



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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March 28, 2011

Heather Bennett, Administrator
Lori Olsen, Administrator
Excellence in Everyone, LLC
P.O. Box 154
St. Anthony, Idaho 83445

Dear Ms. Bennett & Ms. Olsen:

Thank you for submitting the Excellence in Everyone's DDA Plan of Correction dated April 7, 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 Excellence in Everyone a full Three (3) year certificate effective from March 1, 2011 through February 28, 2014.

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 18, 2011**. You may submit supporting documentation as follows:

Fax to: 208-239-6269
Email to: 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

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|-----------------------------|-------------------------|
| Excellence in Everyone, LLC | 104 N Bridge St Ste 104 |
| DDA-336 | Saint Anthony, ID 83445 |
| | (208) 624-2002 |

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| Survey Type: Recertification | Entrance Date: 2/1/2011 |
| | Exit Date: 2/3/2011 |

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

Observations:

[Participant A] was observed in the center with [Employee 11]. When they first arrived, he was taken to the community store to buy balloons as this "helps" get him settled down and focused. They then came to the center and the staff gave the child a choice of two things to work on: (1) play with a ball, or (2) watch a movie. The child chose watching a movie, which was a children's "signing" movie. The child was distracted by his balloons and the movie, and would not follow instructions from staff. The staff then redirected the child and they discussed the colors of the balloons. The child needed a tissue while watching the movie, and the staff prompted him by asking, "Do you need a tissue for your nose?" He then started eating the tissue and the staff prompted him to throw the tissue away. The child was very distracted by the movie and the balloons. The use of the movie was educational and should not be utilized during therapy, but used as a reinforcer, as would the balloons best be utilized as a reinforcer. The staff had a good rapport with the child.

[Participant B] was observed in the center with [Employee 5]. The objectives worked on were playing with blocks and separating the colors, which appeared to be educational. The staff had a good rapport with the child.

[Participant 1]'s therapy was conducted in the center with [Employee 12]. The participant was receiving 1:1 developmental therapy at one point, and then he decided he would go join group therapy without any staff intervention. Once he was in the group therapy, there was no staff prompting observed "to speak louder" when answering questions. In addition, therapy was not conducted in the individual's natural setting where needs have been addressed.

[Participant 2] was observed in the Broulim's with [Employee 3]. He was utilizing a calculator that apparently did not work. The individual had \$40 to purchase items. The individual was throwing items on his list in the cart without conducting a price comparison or weighing the items to determine the price. When he got to the checkout counter, his groceries were over \$50 and he had to return the grapes to get closer to his \$40 limit. This should have been discussed prior to checkout to assure he did not go over his limit and alleviate having to return items. The therapist had a good rapport with this individual, which, if utilized, could have prevented the situation at the counter.

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <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>Two of 11 employee/contracted employee records reviewed ([Participants 4 and 8]) lacked documentation the agency verified that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities had complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks."</p> <p>For example:</p> <p>[Employees 4 and 8]'s records lacked documentation of a Department of Health and Welfare Criminal History Check.</p> | <p>1. We already have a criminal history check completed for all of our employees. We will obtain a criminal history background check for all contracted professionals.</p> <p>2. We will go through our files of contracted professionals and identify those who have not yet obtained a background check. If identified, we will contact them and ask for a copy or for a new one to be completed. If they have not have one, Excellence will pay for one to be completed. We will update our current contracts and include this information in it to ensure compliance.</p> <p>3. QA manager.</p> <p>4. It will be implemented into our regular QA process. We will also rewrite our contracts to include agreement to obtain and if needed provide Criminal History Check completed by the Idaho Department of Health and Welfare upon request.</p> |

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

Date to be Corrected: 6/18/11

Administrator Initials: *JS*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.415.01.b.i-ii</p> <p>415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a</p> | <p>Training</p> <p>Two of four employee records reviewed ([Employees 11 and 12]) lacked evidence that each agency employee providing services to participants was certified in CPR and First Aid within 90 days of hire and maintained current</p> | <p>2. Any participant who is receiving therapy from a new staff who does not have their CPR and 1st Aid certification card will accompany another participant and staff who is qualified.</p> <p>3. QA manager</p> |

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| <p>DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06)</p> <p>b. Each agency employee providing services to participants must be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter. (7-1-06)</p> <p>i. The agency must assure that CPR and first aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-06)</p> <p>ii. Each agency staff person must have the appropriate CPR and first aid certification for the participants he serves. (7-1-06)</p> | <p>certification thereafter. In addition, the agency did not assure that CPR and First Aid trained staff were present or accompanied participants when services or DDA-sponsored activities were being provided.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must answer questions 2-4 on the Plan of Correction).</p> | <p>4. It will be included in our orientation and added to our QA process to ensure non-certified staff are with certified staff when working with participants. We will also make sure to have a receipt or other proof that staff have taken the course to have on file until their CPR and 1st Aid cards come.</p> |
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Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** **Administrator Initials:** *JRB*

| Rule Reference/Text | Estatory/Findings | Plan of Correction (POC) |
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| <p>16.04.11.420.06.a-b</p> <p>420. STAFF WHO ARE QUALIFIED TO PROVIDE SERVICES FOR AGENCIES.</p> <p>06. Developmental Specialist for Children Three Through Seventeen. A Developmental Specialist providing developmental assessment and therapy services to children ages three (3) through seventeen (17) must meet the requirements for a Developmental Specialist for adults, and must also meet the following requirements: (7-1-06)</p> <p>a. Successfully complete a competency course approved by the Department that relates to developmental assessment and therapy for children; and (7-1-06)</p> | <p>Qualified Professional</p> <p>[Employee 2]'s record lacked documentation she met rule requirements for a Child Developmental Specialist. The employee was providing training, supervision, and was signing off on [Participant A]'s Individual Program Plan. The participant is [Employee 10]'s child. This employee was also signing off on the training and supervising the staff that worked with her child. [Employee 10] is the only Children's DS at this agency.</p> <p>Also see:</p> <p>IDAPA 16.04.11.200.02 - A business entity</p> | <p>1. Adult Developmental Specialist will become CDS certified and be responsible for this child's plan, supervision, etc.</p> <p>2. We will make sure none of our current participants receive services from parents.</p> <p>3. Adult Developmental Specialist.</p> <p>4. CDS course and certification will be completed by other developmental specialist. Participant A's program plan will be written and signed by other CDS. We will not hire parents of participants in the future and will make sure that that employee 2 does not provide service to participant A.</p> |

b. Pass a competency examination approved by the Department. (7-1-06)

established by a parent for the sole purpose of providing DDA services to his own child cannot be certified as a DDA.

IDAPA 16.04.11.400.04 - A DDA may not hire the parent of a participant to provide services to the parent's minor or adult child.

(POTENTIAL RECOUPMENT)

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

Date to be Corrected: 6/18/11

Administrator Initials: *HR*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.500.03.f</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>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)</p> | <p>Facility Standards</p> <p>The agency lacked evidence that all hazardous or toxic substances were properly labeled and stored under lock and key.</p> <p>For example, the agency's center had after-shave lotion, hand sanitizer, etc., which stated, "Keep out of reach of children," that was not stored under lock and key. This agency serves children.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction).</p> | <p>2. All participants will be affected by the change because more caution has been taken to lock up all materials that are labeled "keep out of reach of children." Any substances that could be considered hazardous or toxic will be locked up and used under supervision only.</p> <p>3. QA manager will be responsible for training staff about locking up these materials when they are not being used.</p> <p>4. Training will be given to staff during initial orientation and we will add these substances to be a part of our QA process.</p> |

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

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.500.03.g 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) 03. Fire and Safety Standards. (7-1-06) g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-06) | Facility Standards The agency lacked evidence the water temperatures in areas accessed by participants did not exceed 120°F. | <ol style="list-style-type: none"> 1. Water temperature will be adjusted to a temperature under 120 degrees F. Will contact landlord to complete this task. 2. All participants could be affected by the water temperature. Adjusting the temperature will assure all participants will be safe. 3. QA manager 4. Each faucet used by participants will be checked each time we do our QA process. |

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** 6/18/11 **Administrator Initials:** *HR*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.520.04</p> <p>520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-06)</p> <p>04. Image Enhancement. The community-based services must enhance each participant's social image, personal competencies, and promote inclusion in the community. (7-1-06)</p> | <p>Setting for Service Delivery</p> <p>Observation of one of four participants ([Participant 2]) revealed the agency lacked evidence the community-based services enhanced the participant's social image, personal competencies, and promoted inclusion in the community.</p> <p>For example, the observation of [Participant 2] was conducted in the community at Brouim's. The participant was utilizing a calculator that apparently did not work. The individual had \$40 to purchase items. The individual was throwing items on his list in the cart without conducting a price comparison or weighing the items to determine the price. When he got to the checkout counter, his groceries were over \$50 and he had to return the grapes to get closer to his \$40 limit. This should have been discussed prior to checkout to assure he did not go over his limit and alleviate having to return items. There were other individuals standing in line watching this, which did not enhance this individual's image.</p> | <p>1. Training will take place with this staff and with all of our staff on enhancing the participant's social image, personal competencies, and promoting inclusion. We will use this incidence as an example.</p> <p>2. Following monthly observations, the developmental specialists will instruct staff members on incidences where the client's social image is not enhanced.</p> <p>3. DS and CDS</p> <p>4. Through initial orientation, monthly observations, weekly supervisions and trainings.</p> |
| <p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/18/11</p> <p>Administrator Initials: <i>HR</i></p> |

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.601.01</p> <p>601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)</p> | <p>Assessments</p> <p>One of four participant records reviewed ([Participant 1]) lacked evidence that assessments were completed or obtained prior to the delivery of therapy in each type of service.</p> <p>[Participant 1]'s psychological assessment, dated April 8, 2010, recommended a SLP assessment. There was no documentation a</p> | <p>1. SLP assessment will be scheduled and conducted if participant and family agree to doing it.</p> <p>2. It will be a part of the QA process to ensure assessments are completed when they are recommended by professionals.</p> <p>3. QA manager and Developmental Specialists.</p> <p>4. DS will be responsible for scheduling assessments that are recommended by other professionals. This will be monitored during the QA process at least semiannually.</p> |

SLP assessment was obtained or completed.

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

Date to be Corrected: 6/18/11

Administrator Initials: HB

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.601.03.a-f | Assessments | |
| <p>601.GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>03. Psychological Assessment. A current psychological assessment must be completed or obtained: (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>f. When a child has been identified to have a severe emotional disturbance. (7-1-06)</p> | <p>[Participant B]'s annual psychological assessment review/update dated January 18, 2011, was signed off by a school psychologist with a M Ed. There was no sign off by a PhD. In addition, the psych update/Assessment indicated a diagnosis of mental retardation, although eligibility determination indicated autism as eligibility criterion.</p> <p>16.04.11.604.09 - Agency staff may deliver this service if they meet one of the qualifications of this section.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must answer questions 2-4 on the Plan of Correction).</p> | <p>2. QA of all Children's files will be reviewed for this specific situation. Correct signatures will be obtained when needed.</p> <p>3. The DS and CDS will be responsible to review assessments for proper signatures.</p> <p>4. This will be included in our regular QA process. Will be included as a special section to review.</p> |

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| Developmental Disabilities Agency | Excellence in Everyone, LLC | 2/3/2011 |
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Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:** *HB*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.701.04.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)</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>Individual Program Plan</p> <p>[Participant B]'s Individual Program Plan indicated 11 hours per week of both Individual Facility and Individual Home/Community during school breaks, and 10 hours per week (Individual Facility) and 5 hours per week (Individual Home/Community) during school weeks - cannot list service provision as a range.</p> <p>[Participant A]'s IPP also addressed "during school breaks" AND hours outside of this; however, hour per week were the same.</p> | <p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> 1. An addendum will be completed to accommodate the necessary change in hours to ensure the hours are not in a range form. 2. As annual plans due, the CDS will ensure this action is correct and signatures obtained to ensure all plans reflect hours and services are not in a range. If hours fluctuate to meet the participants needs, an addendum will be completed to reflect the changes. 3. CDS will be responsible for implementing the change. 4. This will be monitored in the QA system so all plans reflect the change. |

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 6/18/11 **Administrator Initials:** JB

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.701.05.e.iv</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>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 ageappropriate. The IPP must include: (7-1-06)</p> <p>iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)</p> | <p>Individual Program Plan</p> <p>[Participant B]'s therapy from:</p> <ul style="list-style-type: none"> • 12/19/2010 - 12/25/2010 = 7.5 hours • 01/02/2011 - 01/08/2011 = 9.25 hours • 01/09/2011 - 01/15/2011 = N/A (sick) • 01/16/2011 - 01/22/2011 = 9 hours • 01/23/2011 - 01/29/2011 = 6 hours. <p>Even if based on a range of hours utilized during school (15 hours per week), the allowed 20% deviation was not met (a minimum of 12 hours per week).</p> | <p>1. An addendum will be completed to reflect the hours of developmental therapy. If inability to complete all hours as placed in plan, documentation will state reason for insufficient hours.</p> <p>2. As annual plans become due, the CDS will ensure this action is corrected to ensure all plans reflect current hours meet the 20% allowed deviation.</p> <p>3. CDS will be responsible for implementing the change.</p> <p>4. This will be monitored by the QA system to ensure plans reflect the change.</p> |

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 6/18/11 **Administrator Initials:** JB

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.704.01.d</p> <p>704. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)</p> | <p>Program Documentation (data/progress)</p> <p>[Participant 1]'s six-month PSR objective "verbally ask questions" baseline stated 57% and the progress for four of the six months dropped below the baseline. There was no change to or discontinuation of program. The notes stated to continue the goal.</p> <p>[Participant 2]'s PSR stated for objective "will speak using the appropriate volume in public" the baseline was 84% and the progress for six months was below the baseline. The only comments stated to continue the goal with no change or discontinuation of the goal.</p> | <p>1. More information will be included on the provider status review to direct where the goal is going to continue.</p> <p>2. When provider status reviews are completed, DS will state more information about why the percentages are the way they are. At this time the DS will write more information about each goal and why it will or will not be continued. If the goal is not making progress the DS will explain what changes needed to be made or why they are not going to change it.</p> <p>3. DS and CDS</p> <p>4. DS will monitor this change when completing semi-annual and annual provider status reviews and when doing monthly data collections.</p> |
| <p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/18/11</p> <p>Administrator Initials: <i>HR</i></p> |

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.705.01.a</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</p> | <p>Record Requirements</p> <p>[Participant 1]'s Healthy Connections, dated September 16, 2010, recommended services for PSR, not DDA.</p> <p>[Participant 2]'s record contained a nursing services form for October 14, 2010, and a Healthy Connections referral form, which expired January 20, 2010.</p> | <p>2. A QA will take place to identify any other Healthy Connection referrals are correct. Any participants affected, a correct HC will be obtained.</p> <p>3. DS and CDS</p> <p>4. This will be included into the QA processes and monitored on a regular basis to ensure proper services and current dates.</p> |

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)
 01. General Records Requirements. Each participant record must contain the following information: (7-1-06)
 a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (7-1-06)

(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction).

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

Date to be Corrected:

Administrator Initials: *HB*

Rule Reference/Text

16.04.11.710

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)

Category/Findings

Required Services

The agency lacked documentation it provided or made available psychotherapy.

(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction).

Plan of Correction (POC)

2. We are now contracted with a LSW who can provide psychotherapy for any participants who may be in need for these services.
3. DS and QA manager
4. We will make sure that our contract for our LSW includes a contract for providing psychotherapy and during our QA process we will make sure it is current.

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

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <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 of three of four participants ([Participants 1, A, and B]) revealed the agency lacked evidence that 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 therapy was conducted in the center. He was receiving 1:1 Developmental Therapy at one point. The participant decided he would go join the group therapy without any staff intervening. Once he was in the group therapy, there was no prompting from the staff to the participant to speak louder when answering questions. In addition, therapy was not conducted in the individual's natural setting where needs have been addressed.</p> <p>[Participant B]'s objectives (e.g., obj 1: feed self with spoon; obj 2: sit on toilet; obj 6: dress self;</p> | <p>1. Planning meetings with parents and care providers will be done to educate and discuss the most natural settings for Developmental Therapy for the participants to take place. These changes will be implemented into plans. If necessary an addendum will be completed to accommodate the changes.</p> <p>2. As annual plans become due, during the planning meetings, we will educate and discuss natural settings with the entire planning team. These discussions will be implemented into the plan and documented in file to reflect this effort.</p> <p>3. DS and CDS</p> <p>4. Will be monitored through yearly plan writing as well as through regular QA processes.</p> |

obj 8: clean up after self by putting object in specified location; obj 9: eat solid foods; obj 10: increase dressing skills; and obj 12: increase sign skills especially using video to teach) were conducted in the center only.

[Participatn A]'s objectives (e.g., obj 4: will use a crayon correctly; obj 6: use words to express self; obj 7: use sign/gestures to express self; obj 8: will sit on toilet; obj 10: will use items for intended purpose [techniques to implement program include "we drive the car, vroom, vroom ... kick the soccer ball... blocks are used to stack ..."]; obj 11: will eat using fork/spoon) were conducted in the center only.

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

Date to be Corrected: 6/18/11

Administrator Initials: HB

Administrator Signature (confirms submission of POC):

Heather Bennett

Date: 4/7/11

Team Leader Signature (signifies acceptance of POC):

Pam Loveland-Schmidt

Date: 4/20/11