IDAHO DEPARTMENT OF HEALTH & WELFARE

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April 2, 2012

Kathi Hirschi, Administrator
Affiliates Incorporated DBA the Adventure Center
265 Gladstone Street
Idaho Falls, ID 83401-2511

Dear Ms. Hirschi:

Thank you for submitting the Plan of Correction for Affiliates Incorporated DBA the Adventure Center dated April 2, 2012. Survey and Certification staff have reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Affiliates Incorporated DBA the Adventure Center a **provisional** certificate effective from March 2, 2012 through August 31, 2012.

According to IDAPA 16.03.21.126.01, when a DDA is found to be out of substantial compliance with these rules but does not have deficiencies that jeopardize the health or safety of participants, a provisional certificate may be issued by the Department for up to a six- (6) month period. A provisional certificate is issued contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. Before the end of the provisional certification period, the Department will determine whether areas of concern have been corrected and whether the agency is in substantial compliance with these rules. The survey team will enter your agency on **August 20, 2012 at 9:00am** to conduct an on-site review to assure all corrections have been completed.

Enclosed is the DDA Entrance Conference Checklist. Your agency must submit a current census of all DDA participants receiving services from your agency prior to our entrance. Please e-mail or fax a list of all Medicaid DDA participants with their functional status/diagnosis, behavior medications, restrictive behavior programs, and hours of attendance, place of treatment (home/community / center) and a list of DDA employees with their title to me at: lovelanp@dhw.idaho.gov or 208-239-6269 by **April 30, 2012**.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at: lovelanp@dhw.idaho.gov or 208-239-6267.

Sincerely,

Pam Loveland-Schmidt

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

Enclosure

Submit by Email | Print Form

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: 1/30/2012

Exit Date: 2/8/2012

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Mark Schwartzenberger, Clinician, Family & Community Services.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.vii	Individual Program Plan	1. What corrective action(s) will be taken?
653. 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. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) 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: (7-1-11) vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-11)	One of three child participant records reviewed ([Participant A]) lacked documentation that the Individual Program Plan included a list of measurable behaviorally-stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective. For example, [Participant A]'s record, per the completed Med/Social History, states, "...He has poor vision," yet Objective 8 is to practice safety skills in community with PIP Step #3 indicating "...will look both ways before crossing the street..." and Step 4 indicating "...will verbally indicate 'OK' when no cars are coming." It was unclear what assessment was utilized to determine if this addresses the health and safety of participant. The PIP did not indicate poor vision as a concern to staff. There were objectives developed that addressed grooming skills (Objective 5) and putting on socks and	The agency has developed and will implement a new IPP template that ensure all compliance components are included in it. All IPP's will be amended to include the missing compliance elements. Additionally, all PIP's will be correlated to the objectives listed in the IPP. All PIP's will be reviewed and modified as needed. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the IPP's/PIP's of all participants and will correct the deficiencies for participants' IPP's./PIP's. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through annual QA reviews of participant records. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.

	shoes (Objective 32). In addition, skills were not implemented in the natural environment (home) where the assessment indicated the need. (REPEAT DEFICIENCY FROM THE 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11.701.05.e.vi) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.xi	Individual Program Plan	1. What corrective action(s) will be taken? The agency has developed and will implement a new IPP template that ensure all compliance components are included in it. All IPP's will be amended to include the missing compliance elements. including the transition plans. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the IPP's of all participants and will correct the deficiencies for participants' IPP's. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled annual QA reviews of participant records. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.
653. 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. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) 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: (7-1-11) 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	Three of three child participant records reviewed ([Participants A, B, and C]) lacked documentation of an individual Program Plan that included rule-compliant transition plans. For example: [Participants A, B, and C]'s transition plans did not address criteria determining the skill level at which transition to a less restrictive settings could be accomplished, as well as anticipated changes in provision of DDA services. (REPEAT DEFICIENCY FROM 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11.701.05.e.x) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

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settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-11)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.i-iv	Assessments	1. What corrective action(s) will be taken? The agency has developed and will implement a new developmental assessment template that ensure all compliance components are included in it. All evaluations will be amended to include the missing compliance elements and illustrate training needs. Assessments from third parties, not conducted by the agency, will be scrutinized for utility in therapies. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the evaluations of all participants and will correct the deficiencies for participants' evaluations. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled annual QA reviews of participant records. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service.(7-1-11) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) i. Determine the necessity of the service; (7-1-11) ii. Determine the participant's needs; (7-1-11) iii. Guide treatment; (7-1-11) iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)	Three of eight participant records reviewed ([Participants 1, 4, and A]) lacked documentation of rule compliance. For example: [Participant 1]'s developmental assessment recommended developmental therapy and adult day care. Adult day care was not addressed on the plan. [Participant 4]'s developmental assessment update, dated May 7, 2010, did not address the sections of this rule. The update of the May 4, 2009, developmental assessment appears to reiterate the SIB-R information, such as gross motor skills are limited, and fine motor tasks are very limited, but did not address the need for developmental therapy or guide treatment. There was a SIB-R dated June 9, 2010, which was after the update. [Participant A]'s previous physical therapy evaluation indicated "poor vision." Objective 8 indicated, "Will practice safety skills in the community," and part of the implementation plan indicated he will look both ways before crossing the street. At the time of the review, staff indicated to the surveyor that he has glasses but	

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	does not always bring them to the facility. The physical therapy evaluation did not guide therapy per rule. In addition, his development evaluation dated July 1, 2011, states that he "... IS ABLE TO: Holds hands under running water to wash them when placed in from of a sink." The agency developed an objective utilizing this task as part of his grooming skills when it appears, per agency documentation, that he did not have a need to learn this skill. (REPEAT DEFICIENCY FORM THE SURVEYS OF 2009 AND 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.600.01.a-e) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KK

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.v	Assessments	1. What corrective action(s) will be taken? The agency has developed and will implement a new developmental assessment template that ensure all compliance components are included in it. All evaluations will be amended to include the missing compliance elements and include recommendations of type and amount of therapy. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the evaluations of all participants and will correct the deficiencies for participants' evaluations. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through annual QA reviews of participant records. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) v. 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. (7-1-11)	One of eight participant records reviewed ([Participant 4]) lacked documentation that the assessment recommended the type and amount of therapy per rule requirements. For example, [Participant 4]'s Development Update stated 15 hours of IC, seven (7) group hours per week, but did not address group center or group community. In addition, it did not address the reason the hours increased from 21 to 22 hours. In addition, the Participant Satisfaction & ICDE notes stated she does not like group therapy, but the agency placed her in group with no documentation as to why. (REPEAT DEFICIENCY FROM THE 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11.600.01.e) (FAILURE TO COMPLY – THE APPROVED	

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	PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.e	Assessments	1. What corrective action(s) will be taken?
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) e. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-11)T	One of eight participant records reviewed ([Participant 2]) lacked documentation of assessments completed or obtained prior to the delivery of therapy in each type of service. For example, [Participant 2]'s record lacked documentation of a Speech Language Pathology assessment. The Healthy Connection Referral dated May 24, 2011, recommended developmental therapy and speech language pathology; the psychological assessment dated July 28, 2009, stated that he has speech deficits. On September 27, 2011, the Developmental Specialist note stated that she contacted the Service Coordinator and was told there was no money available in the	All clinical staff will be retrained on the time frames for procuring documentation from other providers prior to the provision of services through the agency. All participant files will be reviewed to verify ancillary assessments are obtained. Evidence of the retraining will be filed in the employees' record. Evidence of the completeness of the participants' assessments will be filed in their records. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the files of all participants and will correct the deficiencies for participants' evaluations. Additionally, services may be discontinued as a result of the internal review and until corrections are made.

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	budget. This was done after the plan was authorized, not prior to the plan. In addition, the agency was running an objective for speaking slowly and clearly this was done without an assessment in place. (REPEAT DEFICIENCY FROM THE SURVEYS OF 2009 AND 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.601.01) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant and employee records. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.

Stage and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KA

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.06.a-e	Specific Skill Assessments	1. What corrective action(s) will be taken?
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) a. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-11) b. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-11) c. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-11) d. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-11) e. Determine Baselines. Be used to determine baselines and develop the program	Seven of eight participant records reviewed ([Participants 1, 2, 3, 4, A, B, and C]) lacked documentation that skill assessments met rule requirements for Specific Skill Assessments. For example: [Participants 1, 2, 3, and 4]'s skill assessments in the participants' records documented "poor, fair, fairly well and well," then the last page gave a percentage; it was unclear how the percentage had been determined. The agency provided additional documentation to show how they determined the baselines, but did not address actual skill level, e.g., I, VP, M, etc. In addition, the agency's Developmental Specialist stated they start the program and then conduct the baselines, which does not address the participant's skill level prior to treatment.	The agency has developed and will implement a new skill assessment template that ensure all compliance components are included in it. The skills assessment will be administered to all participants to assist in the determination of baselines. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency administer skills assessments to all participants and will correct the deficiencies 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled annual QA reviews of participant records and during annual redeterminations. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.

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implementation plan. (7-1-11)	[Participant A]'s Objective 5 "put on shoes/socks, " and Objective 6 "transitioning to another activity" were not addressed in the Skills Assessment. [Participants A, B, and C]'s baseline percentages were available, but did not document how these values were determined. (REPEAT DEFICIENCY FROM THE 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11.605.01-05) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.c	Program Implementation Plan	1. What corrective action(s) will be taken? The agency has developed and will implement a new PIP template that ensure all compliance components are included in it. All PIP's will be amended to include the missing compliance elements. Additionally, all PIP's will be correlated to the objectives listed in the plans of service. All clinical staff will be retrained on developing measurable objectives. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the plans/PIP's of all participants and will correct the deficiencies for participants' plans/PIP's. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant records, during redeterminations, and ongoing. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.
16.03.10.655.08. DDA 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: (7-1-11) c. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-11)	Seven of eight participant records reviewed ([Participants 1, 2, 3, 4, A, B, and C]) lacked evidence that the Program Implementation Plans included measurable, behaviorally-stated objectives that corresponded to those goals or objectives previously identified on the required plan of service. For example: [Participant 1]'s objective did not address the prompt level. In addition, there was no SLP assessment addressing his speech. The agency corrected the PIP during survey; these changes have not been implemented. [Participant 3]'s instructions were missing the prompt level for the baseline and objective. [Participant 4]'s objectives did not address prompt level, i.e., with 1 verbal prompt, independently, etc.	

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	[Participants A, B, and C]'s baselines did not list the current level relative to the type of prompting required for skill completion. Program objectives did not demonstrate the type of prompting to be utilized (e.g., vp/pp/gestural/model) during program implementation. For [Particpant A]'s Objective 2, "will participate in group activity for at least 5 minutes w/o moving away with performance scores of 70%, 3-5 times a week for 10 consecutive weeks," the steps indicated: "1. will play w/peer, 2. will take turns w/peer, 3. will share toy w/peer, 4. will complete steps 1-3 for 1-2 mins, 5. will complete steps 1-3 for 5 mins.," it was not possible to achieve "70%." (REPEAT DEFICIENCY THE SURVEYS OF 2009 AND 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.703.03) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.d	Program Implementation Plan	1. What corrective action(s) will be taken? The agency has developed and will implement a new PIP template that ensure all compliance components are included in it. All PIP's will be amended to include the missing compliance elements. Additionally, all PIP's will be evaluated and corrected to ensure the instructions to staff are clear, individualized, and concrete. All clinical staff will be retrained on developing PIP's that are functional and transparent. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the plans/PIP's of all participants and will correct the deficiencies for participants' plans/PIP's.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 08. DDA 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)	Seven of eight participant records reviewed ([Participants 1, 2, 3, 4, A, B, and C]) lacked documentation that the "Written Instructions to Staff" section on the Program Implementation Plans met rule requirements. For example: [Participant 2]'s objective "will follow 2-3 step direction" did not meet rule requirements, i.e., intervention task analysis, frequency, etc.	

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: (7-1-11) d. 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. (7-1-11)	[Participant-3]'s instructions lacked the prompt level for the baseline and objective. In addition, two refusals were observed during the observation; the PIP instructions lacked staff instruction on how to address refusals. [Participant 4]'s objectives lacked rule requirements, i.e., frequency of reinforcement, intervention (addressing mental health, anxiety), and data collection. The data collection documented "1-2 X Week" only, and did not address when the participant had a successful trial. [Participant A]'s Objective 2 listed steps (e.g., wash hands/wash face, put toothpaste on brush/put brush into mouth); however, there was no Task Analysis available, and the type and frequency of reinforcement was not listed. It was unclear what skill acquisition was based on to meet the listed criterion level. For [Participant B]'s Objective 4, "will learn dressing skill with performance scores of 85%," the steps indicated "will pull down pants before using toilet, pull down his pull-ups before using toilet, pull up pull-ups, pull up pants." In Methods, it covered what to do if he had a wet or soiled pull-up, and then discussed that he should take off and put on his own shoes. It was unclear if this was a dressing skill or a toileting skill. Staff instruction did not address rule requirements, such as when the objective has been achieved. For [Participant C]'s Objective 4, "will sit on the toilet and use it after he has indicated he needs to use the toilet," the Methods informed staff that he should be taken to the bathroom at regular intervals even if he has not indicated the need to use the bathroom, and that he has behavioral issue and he "holds it," and to remain in the bathroom for one unit of time. Per a staff	3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant records, during redeterminations, during monthly reviews of progress, and ongoing. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.

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	note dated January 18, 2012, the participant "did not indicate to use the restroom." Staff instruction did not address rule requirements and were unclear. In addition, Objective 5 for toileting had eight (8) steps, but the data collection sheet indicated the individual completed steps 1-4 with a score of "6," which indicated five or more verbal prompts. It was unclear what the criteria were for the participant to successfully complete this objective. In addition, the instructions lacked individualization and revision as necessary to promote participant progress toward the stated objective. For example: [Participants 1 and 2]'s PIPs were not individualized. For instance, both plans included "will independently follow a 2-3 step direction 2-3 times per week," "will advocate for self," "will speak slowly and clearly," etc. (REPEAT DEFICIENCY FROM THE SURVEYS OF 2009 AND 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.703.04) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.g	Assessments	
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 08. DDA 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	One of eight participant records reviewed ([Participant 4]) lacked evidence that the results of the psychological or psychiatric assessment had been used when developing objectives to ensure therapies provided in the DDA accommodated the participant's mental health needs and ensured that none of the therapeutic	

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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: (7-1-11) g. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to ensure therapies provided in the DDA accommodate the participant's mental health needs and to ensure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-11)	methods were contra-indicated or delivered in a manner that presented a risk to the participant's mental health status. For example, [Participant 4]'s goals did not address her mental health needs, such as anxiety and depression, to assure there was no contra-indication or delivered in a manner that presented a risk to her mental health status, e.g., group therapy. The Participant Satisfaction & ICDE Notes documented that she does not like group, yet the agency had placed her in group without documentation as to why.	1. What corrective action(s) will be taken? The agency has developed and will implement a new PIP template that ensure all compliance components are included in it. Ancillary assessments will be obtained. All PIP's will be amended to include the missing compliance elements and ensure that services are not contraindicated by other practitioners in any way. Additionally, all PIP's will be evaluated and corrected to ensure the utilization of other clinical evaluations. All clinical staff will be retrained on developing PIP's that are functional and transparent and utilize relevant, participant-specific information. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the plans/PIP's of all participants and will correct the deficiencies for participants' plans/PIP's. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant records, during redeterminations, during monthly reviews of progress, and ongoing. The agency will obtain all assessments and utilize them prior to the provision of services. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.400.01	Administrator	
400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring	The agency lacked evidence that the administrator was accountable for the overall operation of the agency per rule requirements. For example, at the time of the survey the agency was in violation of multiple rules, was in violation of multiple rules cited during previous surveys, and had failed to implement previous	

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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. (7-1-11)	plans of correction. (REPEAT DEFICIENCY 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.400.01) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	1. What corrective action(s) will be taken? The agency will develop enhanced policies and procedures that ensure the administrator is accountable for all service elements of the agency. Training and implementation will occur thereafter. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the services of all participants and addressing the deficiency as though all participants are affected. The corrective action and policies and procedures will effectively remedy the deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant services, annual employee performance appraisals, reviews of policies and procedures.

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.410.03.a	Training	1. What corrective action(s) will be taken?
410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 03. Additional Training for Professionals. Training of all professional staff must include the following as applicable to their work assignments and responsibilities: (7-1-11) a. Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-11)	Observation and review of three of eight records ([Participants A, B, and C]) revealed that the agency lacked evidence it assured rule-compliant training was provided. For example: For [Participants A, B, and C], the instructions for proper implementation of program objectives was vague and non-specific to data collection techniques to insure consistency of procedures utilized across all program staff. It was unclear how staff could utilize [Participant	The agency has developed and will implement a new PIP template that ensures all compliance components are included in it. All PIP's will be amended to include the missing compliance elements and provide specific direction on training requirements and data collection procedures.. Additionally, all PIP's will be evaluated and corrected to ensure the instructions to staff are clear and concrete. All clinical staff will be retrained on developing PIP's that are functional and transparent. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the plans/PIP's of all participants and will correct the deficiencies for participants' plans/PIP's.

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	C]'s Objective 4, "will sit on the toilet," with the Method indicating to "always have a supervisor help you with him in the bathroom," when providing therapy in the home or community settings.	The agency is reviewing the plans/PIP's of all participants and will correct the deficiencies for participants' plans/PIP's. A review of participant records will occur across the agency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews, enriched procedures on staff observations and training, at regular redetermination intervals of participants' services, and during annual employee performance appraisals.

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.05	Positive Social Skills	1. What corrective action(s) will be taken?
915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11) 05. Behavior Replacement. For intervention services, ensure that programs to assist participants with managing maladaptive behavior include teaching of alternative adaptive skills to replace the maladaptive behavior. (7-1-11)	One of eight participant records reviewed ([Participant 3]) lacked documentation that the behavior plan for intervention services ensured that programs to assist the participants with managing maladaptive behavior included the teaching of alternative adaptive skills to replace the maladaptive behavior. For example, [Participant 3]'s behavior plan did not teach alternative skill. The behavior plan for disruptive behavior (teasing, verbally poking, touching briefly, easily distracted, incessant talking, withdrawal and inattention) stated under prevention, "Maintain serious attitude. Do not make teasing and joking remarks to the participant, do not reinforce any disruptive behaviors." Under intervention (verbal	The agency has developed and will implement new policies and procedures for the assistance is managing maladaptive behaviors. Training on the procedure will be provided and documented. All PIP's for all participants will be reviewed and modified to include replacement behaviors. All PIP's will be amended to include the missing compliance elements. Additionally, all PIP's will be evaluated and corrected to ensure the instructions to staff are clear and concrete. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the plans/PIP's of all participants and will correct the deficiencies for participants' plans/PIP's. Behaviors will be defined and interventions will be tailored to individually assist participants.

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	prompts): "Ask participant to settle down and focus; to pay attention to task until she is able to go to ADC; tell her to be serious; explain importance of learning new skill." As written, these instructions did not teach an alternative skill to replace the behavior. In addition, the skill objectives did not provide instruction to staff on how to address the behavior when working on objectives, e.g., "withdrawal" and refusal to complete a task. Two refusals were observed during the observation; the PIP instructions lacked staff instruction on how to address refusals. (REPEAT DEFICIENCY FROM 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11.915.04) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews, staff training, and annual employee performance appraisals.

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.11.a-d	Positive Social Skills	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the services of all participant again as part of a comprehensive agency review. Modifications to participants' services will made pursuant to the review. All participants' services are being evaluated as if all are affected. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews, staff training, and annual employee performance appraisals and enhanced employee observations and supervision procedures.
915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11) 11. Appropriate Use of Interventions. Ensure interventions used to manage participants' maladaptive behavior are never used: (7-1-11) a. For disciplinary purposes; (7-1-11) b. For the convenience of staff; (7-1-11) c. As a substitute for a needed training program; or (7-1-11)	The agency lacked evidence it assured intervention was compliant with rule. For example, the facility for children had a "locked" child gate by the front door and another child gate leaning against the wall by the calming room. When asked why they had the gates, the Developmental Specialist (DS) stated they have participants that are runners and when staff stop to sign-out, the participants run for the door. The other gate by the calming room was there so that when a child was having a behavior, the staff could move outside the room. The rule requirements were discussed with the DS and she was informed that they cannot restrict the individual for the convenience of staff or as a substitute for a needed training	

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d. By untrained or unqualified staff. (7-1-11)	program. (The agency corrected the deficiency during the course of the survey. The agency is required to address questions 2-4 on the Plan of Correction.) (REPEAT DEFICIENCY 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.915.10.a-d) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.iv	Individual Program Plan	1. What corrective action(s) will be taken?
653. 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. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) 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: (7-1-11)	Two of three child participant records reviewed ([Participants B and C]) lacked documentation that the agency assured the amount and frequency of therapy met the 20% rule requirements. For example: [Participant B and C]'s records state, per agency progress notes dated February 2, 2012, that [Employee 3] had indicated that during summer months when not in school, the provision of developmental therapy varies from the IPP and Med/Soc History recommendation of 22 hours per week of developmental therapy. The agency's documentation for [Participant B]	The agency will develop enhanced policies and procedures that ensure that utilization is closely monitored. The agency will implement a tool that charts participant utilization weekly. Modification of participants services will be made pursuant to utilization patterns. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the services of all participants and addressing the deficiency as though all participants are affected. Utilization tracking for participants will ensure that participants receive only services that are needed. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

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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; (7-1-11)	recorded: • December 19, 2011, to December 23, 2011: received 8 hours • December 12, 2011, to December 17, 2011: received 9.75 hours • December 5, 2011, to December 10, 2011: received 8.75 hours • November 28, 2011, to December 23, 2011: received 8 hours The agency's documentation for [Participant C] recorded: • December 19, 2011, to December 23, 2011: received 8.25 hours • December 12, 2011, to December 17, 2011: received 8.5 hours with progress note indicating the participant missed 2.5 hours on December 13, 2011 • December 5, 2011, to December 10, 2011: received 10.25 hours with progress note indicating the participant missed 3 hours on December 5, 2011 • November 28, 2011, to December 3, 2011: received 12.5 hours. The two participants' records showed a deviation of more than 20% with no documentation addressing a participant-based reason for the deviation. (REPEAT DEFICIENCY FROM THE 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11.701.05.e.vi) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	The agency will monitor utilization weekly. Changes will be be made according to utilization trends. The function of utilization management will be incorporated into administrative personnel's job duties.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** Klt

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.i-iv	Program Documentation (data/progress)	
655. DDA SERVICES: PROCEDURAL	Five of eight participant records reviewed	

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REQUIREMENTS. 07. DDA 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. (7-1-11) a. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-11) i. Daily entry of all activities conducted toward meeting participant objectives. (7-1-11) ii. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-11) iii. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-11) iv. 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 the reason(s) why he continues to need services. (7-1-11)	([Participants 1, 2, 3, 4, and B]) lacked evidence that the agency assured program documentation met rule requirements. For example: [Participant 1]'s plan started October 1, 2011. The Provider Status Review (PSR) comments section documented that he requires assistance with the skill, but it did not address how the agency is making changes to the steps/goals to teach the participant the skill. It appeared as though the individual had plateaued between 55%-65% without change to the objective or discontinuation of the objective. There was no documentation as to why the participant continued to need service. [Participant 2]'s PSR documented the same statement for all objectives: "requires frequent verbal prompts and occasional models to accomplish goal." This statement does not address how the objective will be changed to promote success with the objective. There was no documentation as to why the participant continues to need service. [Participant 3]'s PSR documented that she needs frequent prompts, but did not address changes to plan/objectives to promote progress. There was no documentation as to why the participant continues to need service. In addition, the PSR baseline for Objective 4B " remain on task" is 50%. In August 2011, her progress dropped below the baseline to 46%. The comment stated she likes to joke and tease others and becomes easily distracted by what is going on around her. This is the same for Objective 7A "identifies best value before making a purchase." The baseline was 30% and in August 2011 the progress decreased to 30%. The agency comments documented that she expresses annoyance when disrupted while	1. What corrective action(s) will be taken? The agency has developed and will implement a new PIP template that ensure all compliance components are included in it. The new template will clearly document program documentation expectations of staff and will define the methods. All PIP's will be amended to include the missing compliance elements. All clinical staff will be retrained on developing measurable objectives. Additionally, the agency will implement policies and procedures for monitoring participant progress and completing reviews. Staff will be trained on new policies dictating that explanations of why participants continue to need services is addressed and when/how to make changes to participant objectives. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the provider status reviews, data collections methods, PIP's of all participants and will correct the deficiencies for all participants documentation. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled daily QA reviews of participant records, during reviews of participant data, by reviewing samples of completed progress reviews completed by professionals, and direct observation of participants' services. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.

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	making a purchase. This causes her to be negative and shut down during the process. There was no evidence that the agency had made changes to address the behaviors on the plan/objective to promote progress. [Participant 4]'s PSR documented that she needs frequent prompts, but did not address changes to her plan/objectives to promote progress. There was no documentation as to why the participant continues to need service. In addition, the record contained a Change in Information Notice; it was unclear why this was not put on an addendum as per rule requirements. The change stated "0 IF; 3 IC; 0 AD; 8 GF; 10 GC." The fields for days/hours in attending was left blank; the field for other was left blank; the date effective of "Jan 5" was signed on December 26, 2011. There was no documentation of the reason for the change. [Participant B]'s Annual Review completed on November 2, 2011, did not indicate a written description of the participant's progress made on objectives other than that the criterion percentage had increased, and did not indicate why he continues to need services. (REPEAT DEFICIENCY FROM THE SURVEYS OF 2009 AND 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.704.01.d) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.657.27	Collaboration/Consultation	
657. DDA SERVICES: DDA PROVIDER QUALIFICATIONS AND DUTIES. 27. Requirements for Collaboration with Other	Two of eight participant records reviewed ([Participants 1 and 2]) lacked documentation of collaboration per rule requirements.	

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Providers. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-11)	For example: [Participant 1]'s record included progress notes requesting documents and a parent note, but there was no other documentation, such as OT/PT assessments. [Participant 2]'s record lacked documentation of a SLP assessment. The agency is running an objective for speaking slowly and clearly. (REPEAT DEFICIENCY FROM THE SURVEYS OF 2009 AND 2011; the rule prior to July 1, 2011, was IDAPA 16.04.11.706.01.a-b) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	1. What corrective action(s) will be taken? The agency has developed and will implement a new process for organizing participant records. This new process will account for the need for collaboration and procurement of assessments, plans, and feedback from other providers. A participant file is not deemed complete unless these areas are formally reviewed and documented in the participant record. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the the services of all participant records. Al files are being reorganized into the new compliance systems. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the corrections through direct review of the implementation of the plan of correction and evidenced in the participant file directly. Regular monthly QA reviews and administrative review of participant records will ensure compliance.

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.683.01.b	Children's Waiver: Coverage & Limitations	
683.CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the	One of one child participant record reviewed ([Participant D]) lacked documentation that the Family Training provided to the participant's parent or legal guardian was conducted when	

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family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11) 01. Family Training. Family training is professional one-on-one (1 on 1) instruction to families to help them better meet the needs of the waiver participant receiving intervention services. (7-1-11) b. Family training must be provided to the participant's parent or legal guardian when the participant is present. (7-1-11)	the participant was present. For example, [Participant D]'s Family Training Log of December 8, 2011, did not demonstrate that the participant was present. (The agency corrected the data collection form template during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction).	1. What corrective action(s) will be taken? The agency will develop and implement new documentation procedures that ensure compliance is achieved in every service provided, including having the participant present during family training. The agency will used forms to document all compliance aspects of redesigned and developmental therapy services provided by the agency. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency will address all files of participants receiving redesigned services and will implement the new form immediately. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant records, during redeterminations, through monthly observation of services, and ongoing. Additionally, the completion of the identified deficiencies will be monitored as an individual performance duty of agency employees.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.601.01.d	Record Requirements	1. What corrective action(s) will be taken? The agency has developed and will implement a new participant profile template that ensures all compliance components are included in it. All profiles will be amended to include the missing compliance elements. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is reviewing the profiles of all participants and will correct the accordingly.
601. 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	One of eight participant records reviewed ([Participant B]) lacked rule-compliant profile sheets. For example, [Participant B]'s Client Information Sheet, dated November 10, 2011, lacked living arrangements. (REPEAT DEFICIENCY FROM 2011 SURVEY;	

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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. (7-1-11) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) d. Profile sheet containing the identifying information reflecting the current status of 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; (7-1-11)	the rule prior to July 1, 2011, was IDAPA 16.04.11.705.01.d) (FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)	3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled monthly QA reviews of participant records, during redeterminations, and ongoing. Additionally, the completion of participant profiles will be assessed as part of employees' performance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-04-30 | **Administrator Initials:** KH

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.900.01.d 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)	QA Program Three of eight participant records reviewed ([Participants 4, A, and B]) lacked evidence that the agency's quality assurance program assured skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: [Participant 4] was observed with [Employee 11] working in the community and in the home. The therapy started at the center where the participant completed a grocery list, which was not observed by the surveyors. They then went to WinCo Foods to pick up the items. The staff	1. What corrective action(s) will be taken? The agency will retrain all clinical staff and direct care staff of the expectation of rendering services in the natural setting. All services will be modified to include justifications for provision in the setting described in the PIP. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency will address the services of all participants and will explain the environment in which services are provided for every objective. 3. Who will be responsible for implementing each corrective action? The administrator or designee

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utilized direct verbal prompts to get items on the list. At one point, staff prompted the participant to ask a clerk where to find an item. The participant complied with the prompt and asked the clerk. Based upon the observation, the staff may need additional training on how to promote independence, rather than prompt dependency. Once they had all the items, they purchased the items. They returned to the participant's home and started to put the items away. When the participant started to put a new gallon of milk into the refrigerator, she pulled out an older gallon of milk that was almost full and started to throw it away. The staff redirected her to smell it and check the date. The participant stated that she could not smell, so she checked the date. The surveyors asked where the grocery list was made, and were informed that they make the list at the center. Based upon what was observed at the home, the process to develop the grocery list in the center did not appear to promote independence and was not conducted where the individual would typically utilize the skill.

It was observed that [Participants A and B]'s skills training associated with toileting skills and tooth brushing were conducted at the center-based facility, which is not the natural setting where the individual would typically utilize the skill.

(REPEAT DEFICIENCY FROM 2011 SURVEY; the rule prior to July 1, 2011, was IDAPA 16.04.11 900.01.d)

(FAILURE TO COMPLY – THE APPROVED PLAN OF CORRECTION FOR THE 2011 SURVEY WAS NOT IMPLEMENTED)

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?
The agency will monitor the deficient practice through regularly scheduled weekly QA reviews of participant records, reviews of participants' PIP's, during redeterminations, through monthly observations, weekly supervision and ongoing. Additionally, the completion of participant profiles will be assessed as part of employees' performance reviews.

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.900.03.f 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) f. Are observable in practice. (7-1-11)	QA Program Observation of one of eight participants ([Participant 2]) revealed that the agency lacked evidence that its quality assurance program assured services provided to participants are observable in practice. For example, [Participant 2] was observed with [Employee 7] and another participant in the community (Walmart). The other participant picked up a gallon of milk and wanted to look at headphones. During the observation, the other participant was directing [Participant 2] to keep up with him. At one point, [Participant 2] found a lid to a Styrofoam cup on the floor and was kicking it; the other participant directed him to pick it up and take it to the garbage. There was no prompting from the staff to [Participant 2], only the other participant's direction. Once they had looked at the headphones, they went through the self check-out for the other participant, where the staff provided instruction/prompting. The other participant utilized $1 increments. There was minimal or no developmental therapy provided during this observation for [Participant 2]. In addition, the therapist informed surveyors that these two individuals would like to go to the dollar store, which, from the time they left Walmart and traveled to Honk's Dollar Store, was approximately 12 minutes. This was discussed with administration; they were not aware that they could not include transportation in developmental therapy time. The agency developed a new form to account for travel time.	1. What corrective action(s) will be taken? The agency will retrain all clinical staff and direct care staff of the expectation of rendering services that are observable in practice. All services will be modified to include mechanisms to ensure that all services can be observed to an individual with a moderately trained understanding. The mechanisms include specific implementation procedures included in the PIP instructions. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency will address the services of all participants and increase the rigor of the staff observation and performance improvement. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practice through regularly scheduled weekly QA reviews of participant records, reviews of participants' PIP's, during redeterminations, through monthly observations, weekly supervision and ongoing. Additionally, the completion of participant profiles will be assessed as part of employees' performance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-09 | **Administrator Initials:** KH

Administrator Signature (confirms submission of POC): Kathy Thaler | **Date:** 4/2/12

Team Leader Signature (signifies acceptance of POC): Pam Lovelard-Schmidt | **Date:** 4/2/12

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