IDAHO DEPARTMENT OF HEALTH & WELFARE

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LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-364-1959
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May 10, 2012

Steve Adkins, Administrator
Fellowships DDA, LLC
1530 West State Street, Suite F
Meridian, ID 83642

Dear Mr. Adkins:

Thank you for submitting the Plan of Correction for Fellowships DDA, LLC dated April 25, 2012. Developmental Disabilities 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 Fellowships DDA, LLC a full three-year certificate effective from May 28, 2012, through May 31, 2015.

Pursuant to IDAPA 16.03.21.125.02, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that you your Plan of Correction has been implemented. Please submit these documents with references to citations clearly marked, following the order listed on the Statement of Deficiencies. All supporting documentation must be submitted no later than July 5, 2012. You may submit supporting documentation as follows:

Fax: (208) 364-1811

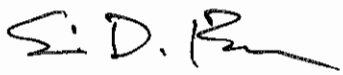
Email: alc@dhw.idaho.gov

Mail: Eric Brown, Supervisor
Developmental Disabilities Certification
P.O. Box 83720
Boise, ID 83720-0009

Deliver: 3232 Elder Street, Boise, Idaho

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me if at (208) 364-1906.

Sincerely,



ERIC D. BROWN
Supervisor
Developmental Disabilities Certification

EDB/slm

Enclosures
1. Certificate
2. Accepted Plan of Correction

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Fellowships DDA, LLC
04FELDDA156

1530 W State St Ste F
Meridian, ID 83642
(208) 888-2350

Survey Type: Recertification

Entrance Date: 4/3/2012

Exit Date: 4/6/2012

Initial Comments: Survey Team: Sarah Czaja, Clinician, Family and Community Services; and Eric Brown DDA/ResHab Supervisor, Licensing & Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.a 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) a. To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis. (7-1-11)T	Assessments Review of agency documenation revealed that Participant B's file did not contain a current comprehensive developmental assessment.	1. At the participants six month review and again at their annual renewal , the comprehensive developmental assessment will be reviewed and updated as necessary. 2. All participant's comprehensive developmental assessment will be reviewed at their six month status review and annual renewal. 3. Fellowships Developmental Specialist will be responsible for implementing this corrective action. 4. The corrective action will be monitored at the participants six month and annual review. This corrective action will be added into Fellowships quality assurance check list. 5. Starting May 1, 2012 for all participants, Participant B's will be corrected by his annual review on June 28, 2012

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-05-01 | **Administrator Initials:** SCA

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.05.a 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 05. Types of Comprehensive Assessments. (7-1-11) a. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-11)	Assessments Review of agency documentation revealed that the comprehensive developmental assessment for Participant B did not reflect the participant's current developmental status.	1. At the participants six month review and again at their annual renewal , the comprehensive developmental assessment will be reviewed and updated as necessary to ensure that the information in the assessment accurately reflects the participants current developmental status. If the comprehensive developmental assessment is obtained from a outside agency, Fellowships will review the assessment and make updates to the information as necessary. 2. All participant's comprehensive developmental assessment will be reviewed at their six month status review and annual renewal to ensure the information is accurate. 3. Fellowships Developmental Specialist will be responsible for implementing this corrective action. 4. The corrective action will be monitored at the participants six month and annual review. This corrective action will be added into Fellowships quality assurance check list. 5. Starting May 1, 2012 for all participants, Participant B's will be corrected by his annual review on June 28, 2012

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.05.f	Record Requirements	1. At the participants six month review and again at their annual renewal , the medical social history will be reviewed and updated as necessary. 2. All participant's medical social history will be reviewed at their six month status review and annual renewal. 3. Fellowships Developmental Specialist will be responsible for implementing this corrective action. 4. The corrective action will be monitored at the participants six month and annual review. This corrective action will be added into Fellowships quality assurance check list. 5. Starting May 1, 2012 for all participants, Participant B's will be corrected by his annual review on June 28, 2012
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 05. Types of Comprehensive Assessments. (7-1-11) f. Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 657 of these rules and accurately reflects the current status and needs of the person. (7-1-11)	Review of agency documentation revealed that the medical/social history in Participant B's file was out of date.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.iii	Program Documentation (data/progress)	1. The agency will modify the participants goal if they have not made progress after a 3 month period. 2. Each of the participants data will be reviewed at the 3 month mark, and modified as necessary to promote independence and progress. 3. Fellowships Developmental Specialist will be responsible for implementing this corrective action. 4. This corrective action will be monitored by the DD program
655. DDA SERVICES: PROCEDURAL 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-	Review of agency documentation revealed that documentation in Participant B's file indicated modifications were not made to promote progress when Participant B showed 0% progress on several goals for several months. One goal documented data of 0% success for six consecutive months with no changes being made.	

11) a. General Requirements for Program Documentation. For each participant the following program documentation is required: (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)		manager during the participants six month review to ensure that the corrective action have been consistently implemented by the developmental specialist. 5. Starting May 1, 2012 for all participants, Participant B's will be corrected by his annual review on June 28, 2012

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.iv	Program Documentation (data/progress)	1. Fellowships developmental specialist will receive training on how to correctly complete a six month and annual status review. 2. The agencies DD program manager will review the participants six month and annual status review to ensure that is is complete and accurate. 3. Fellowships Developmental specialist and program manager will be responsible to implementing the corrective action. 4. This corrective action will be monitored at each participants six month and annual status review to ensure compliance. 5. Starting May 1, 2012 for all participants, Participant B's will be corrected by his annual review on June 28, 2012
655. DDA SERVICES: PROCEDURAL 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) iv. When a participant receives developmental	Review of agency documentation revealed that the six-month/annual provider status review for Participant B did not contain information as to why the participant continued to need the service.	

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)		

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.657.27	Collaboration/Consultation	1. Fellowships will continue to document that the collaborative information has been requested from the outside agency, but has yet to be released in the participants file. This information will continue to be requested and the request will be documented on a monthly basis in the participants file. 2. During each participants monthly review, the necessary request for collaborative information will be sent and documented in each participants file. 3. Fellowships Developmental Specialist will be responsible for the corrective action. 4. This corrective action will be be monitored on a ongoing monthly basis for each participant. 5. Starting May 1, 2012 for all participants, Participant B's will be corrected by his annual review on June 28, 2012
657. DDA SERVICES: DDA PROVIDER QUALIFICATIONS AND DUTIES. 27. Requirements for Collaboration with Other Providers. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of 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)	Review of the agency's documentation revealed that the file for Participant B did not contain collaboration documentation related to the other services the participant receives.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.500.03.a	Facility Standards	1. Fellowships will set a date to have a annual fire inspection completed at the center during the month of December every year. 2. Fire inspections will be scheduled every December. 3. Fellowships Administrator 4. The agency's administrator will set a reminder through his email that will notify him that the annual fire inspection needs to occur. 5. May 1, 2012
500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 03. Fire and Safety Standards. (7-1-11) a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited: (7-1-11)	Review of agency documentation revealed that the agency's facility did not receive annual inspection by the local fire authority in 2010.	

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

Date to be Corrected: 2012-05-01

Administrator Initials: SCA

Administrator Signature (confirms submission of POC): [signature] **Date:** 4/25/12

Team Leader Signature (signifies acceptance of POC): [signature] **Date:** 5/8/12