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IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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April 20, 2011

Kathi Hirschi, Administrator  
Affiliates, Inc. dba The Adventure Center  
265 Gladstone  
Idaho Falls, Idaho 83401

Dear Ms. Hirschi:

Thank you for submitting the Affiliates, Inc. dba The Adventure Center's Plan of Correction dated April 8, 2011. 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 Affiliates, Inc. dba The Adventure Center a full One (1) year certificate effective from April 1, 2011 through March 31, 2012.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than **June 24, 2011**. You may submit supporting documentation as follows:

Fax to: 208-239-6269  
Email to: [lovelanp@dhw.idaho.gov](mailto:lovelanp@dhw.idaho.gov)  
Mail to: Dept. of Health & Welfare  
DDA/Res Hab Survey & Certification  
1070 Hilina, Suite 260  
Pocatello, Idaho 83201  
Or deliver to: Above address

You can reach me if you have any questions at 208-239-6267.

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

Pam Loveland-Schmidt, Adult & Child DS  
Medical Program Specialist  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

Affiliates Incorporated DBA The Adventure Center  
7ADVENTCTR103

265 Gladstone St  
Idaho Falls, ID 83401-2511  
(208) 528-8639

**Survey Type:** Recertification

**Entrance Date:** 1/18/2011

**Exit Date:** 1/21/2011

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

**Observations:**

[Participant A] was observed in her natural setting (home) with [Employee 17]. The participant was distracted with the observer in the room and continuously kept trying to look at the observer and have him look at her. The staff was able to keep the participant engaged and repositioned her so that her back was to the observer. The participant seemed better able to focus on the task. Continued use of verbal reinforcement was provided to the participant for correct responses to programming. The staff allowed time for the participant to engage in reinforcing activity at the end of programming, and then brought back to programming after only one or two minutes of reinforcement. Suggestion to agency DS is to involve mother in program implementation to be able to observe and give suggestions as to alternatives to methods being utilized. Observation as to utilization of a doll being used in dressing objective with agency indicating the assessment utilized demonstrated this technique seemed to be more effective as a teaching model.

[Participant B] was out ill and did not receive developmental therapy.

[Participant C] was out ill and did not receive developmental therapy.

[Participant D] was observed in the center with [Employee 18] preparing a snack for himself in the DDA Facility. The participant had just returned from a walk around the neighborhood of the DDA facility. The programming was not implemented in the child's natural setting where the child has the need. The staff kept the participant involved throughout implementation of the objective. Staff reinforced as needed and maintained good rapport with participant, keeping the activity relevant to other interests of the participant. The snack that was prepared seemed excessive (six Oreo cookies and fish crackers).

[Participant 1] was observed in the community (Walmart) with [Employee 10]. The objectives worked on were: engage in socially appropriate behavior "shake hand, say hello and refrain from hugging peers/staff", and "demonstrate appropriate interaction between strangers and friends". While discussing the objectives, the therapist and the participant walked around the Walmart with what appeared to be no purpose. The participant did not purchase an item or appear to be looking for an item to purchase.

[Participant 2] was observed in the center working on eating skills and asking for a drink by pushing the "button" with [Employee 11]. The

therapist had a good rapport with the individual. The objectives were not conducted in the natural setting and the Developmental Assessment and PIPs indicated all objectives were conducted in the center with no indication the goals will be transitioned into the natural setting. The staff did have to go from location to location to gather the items to start DT and the individual was left by herself while the staff gathered items from each side of the building.

[Participant 3] was observed in the center with [Employee 13] working with another participant and employee. They were discussing schedules and peer interaction. The other participant and other employee then left and [Participant 3] and [Employee 13] then worked on healthy food choices. The staff got a flyer on calcium and discussed the nutrients needed. This objective was not conducted in the natural setting. The individual lives in a CFH and appears to be capable of working on these objectives in the natural setting. This individual could prepare a list in the CFH and then DT could be conducted while shopping. While working on the healthy food choices at the grocery store that the individual would typically shop, the therapist could address behaviors related to peer interaction.

[Participant 4] was not observed.

[Participant 5] was observed in the community (Walmart) with [Employee 9]. The participant came to Walmart with a list completed in the CFH of personal hygiene items she needed to purchase. The therapist and the participant reviewed the list and the therapist gave her choices of which item she wanted to look for and then discussed the options of the item she was looking for such as different brands, sizes, and prices. The therapist then asked her if she would like to look for anything else once they had completed the list, which she did not. Then they went to the self checkout and the therapist had her checkout. The individual had difficulty with the machine and the therapist waited to see if she needed help and then she showed her what the machine wanted her to do and then reinforced her for completing the task. The therapist worked well with the participant.

[Participant 6] was observed with [Employee 14] in the Idaho Falls Walmart working on what appeared to be price comparison/making purchases. The individual then purchased a candy bar. After review of the participant's record, it was found that this individual lives in Rigby. When administration was asked why this individual comes from Rigby to Idaho Falls to purchase a candy bar, the administration stated it "is less expensive than in his neighborhood convenience store". Natural setting environment was addressed with the agency administrators.

[Participant 7] was observed in the community (library) with [Employee 15] and another participant and employee. They were looking for books like The Chronicles of Narnia in the fiction section. The employee did provide prompts to find the book and prompted to ask the library staff. The individual did ask the librarian and she directed them to an aisle. She could not find the book right away and gave up. The staff did not redirect to ask the library staff for additional assistance. Overall, the staff worked well with the participant.

[Participant 8] was observed in the natural setting (home) with [Employee 12] working on cleaning his home while working on objective "follow two-step direction". Overall, the staff worked well with the participant, but based upon the previous observation two years ago, it appears as though DT is not benefiting this individual and he may benefit more from mental health services to address the hoarding issues.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.503	Eligibility	
503.DEVELOPMENTAL DISABILITY	One of four children participant records (D)	

**DETERMINATION - TEST INSTRUMENTS.**  
 A variety of standardized test instruments are available. Tests used to determine a developmental disability must reflect the current functional status of the individual being evaluated. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional. Instruments designed only for screening purposes must not be used to determine eligibility. (3-19-07)

reviewed lacked evidence of tests over one (1) year old are verified to reflect the current status of the individual by an appropriate professional. Instruments designed only for screening purposes must not be used to determine eligibility.

For example, [Participant D]'s SIB-R in file was dated September 3, 2009. There was no documentation available to identify this still reflected the participant's current status.

1. Participant D's file contained a Confidential Psychoeducational Report from Ucon Elementary dated October 2010. This report addresses Differential Ability Scales (DAS-II), Adaptive Behavior Assessment System-2nd Ed., (ABAS-II), Conners 3rd Ed., Behavior Assessment System for Children-2nd Ed., BRIEF, Social Skills Rating System, Asperger's Syndrome Diagnostic Scale, Scales of Independent Behavior, Idaho Speech Pathology, and WPPSSI-III. All documents reflect the participant's current status. Also, the SIB-R dated September 9, 2009 was reviewed by the Developmental Specialist and reflects participant D's current level of functioning.
2. There is now a QA checklist which contains document renewal dates for participant D's file.
3. The Developmental Specialist is responsible for implementing each corrective action.
4. The lead Developmental Specialist will QA files monthly.
5. Participant D's corrective actions were completed on 3/22/2011.

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

**Date to be Corrected:** 2011-03-22

**Administrator Initials:** *YH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.009.01</p> <p>009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.</p> <p>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, "Rules Governing Mandatory Criminal History Checks." (7-1-06)</p>	<p>Criminal History</p> <p>One of 15 employee records reviewed ([Employee 16]) lacked documentation the agency verified that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks."</p>	<ol style="list-style-type: none"> <li>1. Policy will be written to ensure new staff do not work with a client until a signed and notarized copy of background check is in their files.</li> <li>2. Agency will look at past records (unit sheets) to see who the clients were. Corrective action will be in place so this does not happen again.</li> <li>3. Director will write the policy and make sure procedures are followed.</li> </ol>

For example [Employee 16]'s record had no documentation that a Department Criminal History Check was completed. Per Criminal History, this individual is not eligible to work with Medicaid participants. On January 4, 2011, the employee attempted to register and per agency documentation and verification from the administration this individual worked January 8, 2011 with a child participant ([Participant C]).

(POTENTIAL RECOUPMENT)

4. Director will follow a checklist procedure and oversee quality assurance to make sure background check has been signed and notarized.
5. Done and already in place.

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

**Date to be Corrected:** 3/11

**Administrator Initials:** *KB*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.400.C1</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-06)</p>	<p>Administration</p> <p>The agency lacked evidence it ensured the administrator was accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program.</p>	<ol style="list-style-type: none"> <li>1. Job description for directors was amended to include detail of all aspects administrator was responsible for.</li> <li>2. Potential for all participants to have been affected.</li> <li>3. Administrator and owners</li> <li>4. Monthly checklist has been created to be done by administrator and reviewed by owners.</li> <li>5. Form has been created and will be checked starting March 2011.</li> </ol>

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**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** *DL*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.500.03.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-06)</p>	<p>Facility Standards</p> <p>The agency lacked documentation that the owner or operator of the DDA had the center inspected at least annually by the local fire authority and as required by local city or county ordinances.</p> <p>For example, the Gladstone and May centers lacked documentation of fire inspections for 2010.</p>	<p>Center was inspected in 2009 and 2011. There was a sticker on fire alarm box issued by the Idaho Falls Fire Department that employee understood to be sufficient.</p> <ol style="list-style-type: none"> <li>1. Center was inspected in January of 2011.</li> <li>2. Potential that all clients were affected.</li> <li>3. Director</li> <li>4. Monthly checklist</li> <li>5. Cannot be corrected for 2010.</li> </ol>

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

<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
<p>16.04.11.500.03.h</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>03. Fire and Safety Standards. (7-1-06)</p> <p>h. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (7-1-06)</p>	<p>Facility Standards</p> <p>The agency lacked evidence of emergency telephone numbers posted near the telephone.</p> <p>For example, the Gladstone Center lacked evidence of emergency telephone numbers posted near the telephone by the front door.</p> <p>(The agency corrected the deficiency during survey. The agency must address questions 2-4 on the plan of correction).</p>	<p>1. Corrected during survey.</p> <p>2. None were affected as there are 4 other phones with emergency numbers posted by them.</p> <p>3. Director</p> <p>4. Monthly checklist</p> <p>5. Corrected during survey.</p>

Developmental Disabilities Agency		Affiliates Incorporated DBA The Adventure Center		1/21/2011
<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 1/11		<b>Administrator Initials:</b> <i>EH</i>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>		
16.04.11.500.C4	Facility Standards	<ol style="list-style-type: none"> <li>1. Corrected on site during survey.</li> <li>2. potential for all clients to be affected.</li> <li>3. Done</li> <li>4. Monthly Quality Assurance done by director.</li> </ol>		
<p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)</p> <p>04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)</p>	<p>The agency lacked evidence it had evacuation plans posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building.</p> <p>For example, the May Center lacked an evacuation plan that included the "correct" meeting area outside of the building.</p>			
<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> 1/11		<b>Administrator Initials:</b> <i>EH</i>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.511.02.a-d</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will assure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to assure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-05)</p> <p>02. Handling of Participant's Medication. (7-1-06)</p> <p>a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-06)</p> <p>b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the participant's record. Mesisets filled and labeled by a pharmacist or licensed nurse can serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use can also serve as written evidence of an order from the physician or other practitioner of the healing arts. (7-1-06)</p> <p>c. The agency is responsible to safeguard the participant's medications while the participant is at the agency or in the community. (7-1-06)</p> <p>d. Medications that are no longer used by the participant must not be retained by the agency or</p>	<p>Medication</p> <p>One of 12 participant records reviewed. ([Participant 2]) lacked evidence the agency ensured that employees followed agency medication policy and rule requirements.</p> <p>For example, [Participant 2]'s record indicated the care provider provided staff with instructions to place the OTC medications in the participants mouth and/or under the tongue. Only the professionals authorized to administer medications, such as an RN, Pharmacist, etc., can administer medications.</p> <p>Also, see IDAPA 16.04.11.511.01-05</p>	<p>1. Participant has no medications in the facility to take. The document from care-provider/guardian has been removed.</p> <p>2. We do not administer medications (OTC or prescription to participant).</p> <p>3. DS has removed the document and administrative staff (directors, DSS) will ensure that no medications will be administered.</p> <p>4. Administrative staff (directors, DSS) will ensure that no medications will be administered.</p> <p>5. March 22, 2011.</p>

agency staff for longer than thirty (30) calendar days. (7-1-06)

**Scope and Severity:** Isolated / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** KHT

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.600.01.a-c</p> <p><b>600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA.</b> 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>One of 12 participant records reviewed ([Participant 2]) lacked evidence the comprehensive assessment determined the necessity of the service and guided treatment.</p> <p>For example, [Participant 2]'s Comprehensive Developmental Assessment dated June 4, 2009, prioritized needs stated she needed to "work on her leg and arm extension to retain the range of motion that she currently has" which, as written, is not a functional developmental goal and out of the developmental therapist's scope as it is physical therapy. In addition, the prioritized needs stated she needs to "refrain" from negative behaviors (outcries, flailing her arms and legs and grimacing facial features after staff have been informed of her needs and began necessary preparations (getting her lunch ready, preparing the bed for her to lay down, moving her to another location, etc.). There was no documentation from PT/OT stating that flailing her arms and legs is not part of her medical diagnosis and is a behavior. In addition, there was no current PT assessment; the most current assessment was dated August 30, 2007. The PT assessment stated "will follow her on an annual basis to assure she is doing well with her gross motor activities and care".</p> <p>(REPEAT DEFICIENCY)</p>	<p>1. Participant's comprehensive developmental assessment will be redone to only include developmental goals. DS will refer guardian to arrange PT evaluation for participant.</p> <p>2. Agency will review other client's files to determine if others are affected. Participants will be referred for PT/OT/SLP as determined necessary.</p> <p>3. DS's will review files and ensure that developmental assessments include only developmental therapy goals and refer if determined necessary to other professionals (OT/PT/SLP).</p> <p>4. DS's will review new evaluations and documents and refer participants as necessary to other professionals (OT/PT/SLP).</p> <p>5. The participant's list will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011</p>

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-06-16 **Administrator Initials:** KHT

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>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)</p> <p>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>Assessments</p> <p>Five out of 12 participant records reviewed ([Participants 2, 8, A, B, and D]) lacked evidence the assessments met rule requirements.</p> <p>For example:</p> <p>[Participant 2]'s Comprehensive Developmental Assessment (CDA) of June 4, 2009, did not recommend the type and amount of therapy. However, the May 17, 2010, update did recommend the type and amount of therapy, but did not address the natural setting where the skill typically occurs. The recommendation only recommended individual facility.</p> <p>[Participant 8]'s Developmental Assessment of October 1, 2010, lacked recommendations of type and amount of therapy necessary to address the participant's needs.</p> <p>[Participant A]'s diagnosis of Down's Syndrome, which was based on medical information in the file dated March 11, 2010, was noted as being mentioned to the DS by the MD. This is not a qualifying criterion diagnosis of a developmental disability. In the Psychological section of the file, a document indicated the "child does not need to have a psychological evaluation because she has Down's Syndrome." The IEP in the file, from an April 16, 2010, meeting, indicated eligibility based on developmental delay. The documentation in the participant's record does not formulate a diagnosis nor verify the agency determined DD eligibility (see also IDAPA 16.04.11.701.01 and IDAPA 16.04.11.600.03.a-f). The assessment and IPP recommended "up to 22 hours per week of developmental therapy". Hours cannot be listed as a range and need to indicate a total number of hours.</p>	<p>Participant A</p> <ol style="list-style-type: none"> <li>1. A SIB-R Substantial Functional Limitations worksheet was completed off of the SIB-R dated on 4/27/2009 to determine eligibility. A Neurobehavioral Evaluation with a diagnosis of Downs Syndrome and Mild Mental Retardation was completed on 1/24/2011 and is in file.</li> <li>2. Every participant age five and older will have a psychological evaluation prior to delivery of services. Clients that are turning age five will have a psychological evaluation scheduled before their fifth birthday. There is now a QA checklist which contains document renewal dates for participant A's file.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Participant A's corrective actions were completed on 3/22/2011.</li> </ol> <p>Participant A, B, &amp; D</p> <ol style="list-style-type: none"> <li>1. In recommendations a specific total of hours will be indicated.</li> <li>2. The amount of hours will be changed on the recommendations as plans become due throughout the year.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Participants A, B, and D's corrective actions were taken on 3/22/2011.</li> </ol>

[Participant B]'s Developmental Evaluation and IPP recommended "up to 22 hours per week of developmental therapy". Hours cannot be listed as a range and need to indicate a total number of hours.

[Participant D]'s Developmental Evaluation and IPP recommended "up to 22 hours per week of developmental therapy". Hours cannot be listed as a range and need to indicate a total number of hours. In addition, the Medical/Social History completed September 4, 2010, by the LSW had a recommendation for "developmental therapy up to 22 hours per week in a DDA setting".

(REPEAT DEFICIENCY)

1. Participants 2 and 8 will have developmental assessments redone to state recommendation of type and amount of therapy as well as location.
2. Agency will review other developmental assessments and ensure that the type and amount of therapy is recommended.
3. DS's who write the developmental assessments will be responsible to make sure the assessment includes type and amount of therapy.
4. DS will monitor and review assessments including type and amount of therapy recommended.
5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011

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

**Date to be Corrected:** 2011-07-15

**Administrator Initials:** *EB*

**Rule Reference/Text**

**Category/Findings**

**Plan of Correction (POC)**

16.04.11.601.01

Assessments

Participant B

601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.  
01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)

Four of 12 participant records reviewed ([Participants 2, 4, B, and C]) lacked documentation of a current assessment per rule requirements.

For example:

[Participant 2]'s record lacked a current PT assessment. The most current assessment was dated August 30, 2007. The PT assessment stated, "Will follow her on an annual basis to assure she is doing well with her gross motor activities and care." There were no further assessments in the record. In addition, the most current OT assessment was date September 10, 2007. There was no documentation of SLP assessment. During observation, the participant was observed using an augmentive communication device "button" when asking for a drink.

[Participant 4]'s record lacked OT, PT, and SLP

1. Participant B's parents were contacted and a doctor's appointment was scheduled for April 1st at 9:45 a.m. Participant B's mother has agreed to bring us the Medical Assessment following the appointment. The psychological evaluation dated January 7, 2009 established eligibility before the start date of 7/6/09. We will get an update or a full evaluation from psychologist stating the evaluation is still current.
  2. There is now a QA checklist which contains document renewal dates for participant B's file.
  3. The Developmental Specialist is responsible for implementing each corrective action.
  4. The lead Developmental Specialist will QA files monthly.
  5. Participant B's corrective action will be corrected once documentation is received.
- Participant C: 1. Participant C is no longer receiving services through our agency.  
2. All Comprehensive Development Assessments will be completed prior to the start date on the IPP. Every participant age five and older will have a psychological evaluation prior to delivery of services. Clients that are turning age five will have a psychological evaluation scheduled before their fifth birthday.

	<p>assessments and the Social/Medical/Developmental History stated she received OT, PT, SLP from a previous DDA and through the school, but there was no documentation of this in the record.</p> <p>[Participant B]'s Medical Assessment was last completed on October 14, 2009. The last Psychological Assessment was completed January 27, 2009. The assessments were not current.</p> <p>[Participant C]'s Comprehensive Developmental Assessment was dated December 7, 2010, with a start date of IPP on November 30, 2010. In addition, the psychological evaluation dated April 12, 2007, on file was not current.</p> <p>Also, see IDAPA 16.04.11.601.02 and IDAPA 16.04.11.602.01-02.</p> <p>(REPEAT DEFICIENCY)</p>	<p>3. The Developmental Specialist is responsible for implementing each corrective action.</p> <p>4. The lead Developmental Specialist will QA files monthly.</p> <p>5. Participant C is no longer receiving services through our agency. ———— 1. Participant 2 will be referred to a PT, OT and SLP for current assessments. For Participant 4 attempts have now been made to previous DDA and school to obtain copies of OT,PT, SLP evaluations. Both no longer exist (previous DDA disposes of old evaluations after 5 years and the school disposes after 6 years). Participant 4 will be referred for current assessments to OT, PT and SLP. 2. Agency will review other client's files to determine if others are affected. Participants will be referred for PT/OT/SLP as determined necessary. 3. DS's will review files and refer if determined necessary to other professionals (OT/PT/SLP). 4. DS's will review new evaluations and documents and refer participants as necessary to other professionals (OT/PT/SLP). 5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011.</p>
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**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm. **Date to be Corrected:** 2011-06-16 **Administrator Initials:** *EH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.03.a-f</p> <p>601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>03. Psychological Assessment. A current psychological assessment must be completed or obtained:</p> <p>(7-1-06)</p> <p>a. When the participant is receiving a behavior modifying drug(s); (7-1-06)</p> <p>b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06)</p> <p>c. Prior to the initiation of supportive counseling; (3-30-07)</p> <p>d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06)</p> <p>e. When a participant has been diagnosed with mental illness; or (7-1-06)</p>	<p>Assessments</p> <p>One of 12 participant records reviewed ([Participant 3]) lacked evidence of a current Psychological Assessment when the participant had been diagnosed with mental illness. The most current Psychological Assessment was dated July 8, 2009. The participant had been diagnosed with ADHD and depression, and currently takes psychotropic medicines (Lexapro for mood, Zyprexa for mood, and Straterra for ADHD).</p> <p>(REPEAT DEFICIENCY)</p>	<p>1. Participant 3 had an appointment set up with Dr. Lindsey for January 20, 2011 for a psychological evaluation.</p> <p>2. Agency will review other client's files to determine if others are affected. Participants will be referred for psychological evaluations as determined necessary by requirements stated in 16.04.11.601.03 a-d.</p> <p>3. DS's will review files and refer if determined necessary by requirements for a psychologist.</p> <p>4. DS's will review new evaluations and documents and refer participants as necessary by requirements for a psychologist.</p> <p>5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011</p>

f. When a child has been identified to have a severe emotional disturbance. (7-1-06)

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

**Date to be Corrected:** 2011-06-16

**Administrator Initials:** *KG*

**Rule Reference/Text**

16.D4.11.604.01.a-g

604. TYPES OF COMPREHENSIVE ASSESSMENTS.  
 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)  
 a. Self-care; (7-1-06)  
 b. Receptive and expressive language; (7-1-06)  
 c. Learning; (7-1-06)  
 d. Gross and fine motor development; (7-1-06)  
 e. Self-direction; (7-1-06)  
 f. Capacity for independent living; and (7-1-06)  
 g. Economic self-sufficiency. (7-1-06)

**Category/Findings**

Assessments

One of 12 participant records reviewed ([Participant B]) lacked documentation the agency assured that the Comprehensive Developmental Assessment (CDA) completed by the DDA reflected a person's developmental status in the seven skill areas.  
 For example, [Participant B]'s developmental assessment "economic self-sufficiency" did not indicate what finances this individual had nor listed what skills the individual needed to address, such as finances.  
 (REPEAT DEFICIENCY)

**Plan of Correction (POC)**

1. Participant B's Comprehensive Developmental Assessment did not indicate what finances the individual had. The participant is a child and has no finances of her own. Participant B's Developmental Assessment does list what skills the individual needs to address under money management it states participant is not able to count money or identify coins, put money in savings, make purchases, give the exact amount of money to purchase item.
2. Finances will be addressed in the Comprehensive Developmental Assessments as the assessments become due.
3. The Developmental Specialist is responsible for implementing each corrective action.
4. The lead Developmental Specialist will QA files monthly.
5. Participant B corrective actions were corrected on 3/22/11.

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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.605.01-05 605.REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. 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) 02. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06) 03. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (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)	Assessments Two of 12 participant records reviewed ((Participants B and C)) lacked evidence the specific skill assessments determined baselines and were used to develop the Program Implementation Plan. For example: [(Participant B)'s skill assessment listed baseline as a percentage of a percentage (i.e., goal #1: 74% with objective 1 listing a criterion of 50% and PIP indicating the baseline at 5%). Staff also indicated that baselines are reevaluated and changed at annual review. [(Participant C)'s baselines were not reflective of the criterion listed on the objective. Objective #1 baseline was 73%; criterion was 60%. Objective #2 baseline was 85%; criterion was 60%. Objective #3 baseline was 84%; criterion was 50%. Objective #4 baseline was 78%; criterion was 60%. Objective #5 baseline was 62%; criterion was 50%. Objective #6 baseline was	Participants B & C 1. Baselines will not be changed annually. The criterion of the goal will reflect the percentage of actual progress; not the percentage of a percentage. The criterion percentage will change based on six month and annual reviews. 2. Participants will be identified by the six month and annual review data. 3. The Developmental Specialist is responsible for implementing each corrective action. 4. The lead Developmental Specialist will QA files monthly. 5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011

70%; criterion was 50%. Objective #7 baseline was 30%; criterion was 50%. One of seven objectives were addressed correctly.

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

**Date to be Corrected:** 2011-06-15

**Administrator Initials:** *RH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.01</p> <p>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)</p> <p>01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 56-402, Idaho Code.</p>	<p>Eligibility</p> <p>Two of four child participant records reviewed ([Participant A and C]) lacked documentation that prior to the delivery of any DDA services, the DDA determined and documented the participant's eligibility in accordance with Section 56-402, Idaho Code.</p> <p>For example:</p> <p>[Participant A]'s diagnosis of Down's Syndrome, which was based on medical information in the file dated March 11, 2010, which was mentioned to the DS by the MD, is not a qualifying criterion diagnosis of a developmental disability. In the Psychological section of the file, a document indicated the "child does not need to have a psychological evaluation because she has Down's Syndrome." The IEP in the file, from an April 18, 2010, meeting, indicated eligibility based on developmental delay. The documentation in the participant's record does not formulate a diagnosis nor verify the agency determined DD eligibility.</p> <p>The documentation available in [Participant C]'s record was a psychological evaluation</p>	<p>Participant A</p> <p>1. A SIB-R Substantial Functional Limitations worksheet was completed off of the SIB-R dated on 4/27/2009 to determine eligibility. A Neurobehavioral Evaluation is on file and Participant will be referred to a psychologist. 2. Every participant will have an Eligibility Checklist and a Substantial Functions Limitations work sheet completed initially and annually in their file. 3. The Developmental Specialist is responsible for implementing each corrective action. 4. The lead Developmental Specialist will QA files monthly. 5. Participant A's corrective actions were completed on 3/22/2011.</p> <p>Participant C</p> <p>1. Upon review of the psychological evaluation completed on April 12, 2007 it is noted that the recommendations for Participant C state that she "... will require a high level of support and assistance throughout her life" (Harper, 2007, p. 3). The following report then goes on to state that it is unlikely that Participant C "... will ever be able to maintain independent living" (Harper, 2007, p. 4). The report states that "She clearly qualifies for disability services" (Harper, 2007, p. 4). The psychological evaluation does not recommend for another evaluation to be done, at any time. The agency has since</p>

completed on April 12, 2007, by a psychologist. A GME completed August 25, 2010, by a MD did indicate that "...she has had...pervasive developmental disorder, and mild MR..." but this exam did not provide any testing/assessment relative to these diagnoses. There was no other documentation current within the past year to demonstrate a current status for a Developmentally Disabled diagnosis.  
  
(POTENTIAL RECOUPMENT)

qualified Participant C with the documents in her file using the eligibility checklist. 2. Every participant over the age of five will have a current psychological evaluation prior to beginning services. Every participant will have an Eligibility Checklist and a Substantial Functions Limitations work sheet completed initially and annually in their file. 3. The Developmental Specialist is responsible for implementing each corrective action. 4. The lead Developmental Specialist will QA files monthly. 5. Participant C no longer receives services through our agency.

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

**Date to be Corrected:** 3/11

**Administrator Initials:** *EBT*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.04.b-d</p> <p>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.</p> <p>04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)</p> <p>b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06)</p> <p>c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)</p> <p>d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)</p>	<p>Individual Program Plan</p> <p>Four of four child participant records reviewed ([Participants A, B, C, and D]) lacked evidence the Individual Program Plans (IPP) met rule requirements.</p> <p>For example:</p> <p>[Participant A]'s IPP indicated skill training to be addressed as IFB (Individual Facility Based); however, data sheets indicated skill training was consistently implemented at IC (Individual Community). The Developmental Evaluation and IPP recommended "up to 22 hours per week of developmental therapy". Hours cannot be listed as a range and need to indicate a total number of hours.</p> <p>[Participant B]'s Developmental Evaluation and IPP recommended "up to 22 hours per week of developmental therapy". Hours cannot be listed as a range and need to indicate a total number of hours.</p> <p>[Participant C]'s IPP indicated "receives up to 22 hours of Developmental Therapy in a DDA setting". This statement does not indicate a specified period of time and indicates a range of</p>	<p>Participants A, B, C, &amp; D</p> <ol style="list-style-type: none"> <li>In recommendations a specific total of hours will be indicated. The delivery method of services will be implemented in the setting specified.</li> <li>The amount of hours and method of services will be changed as plans become due throughout the year. Participants A, B, C, &amp; D's recommendations have been changed to reflect a total number of hours. The participant's methods of services have also been corrected.</li> <li>The Developmental Specialist is responsible for implementing each corrective action.</li> <li>The lead Developmental Specialist will QA files monthly.</li> <li>Participants A, B, C, and D's corrective actions were taken on 3/22/2011.</li> </ol>

hours to be implemented. The IPP indicated up to 22 hours, but does not define a weekly or monthly frequency.

[Participant D]'s authorized IPP indicated the participant should receive up to 22 hours per week of developmental therapy "in the home and community setting". Developmental therapy being provided is implemented as IFB and ICB with PIPs indicating location of programming to include the facility setting and community settings (e.g. "stores, parks, restaurants, swimming pools"). There was no home-based DT being provided. The Developmental Evaluation and IPP recommended "up to 22 hours per week of developmental therapy". Hours cannot be listed as a range and need to indicate a total number of hours.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** KBT

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.b</p> <p>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 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)</p> <p>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</p>	<p>Individual Program Plan</p> <p>One of four child participant records reviewed ([Participant C]) lacked documentation the IPP was signed by a physician or other practitioner of the healing arts and the parent or legal guardian prior to initiation of any services identified within the plan.</p> <p>For example, [Participant C]'s parent's signature on the IPP was dated January 16, 2011, after the start date of November 30, 2010, listed on the IPP. Progress data charts indicate services were provided November 29, 2010.</p> <p>(REPEAT DEFICIENCY)</p>	<p>Participant C</p> <ol style="list-style-type: none"> <li>1. Parent signature will be obtained before delivery of services. Services that were provided November 29, 2010 to participant C, were provided on the previous plan year. Participant C no longer receives services through our agency.</li> <li>2. There is now a QA checklist which contains document renewal dates for all participants' files.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Participant C no longer receives services through our agency.</li> </ol>

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<p>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)</p>				
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm			<b>Date to be Corrected:</b> 3/11	<b>Administrator Initials:</b> <i>EB</i>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>		
16.04.11.701.05.e.iv	Individual Program Plan	Participants A, C, and D		
<p>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)</p> <p>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)</p> <p>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 age appropriate. The IPP must include: (7-1-06)</p> <p>iv. The type, amount, frequency and duration of</p>	<p>Three of four participant records reviewed (Participants A, C, and D) lacked evidence 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 (4) weeks, unless there was documentation of a participant-based reason.</p> <p>For example:</p> <p>[Participant A]'s IPP authorized 22 hours per week. The agency documentation lacked evidence therapy was provided within the 20% allowed deviation. During the weeks of December 13, 2010, to January 6, 2011, DT was provided at 7.75 hours; 15.5 hours; 11.25 hours; and 13.75 hours (based on data sheets - units per week), with 20% deviation of the 22 hours per week prescribed in the IPP being 4.4 hours, or between 17.6 hours and 26.4 hours per week.</p> <p>[Participant C]'s IPP authorized 22 hours per week of therapy. The agency documentation</p>	<p>1. Progress notes will be written to document any deviation in participant's hours.</p> <p>2. Data sheets will continue to be reviewed weekly along with the progress notes.</p> <p>3. The Developmental Specialist is responsible for implementing each corrective action.</p> <p>4. The lead Developmental Specialist will QA files monthly.</p> <p>5. Progress notes on clients hour deviations began on 3/23/2011.</p>		

<p>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)</p>	<p>lacked evidence therapy was provided within the 20% allowed deviation. Between the weeks of November 29, 2010, to January 8, 2011, the therapy hours provided were: 4.25 hours; 6.75 hours; 6.25 hours; no attendance; 12 hours; and 7 hours for total hours per week of Developmental Therapy, with 20% deviation of the 22 hours per week prescribed in the IPP being 4.4 hours, or between 17.6 hours and 26.4 hours per week.</p> <p>[Participant D]'s IPP authorized 22 hours per week of therapy. The agency documentation lacked evidence therapy was provided within the 20% allowed deviation. During the four week period from November 29, 2010, to December 24, 2010, weekly Developmental Therapy was provided at 4 hours; 3.5 hours; 3.5 hours; and 2.25 hours, with 20% deviation of the 22 hours per week prescribed in the IPP being 4.4 hours, or between 17.6 hours and 26.4 hours per week.</p>	
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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.vi</p> <p>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.</p> <p>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)</p> <p>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)</p>	<p>Individual Program Plan</p> <p>One of four child participant records reviewed ([Participant B]) lacked evidence the Individual Program Plan (IPP) included an accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list should identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need.</p> <p>For example, [Participant B]'s prioritized behavioral needs identified on the Developmental Evaluation (dated June 16, 2010) were not addressed on the IPP (dated July 6, 2010). However, there was a Behavior Management Program addressing behaviors of concern with data being taken.</p>	<p>Participant B</p> <ol style="list-style-type: none"> <li>1. The behavioral strengths and needs for Participant B will be addressed on the IPP and the Prioritized need(s) will be addressed in an objective.</li> <li>2. As each participants plan is renewed, behavioral strengths and needs will be addressed in the IPP and as a goal.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Participant B's IPP was changed on 3/23/2011.</li> </ol>

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)  
 vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need: (7-1-06)

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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi  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 703 of these rules for all ISSH Waiver participants. (7-1-06) 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) 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.	Individual Program Plan  Three of four child participant records reviewed ([Participant A, C, and D]) lacked evidence of an IPP containing a rule-compliant transition plan.  For example:  [Participant A]'s transition plan did not specify criteria for the transition to less restrictive, more integrated settings and what these settings might involve. The transition plan did indicate what she would be able to do (e.g., communicate with others, tell parents what she wants or needs) to facilitate this transition.  [Participant C]'s transition plan did not address criteria to be met in order to transition to less restrictive, more integrated settings.  [Participant D]'s transition plan did not address specific criteria for transition into less restrictive,	Participants A, C, & D 1. The transition plans will be changed, to more accurately reflect the criteria to transition to less restrictive, more integrated settings. 2. As each participants plan is renewed, transition plans will be addressed. 3. The Developmental Specialist is responsible for implementing each corrective action. 4. The lead Developmental Specialist will QA files monthly. 5. Participant's A, C, and D's IPP was changed to reflect their new transition plan on 3/23/2011.

The IPP must include: (7-1-06)  
 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)

more integrated settings (e.g., classroom, community based settings). The IPP documented: "For him to be able to participate in life with others; to be with peers which is limited by his social and personal limitations." There was no indication of the criteria that was to be met to accomplish a transition to service provision outside of developmental therapy.

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

**Date to be Corrected:** 3/11

**Administrator Initials:** KJH

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 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</p>	<p>Program Implementation Plan</p> <p>Eight of 12 participant records reviewed ([Participants 2, 4, 5, 8, B, C, and D]) lacked evidence the DDA developed a Program Implementation Plan (PIP) for each DDA objective included on the participant's required plan of service that met rule requirements.</p> <p>For example:</p> <p>[Participant 2]'s objective 4a is not measurable as written. The objective states, "She will refrain from exhibiting negative behaviors (vocal outcries with flailing arms and grimacing expressions) especially when it is known her physical needs have been met (we know she is not hungry, tired, or needing to have her depends changed, etc.)" "Refrain from" is not measurable. In addition, the "behaviors" need to be addressed by the professionals working within their discipline to determine these actions</p>	<p>Participants B, C, &amp; D</p> <ol style="list-style-type: none"> <li>1. When IPP objectives are changed the PIP will reflect those changes within fourteen days.</li> <li>2. As each participants plan is renewed, IPP objectives and PIP's will be addressed.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Participant B's IPP chart of objectives and PIP was changed on 2/17/2011. Participant C no longer receives services through our agency. Participant D's IPP chart of objectives and PIP was changed on 3/8/11.</li> </ol> <p>Date to be corrected: 3/11</p>

objectives previously identified on the required plan of service. (7-1-05)

are not related to her medical condition.

Note: Objective 3c states, "Staff can give her prompts to grasp her toys on tray". This individual is 30+ years old and toys do not appear to be age appropriate.

[Participant 4]'s authorized Individual Service Plan (ISP) and PIPs did not correlate. The ISP stated for objective 1 "will increase daily living/hygiene skills". The PIPs were 1a "will follow a 3 step direction"; 1b "will learn nutrition skills"; 3a "will compare prices"; 3d "will remain on task"; 3f "will learn and demonstrate safety skills"; 3h "will learn proper care of her belongings"; 4a "will engage in a conversation"; 4b "will refrain from negative behaviors". Unable to determine in objective 4b if she is refraining from the behavior, or that she just did not have the behavior. This objective is not measurable.

[Participant 5]'s authorized ISP goals did not match her PIP goals. The ISP goal is community/access safety. The PIP's stated: 3a "ind. Follow 2-3 step direction"; 3b ind. Compare prices and make a purchase in the community"; 3c "will identify safety signs and hazards in the community facilities she visits"; 4a "will ind. Engage in a positive conversation"; 4b "will discuss and demonstrate appropriate relationships and the difference between friends and family".

[Participant 8]'s authorized ISP did not match the PIPs. The ISP goals were: 1 "increase daily living/hygiene; 2 "Increase social/communication skills"; 3 "access community"; 4 "increase financial skills". The PIPs were: 1a "will identify requirements for good grooming/hygiene"; 1b "will incorporate healthy foods"; 2a "will develop and follow a checklist for weekly household chores"; 4a "will identify requirements for positive social interaction", etc.

1. Participant 2's objective 3c. states "will follow simple one step directions." In the methods section it describes "grasp her toys on her tray." That section in the methods will be removed as toys do not appear to be age appropriate. Participant 2 and 4 will have the "refrain from negative behavior goals" changed to addressing positive social behavior that wish to encourage.  
 2. Agency will review other client's files to determine if others are affected. Participants PIP's will be corrected by DS to addressing positive behaviors that we wish to encourage.  
 3. DS's will review files and ensure objectives are measurable.  
 4. DS's will ensure that PIP-goals are written measurably.  
 5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011

1. Participant 4's ISP goals are 1-Increase daily living/hygiene skills (PIP goals 1b 3h correlate with this goal) 2-Increase communication/social skills (PIP goals 4a 4b correlate with this goal) 3-Access community (PIP goals 1a 3a 3f correlate with this goal) 4-Increase financial skills (PIP goal 3a correlates with this goal) 5 Maintain employment (PIP goals 1a 3d correlate to this goal). Participant 5's ISP goals are 1-Increase daily living skills/hygiene skills 2-Increase parenting skills (PIP goals 3c 4a 4b correlate with this goal) 3-Community access/safety (PIP goals 3a 3b 3c correlate with this goal). Participant 8's ISP goals are listed 1-(PIP goals 1a 1b 2a 5a 8a correlate with this goal) 2-(PIP goal 4a correlate with this goal) 3-(PIP goals 6a 7a correlate with this goal) 4-(PIP goals 7a correlate with this goal) No corrections needed.

[Participant B]'s IPP objective #4 "will learn to verbally communicate her wants and needs with ..." PIP objective #4 "will verbally respond to questions when asked with less than 2 verbal prompts, with..." These do not correlate.

[Participant C]'s start date of IPP was listed as November 30, 2010, with PIP implementation indicating Developmental Therapy provided on November 29, 2010. Parent signature on IPP indicated it was signed on January 16, 2011.

[Participant D]'s IPP objective #3 Self Care: will learn to do his buttons, zipper, and tie his shoes before going into the community or after using the bathroom... PIP objective #3 Mobility: will complete fine motor tasks that involve movements with... IPP objective #4 Self Care: will learn to wash his hands after using the restroom with... PIP objective #4 Capacity for Independent Living: will put away items and clean up area after using them with... Objectives 5, 6, 7 all have similar concerns.

Also, see IDAPA 16.04.11.703.04

(REPEAT DEFICIENCY)

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

**Date to be Corrected:** 2011-06-16

**Administrator Initials:** *PH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.703.04</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 be written and implemented within fourteen (14) days after the first day of ongoing programming</p>	<p>Program Implementation Plan</p> <p>One of 12 participant records reviewed ([Participant B]) lacked evidence the Program Implementation Plan (PIP) written instructions to staff were individualized and revised as necessary to promote participant progress toward the stated objective.</p> <p>For example, [Participant B]'s Program Implementation Plans for all seven objectives listed criterion to achieve at 50%. Baselines</p>	<p>Participant: B</p> <ol style="list-style-type: none"> <li>1. Baselines will not be changed annually. The criterion of the goal will reflect the percentage of actual progress; not the percentage of a percentage. The criterion percentage will change based on six month and annual reviews.</li> <li>2. Participants will be identified by the six month and annual review data.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> </ol>

Developmental Disabilities Agency	Affiliates Incorporated DBA The Adventure Center	1/21/2011
<p>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>04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and 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)</p>	<p>listed on Skill Assessment (dated July 18, 2010) for #1: 74%; #2: 68%; #3: 71%; #4: 63%; #5: 57%; #6: 73%; #7: 51%. Baselines were listed on skills assessment as percentage of 50% listed on program objective. On six month review completed January 5, 2011, criterion on all seven objectives indicated 50%. Current status was listed as follows: #1: 56% ; #2: 62%; #3: 64%; #4: 63%; #5: 61%; #6: 73%; #7: 47%. Based on this progress review, there were no changes/revision to objectives indicated based on participant acquiring listed criterion of objective performance.</p> <p>(POTENTIAL RECOUPMENT)</p> <p>(REPEAT DEFICIENCY)</p>	<p>5.The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011</p>
<p><b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p><b>Date to be Corrected:</b> 2011-06-16      <b>Administrator Initials:</b> <i>Ed</i></p>
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</p>	<p>Program Documentation (data/progress)</p> <p>Four of 12 participant records reviewed ([Participant 2, 3, 4, and B]) lacked documentation of an ongoing review of data and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional.</p> <p>For example:</p> <p>[Participant 2]'s PSR stated progress for objective 1c was below current baseline of 50%. The decrease in progress existed from March 2010 through August 2010, six months with no changes or discontinuation of the</p>	<p>Participant B</p> <ol style="list-style-type: none"> <li>1. Baselines will not be charged annually. The criterion of the goal will reflect the percentage of actual progress; not the percentage of a percentage. The criterion percentage will change based on six month and annual reviews.</li> <li>2. Participants will be identified by the six month and annual review data.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011</li> </ol>

qualified professional's dated initials. (7-1-06)

program. In addition, the notes stated "going to rest baseline on new plan"; uncertain how that will assist the participant in increasing the skill and independence.

[Participant 3]'s PSR had data documented for January 2011 for all objectives and the month had not been completed. Uncertain how DS determined progress prior to therapy being conducted for the month. It also appeared as though the individual is not making progress with his objectives. There was no documentation of change or discontinuation of the objectives.

[Participant 4]'s PSR stated progress for objective "follows a 2-3 step instructions" showed no progress or very minimal progress for five months (no months listed on the PSR; appeared to be April through August). The baseline was 49% and the data stated progress was 49% to 50% and at times dropped below the baseline with no documentation as to why the decline. In addition, there was no change or discontinuation of the objective. This is the same for other goals listed on the PSR dated October 1, 2010.

[Participant B]'s DS had signed off on weekly progress charts; however, there was no indication of changes/ revisions to objectives relative to six month review status indicating criterion was met on six of seven objectives.

(REPEAT DEFICIENCY)

Also see IDAPA 16.04.11.704.01.d

1. Participant 2, 3, and 4 will have original baselines reestablished on PIPs. Participant 3's PSR dates were mistyped (started 6/10 when should have started 5/10). Dates on PSR will be corrected to correct plan dates.
2. DS will check other participant's files and upcoming PSRs. PSRs already completed and submitted will not be able to be altered.
3. DS will ensure that monitoring of progress includes notes and documentation of steps or changes taken when progress not being made.
4. DS will keep original baselines on PIPs and PSRs in order to ensure compliance with IDAPA rule.
5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011

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

**Date to be Corrected:** 2011-06-16

**Administrator Initials:** *JK*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.705.01.d</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>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>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)</p>	<p>Record Requirements</p> <p>Twelve of 12 participant records reviewed ([Participants A, B, C, D, 1, 2, 3, 4, 5, 6, 7, and 8]) lacked evidence of a current profile sheet with the required rule components.</p> <p>For example:</p> <p>[Participant 1]'s client profile sheet lacked living arrangements. Also, it did not address allergies; the allergy section was left blank.</p> <p>[Participant 2]'s client profile sheet lacked living arrangements. Also, it did not address allergies; the profile had a section for Special Diet/Other Medical Needs/Allergies, and under this section it only stated "wears glasses".</p> <p>[Participant 3]'s client profile sheet lacked living arrangements.</p> <p>[Participant 4]'s most current profile sheet, dated February 12, 2009, lacked living arrangements, special diet, and allergies. In addition, as a recommendation, if address/phone number is on the form, the agency should fill in the address and phone number.</p> <p>[Participant 5]'s most current profile sheet lacked living arrangements.</p> <p>[Participant 6]'s most current profile sheet lacked living arrangements.</p> <p>[Participant 7]'s profile sheet lacked living arrangements and allergies.</p> <p>[Participant 8]'s profile sheet lacked special diets and medical needs.</p> <p>[Participant A]'s living arrangement was not</p>	<p>1. Participants 1-8 and Participants A-D will have updated profile sheets on the new template created.</p> <p>2. All other participants are affected. Participants will fill out the new form as their plans come due.</p> <p>3. Form has been created on site, DS will ensure this form is sent and filled out during ISPs.</p> <p>4. DS will ensure that profile sheets are compliant with IDAPA rule.</p> <p>5. Participants 1-8 will have current profile sheets by June 16, 2011 All others will be complete by September 16, 2011.</p>

identified on the profile sheet.

[Participant B]'s client profile sheet did not identify living arrangement. An emergency contact was listed; however, it did not identify the relationship to the participant. The medication section did not indicate if the participant does/or does not take any medication (e.g., "N/A"). The medical section indicated Celexa 40 mg and depo-Lupron q 3 weeks. The PT/OT report, dated November 9, 2010, also listed Paxil 10 mg. The diagnosis was listed as Cerebral [sp?] Palsy, Cortical blindness; however, the diagnosis on the IPP also listed severe MR.

[Participant C]'s client profile sheet did not list the current living arrangement.

[Participant D]'s client profile sheet did not identify the living arrangement. The emergency contact did not indicate the relationship to the participant.

The agency corrected the template during survey, but not the client profile sheets for these participants. The agency is required to complete a plan of correction.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-06-16 **Administrator Initials:** *EBT*

Rule Reference/Text	Category/Finding	Plan of Correction (POC)
<p>16.04.11.706.01.a-b</p> <p>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</p>	<p>Collaboration/Consultation</p> <p>Six of 12 participant records reviewed ([Participants 2, 4, A, B, C, and D]) lacked evidence the agency collaborated with other service providers to assure maximization of skill acquisition and generalization of skills across environments and to avoid duplication of services.</p> <p>For example:</p>	<p>Participants A, B, C, &amp; D</p> <p>1. Collaboration will be documented in files with progress notes and IPP's being sent to participants team members. A letter was sent to Participant B's school district stating that The Children's Adventure Center is serving the participant during the hours that school is typically in session, along with a copy of the IPP.</p> <p>2. IPP's for all participants will be sent to team members on 3/24/2011. Any collaboration with team members will be documented as it occurs.</p> <p>3. The Developmental Specialist is responsible for implementing each corrective action.</p>

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)

01. Requirements for Participants Three to Twenty-One. (7-1-06)

a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)

b. For participants of mandatory school attendance age, seven (7) through sixteen (16), who are not enrolled in school, the DDA must document that it has referred the child to the local school district for enrollment in educational and related services under the provisions of the Individuals with Disabilities Education Act (IDEA). (7-1-06)

For [Participant 2], there was no current PT, OT, SLP assessment or notes indicating collaboration with these disciplines.

For [Participant 4], there was no documentation of OT, PT, SLP or notes indicating collaboration with these disciplines.

[Participant A]'s record lacked documentation of collaboration other than fax notes of request for documentation (e.g., PT/OT/Psychological evaluations). The IEP did indicate TAC participated in the IEP meeting; however, there were no notes/documentation of collaboration of the IPP with the IEP. OT/PT/Speech assessments were available in the agency file. The box was not checked on the IPP of copy of plan verifying the IPP was sent to. There was no other documentation available to address the IPP having been sent to the child's school.

[Participant B]'s record lacked documentation of collaboration. The agency indicated that PT does provide occasional therapy in the facility and had provided an exercise chart that demonstrated exercises that can be done relative to PT; however, there was no file documentation of any training or communication PT had with staff regarding implementation of techniques when completing developmental therapy. There was no evidence of documentation in the file indicating the agency had made referral to the child's local school district regarding enrollment.

[Participant C]'s record lacked documentation of collaboration. The IPP did not indicate a copy was provided to the school district.

[Participant D]'s record lacked documentation of collaboration. There was no evidence that the IPP was provided to the school.

4. The lead Developmental Specialist will QA files monthly.

5. For all participants IPP's was sent to team members on 3/24/2011. Participant B's documentation was sent on 3/23/2011.

1. Participant 2 will be referred to a PT, OT and SLP for current assessments. Participant 4 attempts have now been made to previous DDA and school to obtain copies of OT, PT, SLP evaluations. Both no longer exist (Previous DDA disposes of old evaluations after 5 and the school disposes after 6 years). Participant 4 will be referred to OT, PT and SLP.

2. Agency will review other client's files to determine if others are affected. Participants will be referred for PT/OT/SLP as determined necessary.

3. DS's will review files and refer if determined necessary to other professionals (OT/PT/SLP).

4. DS's will review new evaluations and documents and refer participants as necessary to other professionals (OT/PT/SLP).

5. The participant's listed will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011.

(REPEAT DEFICIENCY)

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

**Date to be Corrected:** 2011-06-15

**Administrator Initials:** *KH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.710</p> <p>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. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06)</p>	<p>Required Services</p> <p>The agency lacked evidence the agency provided or made available psychotherapy.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency is required to complete questions 2-4 on the Plan of Correction).</p>	<p>2. No clients were affected as none were recommended for psychotherapy.</p> <p>3. Director and owners will have a Psychotherapist on contract.</p> <p>4. A monthly checklist will be reviewed to see that psychotherapist has a current licence.</p>

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

**Date to be Corrected:** 1/11

**Administrator Initials:** *KH*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.900.01.d</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>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)</p>	<p>QA Program</p> <p>Observation and record review of eight of 12 participants ([Participants 1, 2, 3, 6, 7, B, C, and D]) revealed the agency lacked evidence it assured skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill whenever appropriate.</p> <p>For example:</p> <p>[Participant 1]'s PIP objective 3a stated, "He will maintain attention to task for 5 minutes 2-3 times a week for 10 consecutive weeks with a performance of 25% or better." The 'methods' as part of the instructions stated, "Staff will ask him what he would like to work on, i.e.: a cleaning task of his choosing (vacuuming facility carpet or vans, window cleaning, etc). He will maintain his attention to the task he is working on until it is complete. When done he will clean up supplies/area if applicable." This objective was not based upon the individual's needs nor in his natural setting, and is a task that would typically be completed by agency staff or a cleaning company. In addition, if the individual is hired to provide this service, he must be paid according to the state and federal wage guidelines. These tasks are vocational, which is excluded from Medicaid payment.</p> <p>[Participant 2] was observed in the center working on eating skills and asking for a drink by pushing the "button". The objectives were not conducted in the natural setting. The Developmental Assessment and PIPs indicated all objectives were conducted in the center with no indication that the goals would be transitioned into the natural setting.</p> <p>[Participant 3] was observed in the center</p>	<p>Participants B, C, &amp; D</p> <ol style="list-style-type: none"> <li>1. On February 9, 2011 parents were contacted in regards to therapy being the preferred location of developmental therapy. We are currently working with parents to incorporate home based therapy into each participant's hours of developmental therapy. Home based therapy is being discussed at intakes and reviews and implemented with plans.</li> <li>2. Contact has already been made with parents of each individual client regarding implementation of home based therapy.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Implementation of home-based therapy will occur as intakes, plans, and renewals are completed.</li> </ol> <ol style="list-style-type: none"> <li>1. Participant 1's PIP objective has been altered and the cleaning suggestion removed 1/25/11. Participant 2's objectives will be written in both the developmental evaluation and on PIPs with transition plans into the natural setting. Participant 3 has been addressed in participant's recent ISP meeting. Participant will create a list at home of either shopping items, or appointments that he/she needs to make. DT will assist participant in following list and obtaining necessary services. Plan starts 5/1/11.</li> <li>Participant 6's care provider has instructed us to have the participant shop in Idaho Falls. Participant 7's PIP objective will be corrected to state that goal is to be run in the community and facility.</li> <li>2. DS's will review other participant files to see who might have been affected by this. Corrections will be made to PIPs as needed to ensure therapy is conducted in the correct setting.</li> <li>3. DS and administration are responsible for assuring that therapy conducted is being done in the proper setting.</li> <li>4. DS and administration are responsible for assuring that therapy conducted is being done in the proper setting.</li> <li>5. Participants affected will be corrected by June 16, 2011 and others who may have been affected will be corrected by September 16, 2011</li> </ol>

working with a staff member. They were discussing schedules and peer interaction. Another participant and other employee then left and they then worked on healthy food choices and the staff got a flyer on calcium and discussed the the nutrients needed. This individual lives in a CFH and appeared to be capable of working on these objectives in the natural setting. This individual could prepare a list in the CFH and then DT could be conducted while shopping.

[Participant 6] was observed with [Employee 14] in the Idaho Falls Walmart working on what appeared to be price comparison and making purchases. The individual then purchased a candy bar. After review of the participant's record, it was found that this individual lives in Rigby. When administration was asked why this individual comes from Rigby to Idaho Falls to purchase a candy bar, the administration stated it "is less expensive than in his neighborhood convenience store". Idaho Falls is not this individual's natural setting where he would commonly learn and utilize this skill.

[Participant 7]'s objectives 4a and 4b "engage in socially appropriate behaviors" was to be worked on in the center only. The center was not the natural setting where she would commonly learn and utilize this skill.

All DT services for [Participant B] addressed in the IPP were facility/community based with no provision of home-based therapy indicated.

[Participant C]'s objective #2 "will groom herself before going out into the community (washing her face and hands)" would be better addressed in the home environment, as well as objective #3 "will prepare a simple snack."

[Participant D]'s IPP objective #6 "making a

sandwich" and PIP #5 "prepare a snack" should be implemented within the most natural environment, not in the agency facility.

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

**Date to be Corrected:** 2011-06-15

**Administrator Initials:** *KA*

**Rule Reference/Text**

16.04.11.905.02.e

905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-C6)  
 02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-06)  
 e. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law; (7-1-06)

**Category/Findings**

Participant Rights

One of 12 participant records reviewed ([Participant 1]) lacked evidence the agency assured the participant's rights were protected.  
  
 For example, [Participant 1]'s PIP objective 3a stated, "He will maintain attention to task for 5 minutes 2-3 times a week for 10 consecutive weeks with a performance of 25% or better." The 'methods' as part of the instructions stated, "Staff will ask him what he would like to work on, i.e.: a cleaning task of his choosing (vacuuming facility carpet or vans, window cleaning, etc). He will maintain his attention to the task he is working on until it is complete. When done he will clean up supplies/area if applicable". This objective was not based upon the individual's needs, or in the natural setting, and is a task that would typically be completed by agency staff or cleaning company. In addition, if the individual is hired to provide this service, he must be paid according to the state and federal wage guidelines. This objective is vocational, which is excluded from Medicaid payment per IDAPA 16.03.10.653.04.a, in addition to being a violation of the participant's rights.

**Plan of Correction (POC)**

1. Participant 1's PIP objective has been altered and the cleaning suggestion removed 1/25/11.
2. DS will review other participant files to determine if others are affected by this. If so, PIP methods will be corrected.
3. DS and administration are responsible for checking to make sure rights are not violated or if a participant is hired that he/she will be compensated according to state and federal guidelines.
4. DS and administration are responsible for checking to make sure rights are not violated or if a participant is hired that he/she will be compensated according to state and federal guidelines.
5. Corrected 1/25/11 others who may have been affected will be corrected by September 1, 2011

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

**Date to be Corrected:** 1/11

**Administrator Initials:** *KA*

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 behavior. These policies and procedures must include statements that: (7-1-06)</p> <p>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)</p>	<p>Positive Social Skills</p> <p>Two of 12 participant records reviewed ((Participants B and D)) lacked evidence the agency's behavior programs to assist participants with managing inappropriate behavior included teaching of alternative adaptive skills to replace the inappropriate behavior.</p> <p>For example:</p> <p>((Participants B and D))'s data being collected addressed occurrence of behaviors and severity of behaviors only. Positive behaviors to be taught were listed on the BMP; however, there was no indication of how this was to be implemented.</p>	<p>Participants B &amp; D</p> <ol style="list-style-type: none"> <li>1. The behavioral strengths and needs for Participant's B and D will be addressed on the IPP and the Prioritized need(s) will be addressed in an objective.</li> <li>2. As each participants plan is renewed, behavioral strengths and needs will be addressed in the IPP and as a goal.</li> <li>3. The Developmental Specialist is responsible for implementing each corrective action.</li> <li>4. The lead Developmental Specialist will QA files monthly.</li> <li>5. Participants B and D's IPP was changed on 3/23/2011.</li> </ol>

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 3/11 **Administrator Initials:** *KA*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.915.10.a-d</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</p>	<p>Positive Social Skills</p> <p>Four of 12 participant records reviewed ((Participants B, C, D, and 3)) lacked evidence the agency ensured that interventions used to manage a participant's inappropriate behavior were never used for disciplinary purposes, the</p>	

development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)  
 10. Appropriate Use of Interventions. Ensure that interventions used to manage a participant's inappropriate behavior are never used: (7-1-06)  
 a. For disciplinary purposes; (7-1-06)  
 b. For the convenience of staff; (7-1-06)  
 c. As a substitute for a needed training program; or (7-1-06)  
 d. By untrained or unqualified staff. (7-1-06)

convenience of staff, as a substitute for a needed training program, or by untrained or unqualified staff.  
 For example:  
 [Participant B]'s Behavior Management Program (BMP) was not addressed on the IPP, yet was in place to monitor behaviors.  
 [Participant C]'s record included a BMP to address behaviors of concern; however, there was no program goal/objective addressed on the IPP. The data charting sheet only addressed behaviors of concern and severity of the behavior as it occurred. It did not identify replacement behavior being worked on. Data sheets provided in the participant file did not address day/date of specified behavior (the date at the top of the data sheet was not completed).  
 [Participant D]'s BMP is not addressed on the IPP, yet was in place to monitor behaviors.  
 [Participant 3]'s record included a meeting note regarding his taking items and that he would need to bring things in a zip lock bag and the secretary would check him every morning. This was discussed with administration and the administrator took the note out of the participant's record. This type of check is considered to be an aversive and the record lacked documentation this was addressed per rule requirements or in the behavior plan and had not been reviewed and approved by the psychologist. In addition, see IDAPA 16.04.11.015.08-09.

Participants B, C, & D  
 1. The behavioral strengths and needs for Participant's B, C, and D will be addressed on the IPP and the Prioritized need(s) will be addressed in an objective.  
 2. As each participants plan is renewed, behavioral strengths and needs will be addressed in the IPP and as a goal.  
 3. The Developmental Specialist is responsible for implementing each corrective action.  
 4. The lead Developmental Specialist will QA files monthly.  
 5. Participants B, C, and D's IPP was changed on 3/23/2011.  
 1. Participant 3's note was removed on site. The check indicated had not been performed, as it was only a suggestion from behavior specialist.  
 2. DS will check other behavior management plans to ensure that they are non-aversive and change if necessary.  
 3. DS will monitor that BMP are non-aversive.  
 4. DS will monitor that BMP are non-aversive.  
 5. Note was removed on site and no checks have been made on participant. Others who may have been affected will be corrected by September 16, 2011

<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for More Than Minimal Harm	<b>Date to be Corrected:</b> 3/11	<b>Administrator Initials:</b> <i>JK</i>
<b>Administrator Signature (confirms submission of POC):</b>	<i>Kathie Huzar</i>	
<b>Team Leader Signature (signifies acceptance of POC):</b>	<i>Don Loveland-Schmitt</i>	
	<b>Date:</b> 2011-03-28	
	<b>Date:</b> 4/20/11	

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