has been completed. All other children are receiving therapy in their home and community settings or a combination of home/ community based and center based therapy. A review of the adult IPP's will be completed to identify objectives that may not be being worked on in a natural setting. Follow through will occur as appropriate. 3. Administrator and DS 4. DS will monitor this during monthly observations and provide training as needed. The administrator will monitor this during the QA process. 5. Corrective action will be completed by 2-11-11.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 02-11-11 | **Administrator Initials:**

Administrator Signature (confirms submission of POC): | **Date:** 2011-01-31

Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmidt | **Date:** 2/7/11