



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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April 22, 2011

Corey Makizuru, Administrator  
Gem State Developmental Center, Inc.  
818 W. 15<sup>th</sup> Street  
Meridian, ID 83642

Dear Mr. Makizuru,

Thank you for submitting the Gem State Developmental Center, Inc. Plan of Correction dated April 22, 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 Gem State Developmental Center, Inc. a full three year certificate effective from May 1, 2011 through April 30, 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. Please submit these documents in order of citation, following the plan of correction findings. 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 22, 2011. You may submit supporting documentation as follows:

NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to: (208) 364-1811  
Email to: [ALC@dhw.idaho.gov](mailto:ALC@dhw.idaho.gov)  
Mail to: Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise, ID 83720-0009  
Or deliver to: 3232 Elder Street, Boise, ID 83705

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

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

Eric Brown  
Program Supervisor  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

Gem State Developmental Center  
4GEM014-1

RECEIVED  
APR 21 2011  
DIV. OF MEDICARE

818 NW 15th St  
Meridian, ID 83642  
(208) 888-5566

**Survey Type:** Recertification

**Entrance Date:** 3/14/2011

**Exit Date:** 3/17/2011

**Initial Comments:** Survey Team: Sarah Czaja, LPC Clinician; Noralee Fitch, MSW Social Worker; Greg Miles, Medical Program Specialist; and Eric Brown, Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.03.f	Building Standards	
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) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)	During the inspection of one of the agency's four facilities, the cabinet where hazardous chemicals were stored was found to be unlocked.  This was corrected immediately. The agency is required to address questions 2-4 on the Plan of Correction.	As per the finding in our Adult Program in Nampa, the identified cabinet was immediately locked. Effective immediately, GSDC will ensure that all cabinets where hazardous chemicals are stored are securely locked in all four training facilities as per IDAPA 16.04.11.500.03. f.  2. GSDC notified all staff on the specific finding and direct staff to secure all cabinets where hazardous chemicals are stored must be securely locked when staff are away from the cabinet.  3. Each staff will be responsible to secure all cabinets where hazardous materials are stored.  4. Supervising developmental specialist or her designee will conduct weekly walk-through to ensure that their respective facility's cabinets where hazardous chemicals are stored are securely locked and continue to meet IDAPA 16.04.11.500.03. f.

**Scope and Severity:** Isolated / No Actual Harm - Potential for More than Minimal Harm **Date to be Corrected:** 2011-03-16 **Administrator Initials:** CJ

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.601.03.e</p> <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>e. When a participant has been diagnosed with mental illness; or (7-1-06)</p>	<p>Assessments</p> <p>During review of [Participant E]'s file, it was determined that the file did not contain a full current psychological assessment. The participant had been diagnosed with a mental illness.</p>	<p>Effective 04-26-11, GSDC will ensure that psychological assessments are completed or obtained when a participant has been diagnosed with mental illness.</p> <ol style="list-style-type: none"> <li>Regarding participant E, GSDC has contacted the respective public school districts to obtain the most current psychological assessment that meet IDAPA 16.04.11. 601.03. e. requirement. If GSDC is unable to obtain the information prior to April 30, 2011, then GSDC will contact contracting psychologist or applicable professional to complete psychological assessment on participants E.</li> <li>GSDC have identified forty-two (42) participants diagnosed with mental illness. Forty-one (41) of forty-two (42) participants' records contain a psychological assessment.</li> <li>The Director of Children and Family Services and licensed social worker will be responsible for ensuring and implementing corrective action.</li> <li>The Director of Children and Family Services will review case records on a monthly basis to ensure IDAPA 16.04.11.601.03. e. requirement continues to be met. Administrator will schedule psychological assessments performed by licensed psychologist, if necessary, accordingly.</li> </ol>

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2011-06-15 **Administrator Initials:** CJ

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.604.07</p> <p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06)</p>	<p>Assessments</p> <p>Review of all sampled children's files revealed that the medical/social histories completed by the agency did not meet the narrative requirement, often only containing one sentence per section and/or leaving out relevant information in some of the sections specified in this rule.</p>	<p>Effective 04-26-11, GSDC will ensure that Medical/Social Histories assessments will meet the narrative requirement per IDAPA 16.04.11.604.07.</p> <ol style="list-style-type: none"> <li>1. GSDC has contacted the licensed social worker regarding the need to update each Medical/Social History for children ages three (3) to seventeen (17).</li> <li>2. The licensed social worker will add additional narrative language to each Medical /Social History to ensure that each report contains more than one sentence per section. Additional relevant information will be included in the following sections, if necessary, (a) medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (b) developmental history including developmental milestones and developmental treatment interventions; (c) personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (d) family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (e) educational history including any participation in special education; (f) pre-vocational or vocational paid and unpaid work experiences; (g) financial resources; and (h) recommendation of services necessary to address the participant's needs.</li> <li>3. The licensed social worker will be responsible for ensuring and implementing corrective action.</li> <li>4. Upon completion, the Administrator or Director of Children and Family Services will review each Medical/Social History to ensure that it meets IDAPA 16.04.11.604.07, accordingly.</li> </ol>

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

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

**Administrator Initials:** *CK*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.701.05.e.vii</p> <p>REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA</p>	<p>Individual Program Plan</p> <p>Review of the sampled children's files revealed that each child's Individual Program Plan (IPP) did not contain measurable behaviorally stated objectives. The information listed on the IPP</p>	<p>Effective 04-26-11, GSDC will ensure that Individual Program Plans will meet IDAPA 16.04.11.701.05. e. vii. requirement.</p>

**SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.**

Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate. The IPP must include: (7-1-06)

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; (7-1-06)

consisted of the general skill area the agency was addressing through therapy.

1. GSDC has contacted the quality assurance personnel regarding stating "measurable behaviorally stated objectives." in each Individual Program Plans to meet IDAPA 16.04.11.701.05. e. vii.
2. As per rule application, the rule language in 16.04.11.701.05.e. vii appears to be identical to the language in 16.04.11.703.03 which states that Program Implementation Plans (PIP) must contain the measurable behaviorally stated objective. Since the language appears to be identical in both rule sections, the information on the Program Implementation Plans and Individual Program Plan will be identical as well.
3. The quality assurance personnel will be responsible to capture each individual's initial "measurable behaviorally stated objectives" from each Program Implementation Plan and include the information on the Individual Program Plans. As per rule application, when the actual therapy objectives are listed on the Individual Program Plan and the participant meets criteria and the objective is changed, an Individual Program Plan addendum would only be need submitted if there is a change in the type and amount of therapy and they would not require an addendum for objective changes during the plan year. If objectives are met and criteria changed, the agency will maintain internal documentation of changes to show progress throughout the plan year.
4. Upon completion, the Administrator or Director of Children and Family Services will review each Individual Program Plan to ensure that it meets IDAPA 16.04.11.701.05. e. vii., accordingly.

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

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

**Administrator Initials:** *CK*

**Administrator Signature (confirms submission of POC):**

*Colly Kaplan*

**Date:** 2011-04-22

**Team Leader Signature (signifies acceptance of POC):**

*Si D. P...*

**Date:** 4/21/11