IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 2, 2012

John Bodden, Administrator
Denise Bradbury, Program Manager
Magic Valley Rehabilitation Services, Inc.
P. O. Box 189
Twin Falls, Idaho 83303

Dear Mr. Bodden & Ms. Bradbury:

Thank you for submitting the Magic Valley Rehabilitation Services, Inc. Plan of Correction dated July 2, 2012. 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 Magic Valley Rehabilitation Services, Inc. a full three (3) year certificate effective from June 1, 2012 through May 31, 2015.

According to IDAPA 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than August 27, 2012. You may submit supporting documentation as follows:

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

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

Pam Loveland-Schmidt

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

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Magic Valley Rehabilitation Services, Inc.
5MVRS020

484 Eastland Dr S
Twin Falls, ID 83301
(208) 734-4112

Survey Type: Recertification

Entrance Date: 4/24/2012
Exit Date: 4/26/2012

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.651.02	Assessments	1. DS/CS will complete Developmental Assessments prior to the delivery of services. A file review check-sheet will be used to review files for all necessary information prior to the delivery of services. 2.Any participant affected will be identified by the CAP Manager when beginning Dev. Therapy or at their annual renewal time & records reviewed prior to the plan start date. Dev. Assessments will be completed prior to the delivery of services. 3. CAP Manager/DS(CS) 4. Files will be reviewed using a file check-sheet prior to the start of services by CAP Manager and yearly by the CAP Manager and Director, Rehabilitation Division. 5. 5/21/12
651. DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11) 02. Requirements to Deliver Developmental Therapy. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. Participants living in a certified family home must not receive home-based developmental therapy in a certified family home. Developmental therapy includes individual developmental therapy and group developmental therapy. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental	One of four participant records reviewed (Participant 1) lacked documentation that a comprehensive developmental assessment was completed prior to the delivery of developmental therapy. For example, Participant 1's developmental assessment was completed on January 9, 2012. The plan started December 5, 2011, which was prior to the assessment.	

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therapy. Developmental therapy will not be reimbursed if the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services. (7-1-11)T		

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.652.04	Individual Service Plan	2. Any participant who may be affected will be identified by the CAP Manager/DS(CS) when beginning Dev. Therapy or at their annual renewal time. Files will be reviewed using the file check-sheet prior to the start of services. 3. CAP Manager/DS(CS) 4. CAP Manager will review files using the file check-sheet prior to the start of services and the files will be reviewed annually by the CAP Manager and Director, Rehabilitation Division.
652.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER. This Section does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, " Medicaid Basic Plan Benefits." DDAs must comply with the requirements under Section 653 of these rules for those adults. (7-1-11) 04. Individual Service Plan (ISP). For participants eighteen (18) years of age or older any services provided by the DDA must be included on the plan of service and be prior authorized by the Department or its designee before a participant can receive the service from the agency. (7-1-11)	One of four participant records reviewed (Participant 4) lacked evidence that the DDA assured any services provided by the agency were included on the plan of service and were prior authorized by the Department or its designee before a participant received the service from the agency. For example, Participant 4's record lacked documentation of a plan of service that was prior authorized by the Department before the participant received the service from the agency. (The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.i-iii	Assessments	1. Developmental Assessments will be redone using a new form to address all 7 areas identified. 2. Future participants will not be affected with the implementation of the new Dev. Assessment form. 3. CAP Manager/DS(CS) 4. File reviews will be conducted annually using the file check-sheet by the CAP Manger and Director, Rehabilitation Division. 5. Aug. 20th, 2012
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)	Two of four participant records reviewed (Participants 2 and 4) lacked documentation that the comprehensive developmental assessments completed by the agency met rule requirements. For example: Participant 2's developmental assessment did	

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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)	not address the need to "be patient" in the body of the assessment, but then under "Needs" stated that he needs to "be patient." Within the " Personal Living Skills" section, it stated he has " difficulty in group situations of sharing the talking time and not interrupting." As written, it did not determine the need to "be patient" nor guide treatment. Participant 4's developmental assessment appeared to address needs in the Certified Family Home, but not in the community. For instance, the assessment stated many developmental areas "are addressed by the CFH." The Receptive and Expressive Language section stated he is nonverbal; however, he communicates with simple signs, gestures and noises, but the assessment did not address any need areas. The Learning area stated, "...this area is addressed informally as it takes him time to learn the skills," but did not address needs that were addressed informally. The assessment did not guide therapy and the participant's record included an objective for " signing." (REPEAT DEFICIENCY from survey of April 15, 2009. The rule was IDAPA 16.04.11.604.01 prior to July 1, 2011.)	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.v	Assessments	1. Dev. Assessment redone to address needs, type and amount of therapy. A new Dev. Assessment form will be used that identifies this information. 2. Future participants will not be affected with the implementation of the new Dev. Assessment form. 3. CAP Manager/DS(CS) 4. File reviews using the file check-sheet will be used prior to the start of services and annually by the CAP Manager and Director, Rehabilitation Division. 5. Aug. 20th, 2012
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)	Two of four participant records reviewed (Participants 1 and 4) lacked documentation of assessments that recommend the type and amount of therapy necessary to address the participant's needs. For example: Participant 1's developmental assessment did	

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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)	not address center, home, or community; only group developmental therapy (DT). Participant 4's developmental assessment did not address center, home, or community; only group DT and individual DT.	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.e	Assessments	1. The SLP report was obtained during the review. The SLP recommendations will be incorporated into the goals/objectives for participant 4. The PIP will be rewritten to include the utilization of the SLP recommendations. 2. Any participants affected will be identified through file reviews and at annual meetings. Any assessments that have been done will be obtained and incorporated into plans where appropriate. 3. CAP Manager/DS(CS) 4. File reviews using a file check-sheet will be conducted prior to the start of services and annually by the CAP Manager and Director, Rehabilitation Division. 5. Aug. 20th, 2012
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 four participant records reviewed (Participant 4) lacked documentation that assessments were completed or obtained prior to the delivery of therapy in each type of service. For example, Participant 4's record included a need for communication via signs, etc. There was no documentation in the record that a Speech Language Pathology (SLP) assessment was completed. On May 9, 2012, the agency requested the SLP assessment that was completed on February 16, 2011. The assessment stated this individual was not a candidate for SLP due to his low motivation to interact or respond to testing. The	

	recommendation stated to utilize a " communication book" containing pictures of his preferred items/activities and daily routine during his daily activities to indicate preferences and aid transitions. These recommendations had not been incorporated into the goal/objectives. In addition, the agency had a goal/objective for "Self-Direction/When asked a question, he will sign yes or no." The Program Implementation Plans used during the observation did not include the utilization of a "communication book" and the staff did not utilize a "communcation book" per SLP recommendations.	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.f.i-iv	Assessments	1. Participant 1 has an appt. for a Psychological Assessment to be completed on 6/11/12. The report will be obtained and the recommendations incorporated into her plan. Any therapies the participant is involved in will be listed on the Participant Profile sheet. 2. Any participants affected will be identified through file reviews and through the participant profile sheet that will identify all relevant therapies. Assessments for all therapies will be obtained and incorporated into the participant's plan where appropriate. 3. CAP Manager/DS(CS) 4. File reviews conducted by CAP Manager prior to the start of services and annually by the CAP Manager and Director, Rehabilitation Division. 5. Aug. 20th, 2012
655.DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) f. A current psychological assessment must be updated in accordance with Subsection 655.03.f. of these rules: (3-29-12) i. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-11) ii. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-11) iii. When a participant has been diagnosed with mental illness; or (7-1-11) iv. When a child has been identified to have a severe emotional disturbance. (7-1-11)	One of four participant records reviewed (Participant 1) lacked documentation of assessments per rule requirements. For example, Participant 1's agency developmental assessment dated December 23, 2011, stated her primary diagnosis was anxiety disorder and moderate MR. The record had a diagnostic evaluation dated August 4, 2011, but it did not address anxiety. There was no documentation of a psychological assessment addressing anxiety (mental health) per rule requirements. (REPEAT DEFICIENCY from survey of April 15, 2009. The rule was IDAPA 16.04.11.601.03.a-f prior to July 1, 2011).	

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.657.27 657. 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)	Collaboration/Consultation Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked documentation of coordination of the DDA program with other providers when the participants were receiving rehabilitative or habilitative services from other providers. For example, Participants 1, 2, 3, and 4's records lacked documentation of collaboration and how the plans had been integrated into the DDA's plan of service for each participant. Also, see the citation under IDAPA 16.03.10.655.03.e for additional information.	1. Documentation of collaboration is being recorded on a log in the participants files. 2. Future participants will not be affected with the implementation of a collaboration log and the file check-sheet. 3. CAP Manager/DS(CS) 4. Files will be reviewed annually by CAP Manger and Director, Rehabilitation Division. CAP Manager will continue to attend all annual meetings for participants. 5. 5/21/12

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

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.400.03.b	Supervision	1. Monthly observations will be conducted by DS(CS). 2. No participants were affected. 3. DS(CS) 4. Director, Rehabilitation Division will review observation logs every 6 months. 5. 5/21/12
400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: (7-1-11) b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)	Four of five employee records reviewed (Employees 9, 10, 11, and 12) lacked documentation of observation and review of the direct services performed by paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrated the necessary skills to correctly provide the DDA services. For example: Employee 9 lacked documentation of monthly supervision for August 2011 and November 2011. Employee 10 lacked documentation of monthly supervision for July 2011, October 2011, and November 2011. For July 2011, there was a statement, "Out 07/18/11-07/29/11," but there was no documentation of an observation for the month. Employee 11 lacked documentation for monthly supervision for September 2011 and November 2011. Employee 12 lacked documentation for monthly supervision for August 2011 and November 2011.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.410.01.a	Training	1. Employees have received initial fire safety training and annual training. Fire Safety training will be moved on the orientation check sheet so as to be done with the initial orientation prior to delivery of services. 2. No participants were affected. 3. Administrative Staff
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) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services	Two of six employee records reviewed (Employees 11 and 12) lacked documentation the employee participated in fire and safety training upon employment and annually thereafter. For example:	

complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)	Employee 11 was hired on July 14, 2011, and her fire training was not conducted until August 19, 2011. Employee 12 was hired on May 23, 2011, and her fire training was not conducted until 08/29/11.	4. The orientation check-sheet will be revised to include Fire Safety with initial orientation. The check-sheet will be reviewed prior to the employee delivering services. 5. 5/21/12

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.520.04	Developmental Therapy	1. A different community location for participant 4's program was identified. Techs will be instructed by DS(CS) regarding appropriate community settings that enhance participants' social image and personal competencies. 2. Participants that may be affected will be identified during weekly meetings with Techs and monthly observations by the DS(CS). Concerns will be addressed and alternate settings designated. 3. DS(CS) 4. Weekly Tech meeting with DS(CS) and monthly observations. 5. 6/13/12
520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11) 04. Image Enhancement. The community-based services must enhance each participant's social image and personal competencies. (7-1-11)	Observation of one of four participants revealed the agency lacked evidence that community-based services enhanced each participant's social image and personal competencies. For example: Observation of Participant 4 receiving services in Costco as implemented did not enhance the participant's social image or personal competencies. The individual did not have his own Costco card. The staff gave the participant her card to show the store employee, and then the participant brought his own food (snacks) to eat in the food court where other individuals were eating and drinking items purchased at	

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	Costco.	

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.900.01.d	QA Program	1. The monthly observation form was revised. Goals/objectives will identify the setting and the Dev. Assessment is being redone for participants 1,2, and 3 and will address the appropriate setting, community, home, or center. 2. Participants that may be affected will be identified through file reviews and weekly tech meetings, as well as, monthly observations. Any issues will be addressed at that time by the DS(CS). 3. DS(CS) 4. File reviews will be done annually by the CAP Manger and Director, Rehabilitation Division. The Dev. Assessment form will address natural settings. 5. Aug. 20th, 2012
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)	Based on observation and review of three of four participant records (Participants 1, 2, and 3), the agency lacked evidence skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: Participant 1's objectives addressed the Purple Circle being conducted in the center only. The objectives did not address the natural setting where the individual would commonly learn and utilize the skill. Participant 2's objective "waiting patiently" was addressed in the center only. The objective did not address the natural setting where the individual would commonly learn and utilize the skill. Participant 3's objective "initiate conversation with peers" was addressed in the center only. The objective did not address the natural setting where the individual would commonly learn and	

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	utilize the skill. The developmental assessment stated that the SIB-R indicates he often stays away from others and stays to himself. During observation, the participant stated they were going to the coffee shop and to the library. He also stated he walks his dog alone with no staff present at the park. All of these locations would be the perfect opportunity and natural setting to initiate conversation where he would utilize this skill.		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:**	**Administrator Initials:** JB
Administrator Signature (confirms submission of POC): Jolyn Bodden			**Date:** 7-2-12
Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmidt			**Date:** 7/2/12

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