



C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

IDAHO DEPARTMENT OF
HEALTH & WELFARE

JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. BOX 83720
BOISE, IDAHO 83720-0009
PHONE 208-364-1959
FAX 208-364-1811

July 13, 2012

Frank Knight, Administrator
Pro Active Behavioral Health
215 University Avenue
Gooding, Idaho 83330

Dear Mr. Knight:

Thank you for submitting the ProActive Behavioral Health Plan of Correction received on July 11, 2012. Licensing 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 your agency a full one (1) year certificate effective from June 1, 2012 through May 31, 2012.

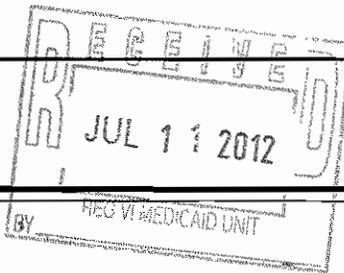
According to IDAPA 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. The supporting documentation addressed in your plan of correction will be reviewed during your next survey. Please ensure your agency quality assurance processes continue to implement and monitor rule compliance.

Thank you for your assistance through the survey process.

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
Licensing and Certification
208-239-6267
lovelanp@dhw.idaho.gov

Enclosure

Statement of Deficiencies



Developmental Disabilities Agency

Pro Active Advantage, LLC
DDA-1141

215 University Ave
Gooding, ID 83330-6155
(208) 934-5880

Survey Type: Recertification

Entrance Date: 4/24/2012

Exit Date: 4/30/2012

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.503</p> <p>503. DEVELOPMENTAL DISABILITY DETERMINATION: TEST INSTRUMENTS. A variety of standardized test instruments are available. Tests used to determine a developmental disability must reflect the current functional status of the individual being evaluated. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional. Instruments designed only for screening purposes must not be used to determine eligibility.</p>	<p>Eligibility</p> <p>Two of two child participant records reviewed (Participants A and B) lacked documentation that the agency verified the current status of individuals when determining eligibility using tests over one (1) year old.</p> <p>For example:</p> <p>Participant A's record lacked documentation that the agency determined eligibility per rule requirements. There was no eligibility testing from April 30, 2010, to March 8, 2011, and no SIB-R for 2010. SIB-Rs were completed March 30, 2012, March 8, 2011, April 3, 2009, and April 26, 2007. The agency provided the March 19, 2008, SIB-R during the survey.</p> <p>Participant B's record lacked documentation that the agency determined eligibility per rule requirements. The most recent SIB-R was dated May 6, 2010.</p>	<p>Plan of Correction (POC)</p> <ol style="list-style-type: none"> 1. DS will conduct evaluations and procure needed assessments to ensure eligibility with the clients parents/family members during each annual review to determine eligibility of clients. Evaluations will be conducted to reflect individuals current function status. 2. The agency will address all children's files as if all are affected by the deficiency. Evaluations will be reviewed again to ensure they are accurate, current, and documented according to regulation. 3. DS is responsible for implementing corrective action of conducting SIB-R and making sure they are done annually 4. This will be monitored by DS and also office staff to be sure that SIB-R is in clients file to determine eligibility before annual services are renewed.

Also see IDAPA 16.03.10.653.01.

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

Date to be Corrected: 2012-05-21

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.651.02.c</p> <p>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 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</p> <p>c. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational</p>	<p>Developmental Therapy</p> <p>Based on review of one of four participant records (Participant 1), the agency lacked evidence its quality assurance program assured developmental therapy did not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability.</p> <p>For example, Participant 1's Program Implementation Plan for signing instructions addressed signing colors such as "blue, purple, yellow," which, as written, are educational services and excluded from Medicaid payment. This was also observed during the center observation.</p> <p>Also see IDAPA 16.03.10.651.02.c and IDAPA 16.03.10.651.12.b.</p>	<p>1. DS will review all participant Program Implementation Plans for any tutorial activities or educational tasks currently being used. Any educational elements will be removed from all training.</p> <p>2. DS will rewrite the Program Implementation Plan for Participant 1 and any others identified as having tutorial activities or educational tasks within 30 days.</p> <p>3. DS will ensure that goals and objectives on PIP plans in the future are not written as tutorial or educational tasks.</p> <p>4. Managers will review all client files each quarter to confirm compliance and adherence to corrective action plan.</p>

needs that result from the participant's disability.
(7-1-11)

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

Date to be Corrected: 2012-07-13

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.652.04</p> <p>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)</p> <p>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)</p>	<p>Individual Service Plan</p> <p>Two of two adult participant records reviewed (Participants 1 and 2) lacked documentation that services provided by the agency were included on the plan of service and prior authorized by the Department or its designee before the participant received the service from the agency.</p> <p>For example:</p> <p>Participant 1's Individual Service Plan (ISP) dated December 23, 2011, through December 22, 2012, authorized home- and community-based developmental therapy services for 20 hours per week (97537). The agency provided developmental therapy in its center in addition to in the home and community. The ISP goals include: "will sign when asked to sign one of the eight word he is working on;" "when needs help he will get the DT's attention...;" "sign please when asking for something;" "will sign 'thank you' ;" "make a sandwich with a partial physical prompt;" "when in the parking lot, will stay by car until told to move and then will stay within arm's length of DT." These goals were authorized for the home and community at 20 hours per week (97537), but services were occurring in the center.</p> <p>Participant 2's ISP dated October 22, 2011, through October 21, 2012, authorized developmental therapy services in the community for 6 hours per week (97537). The</p>	<p>1. DS will review authorized service locations as approved on the Individual Service Plan for each Participant.</p> <p>2. The DS will train the DT who works with that Participant to ensure they are trained on the locations that services are approved for.</p> <p>3. The DS will review all current adult participant files on or before June 15th to insure services are being provided in approved service locations. DS will verify all new Individual Service Plans include all locations that services are appropriate to be delivered in are on the plan prior to submission for authorization by the Department. Service locations will be stated on the PIP and each DT will be oriented and trained to the authorized service locations for each individual client.</p> <p>4. The agency quarterly Quality Assurance meeting will review each client service delivery location and compare to progress notes to ensure compliance to this plan of correction.</p>

Program Implementation Plans addressed services in the center, which was not authorized on the plan.

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

Date to be Corrected: 2012-07-13

Administrator Initials: 

Rule Reference/Text

Category/Findings

Plan of Correction (POC)

16.03.10.655.03.a

Assessments

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

One of four participant records reviewed (Participant 1) lacked documentation that assessments were completed or updated at least every two (2) years for service areas in which the participant was receiving services on an ongoing basis.

For example, Participant 1's Developmental Assessment was completed on December 16, 2009, by another agency. There was no documentation of a current Developmental Assessment, which should have been completed by December 16, 2011. In addition, the agency was authorized to complete a Developmental Assessment.

1. DS will ensure that Participant 1 has a Developmental Assessment completed and in the file.
2. All the adult and children files have been audited for deficiencies and the adult and children's DS are working to ensure all of the Pro Active client records are compliant with IDAPA on or before June 6, 2012.
3. Agency has implemented a quality assurance plan to be sure this type of oversight does not occur in the future. This plan includes a separate DS for adults and children to have a lighter case load. It also includes a Clinical Director who is also a DS who will oversee the work the individual DS does to ensure no documentation is missed.
4. Quarterly Quality Assurance meeting will audit for compliance to this action plan.

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

Date to be Corrected: 2012-07-13

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.03.e</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11)</p> <p>e. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-11)T</p>	<p>Assessments</p> <p>One of four participant records reviewed (Participant 1) lacked documentation that assessments were completed or obtained prior to the delivery of therapy in each type of service.</p> <p>For example, Participant 1's Individual Service Plan and Program Implementation Plan addressed "signing." There was no documentation in the record of a speech assessment.</p>	<p>1. DS will contact the family of Participant 1 and obtain a speech assessment and this will be the procedure for all services ongoing. No participant will start services until all evaluations are completed and/or obtained</p> <p>2. Agency has implemented a quality assurance plan to be sure this type of oversight does not occur in the future, but is addressing the deficiency as though all participants are affected. This plan includes a separate DS for adults and children to have a lighter case load. It also includes a Clinical Director who is also a DS who will oversee the work the individual DS does to ensure no documentation is missed.</p> <p>3. Administrator or designee</p> <p>4. The agency Quality Assurance committee will meet quarterly and review all client files to ensure adherence and compliance to this action plan.</p>

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

Date to be Corrected: 2012-07-13

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.06.a-e</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11)</p> <p>a. Further Assessment. Further assess an area of limitation or deficit identified on a</p>	<p>Specific Skill Assessments</p> <p>Four of four participant records reviewed (Participants 1, 2, A, and B) lacked documentation of specific skill assessments per rule requirements.</p> <p>For example, Participants 1, 2, A, and B's records lacked documentation of skill</p>	<p>1. Skills Assessments will be conducted as part of the annual plan process with family.</p> <p>2. Participant A had a skills assessment conducted on 3/31/12 as part of annual program review. Participant B also had a skills assessment conducted on 5/23/12 as part of annual review process.</p>

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 implementation plan. (7-1-11)

assessments. The agency provided a document on April 26, 2012, which did not address rule requirements. There was no documentation completed by the qualified professional, no documentation related to a goal, or no determined baselines. The document stated Task, Description, DDA Code, Tally Code, and Month only.

3. DS is responsible to have Skills assessments completed each year to access deficient areas.
 4. Skills assessments will be conducted as part of the annual review or intake process for plans by DS and will be in client's files. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.

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

Date to be Corrected: 2012-05-23

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.iv	Program Documentation (data/progress)	
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	Based on review of four of four participant records (Participants 1, 2, A, and B), the agency lacked evidence that when a participant received developmental therapy, it kept documentation of six-month and annual reviews by the Developmental Specialist that included a written description of the participant's progress toward the achievement of therapeutic goals, and the reason(s) why he continues to need services.	1. A six month and annual review will be conducted on each client at correct time. 2. Participant A just began new services in April so progress will be reviewed monthly by DS using a Program Review form and need for services will be given. Participant B also has new programs as of 5/28/12 and programs will be evaluated and progress be documented monthly. An annual review will be written by DS. 3. Developmental Specialist is in charge of completing program six month and annual reviews. DS will complete and sign

<p>following program documentation is required: (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)</p>	<p>For example: Participant 1's six-month/annual progress review lacked justification for continued service. Participant 2's six-month/annual progress review lacked justification for continued service. Participant A's six-month/annual progress review lacked a professional's signature and did not include justification for continued services. Participant B's objective "interactions with peer in community" stated to master for one month and maintain for two months. The baseline was 83-100% in the six-month review document. The June progress was 100%; July 95%; August 92-100%; and September and November 100%. There was no justification for why the participant continued to need services. In addition, see IDAPA 16.03.21.900.02.g and IDAPA 16.03.10.655.07.a.iii for specific examples. REPEAT DEFICIENCY from survey of March 25, 2009. See IDAPA 16.04.11.704.01.d prior to July 1, 2011.</p>	<p>the documentation. 4. DS will monitor program progress each month and complete Program progress sheet. Also Six month and annual plan review dates for clients will be placed in DS calendar to remind and DS will inform Administration when complete. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm **Date to be Corrected:** 2012-07-15 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.08.b 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.</p>	<p>Program Implementation Plan Four of four participant records reviewed (Participants 1, 2, A, and B) lacked documentation that the Program Implementation Plan (PIP) included a baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. For example: Participant 1's baseline appeared to address his</p>	<p>1. DS will train staff on collecting baseline data on clients. DS will also conduct several probes to determine if staff baseline is correct. 2. DS will conduct probes on Participant A to determine correct baseline data on programs and provide an accurate baseline statement. Participant B has new program goals so baseline will be collected during first 14 days of beginning plan. DS will also conduct probes to determine validity of baseline data collected. 3. Developmental Specialist</p>

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)
 b. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-11)

current status rather than the baseline. For instance, it was documented, "The average performance was 91%," and, "He met this goal."
 Participant 2's baseline appeared to address his current status rather than the baseline. For instance, the documentation, "Last year, he went to the community for help 72% of the time," did not address his baseline prior to programming.
 There was no baseline data calculated for Participant A on multiple steps in a task, but objectives measured completion of total task. Also, this method is not measurable.
 There was no baseline for Participant B's objectives "date," "touching self," "tie shoes," "comb hair," "stand up for self," "answer phones," "take message," and "say she can do things."

4. DS will ensure that corrective actions take place and that correct Baseline data is in clients files and baseline statement is documented on PIPs. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.

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

Date to be Corrected: 2012-07-15

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.08.c 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</p>	<p>Program Implementation Plan Two of four participant records reviewed (Participants 1 and 2) lacked documentation of measurable, behaviorally-stated objectives that corresponded to those goals or objectives identified on the required plan of service. For example: Participant 1's Program Implementation Plan (PIP) included a "Learning Goal/Objective" to "identify days of the week," which was not authorized on the plan. Participant 2's PIP lacked three goals/objectives</p>	<p>1. The Program Implementation Plans for all adult developmental participants will be reviewed and revised to include measurable, behaviorally-stated objectives that correspond to those identified ones on the required plan of service. This will be completed by June 15th. 2. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan. 3. Administrator or designee</p>

<p>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)</p>	<p>authorized on the Individual Service Plan: "Plan Activities;" "Follow the Schedule;" and "Determine When the Task is Complete When Given a Task." Also, see IDAPA 16.03.21.601.01.b. REPEAT DEFICIENCY from survey of March 24, 2009. The rule was IDAPA 16.04.11.708.01 prior to July 1, 2011.</p>	<p>4. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.</p>
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-07-13 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.08.d 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) 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)</p>	<p>Program Implementation Plan Two of four participant records reviewed (Participants 1 and A) lacked evidence the Program Implementation Plan (PIP) instructions were individualized and revised as necessary to promote the participant's progress toward the stated objective. For example: Participant 1's PIP "getting the DT's attention" baseline was 91%. The baseline documented, "Will monitor and maintain progress." Maintenance does not meet rule requirements, the agency must show progress. Participant A's PIP noted in the annual review that programs were discontinued due to unsanitary living conditions. Discontinuation did not promote the participant's progress toward the stated objective.</p>	<p>1. DS will review the programs monthly to evaluated needs and make adjustments. 2. Participant A goals should not been discontinued but rewritten to continue to work toward objective. New goals will be monitored to be sure to make progress toward objective. 3. Developmental Specialist is in charge of creating PIPs and making sure they are implemented correctly. 4. DS will ensure that programs are being monitored and changes are being made in PIPs if necessary to assist in progress toward objective. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.</p>

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)

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

Date to be Corrected: 6/30/2012

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.009.01</p> <p>009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)</p>	<p>Criminal History</p> <p>Four of 14 employee/contracted professional records (Employees 3, 4, 5, and 13) lacked documentation of criminal history clearance per rule requirements.</p> <p>For example:</p> <p>Employees 3, 4, and 5's records lacked documentation of a Department of Health and Welfare Criminal History Clearance and were not included in the written agreement.</p> <p>Employee 13's record lacked documentation that the criminal history clearance was completed per rule requirements. The employee's record included a date of hire on August 24, 2011, and criminal history clearance for another agency on December 29, 2009. The agency filled out an Idaho State Police check on August 24, 2011, but did not submit that check until December 8, 2011, which is not compliant with rule requirements.</p> <p>Also, see IDAPA 16.03.21.009.02 and IDAPA 16.03.10.009.01-03.u.</p> <p>The agency corrected the deficiency during the course of the survey for Employees 3, 4, and 5.</p>	<p>1. This deficiency pertained to contracted professionals, and were corrected prior to the exit interview on 4-30-2012.</p> <p>2. With the renewal of each contract, the HR Manager or their designee will obtain copies of criminal history background checks as part of the contracting process. The contract will include as part of its content, statements that address the administrative code requirement for background checks as a condition of the contract.</p> <p>3. The Human Resource Manager</p> <p>4. Business Contracts with required professionals are designed to remain in affect for a minimum of 2 year periods and will be audited and reviewed on an annual basis to insure that they have not lapsed or require modification. This will be done in conjunction with the agency's annual report for the DDA program.</p> <p>5. This was completed as of 4-30-2012</p>

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

Date to be Corrected: 2012-04-30

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.101.02.i</p> <p>101. APPLICATION FOR INITIAL CERTIFICATION.</p> <p>02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-11)</p> <p>i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Section 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-11)</p>	<p>Staff Qualifications</p> <p>Five of 14 employee/contracted professional records (Participants 2, 8, 10, 11, and 13) lacked documentation of a job description or a written formal agreement.</p> <p>For example:</p> <p>Employee 2's record lacked documentation of a job description or written formal agreement for the agency Social Worker and Psychotherapist.</p> <p>Employee 8's record lacked documentation of a job description or written formal agreement for Adult Developmental Specialist and Clinical Supervisor.</p> <p>Employee 10's record lacked documentation of a job description or written formal agreement for a DDA Paraprofessional. The employee's record included a date of hire on August 27, 2010, and monthly supervision since August 1, 2011.</p> <p>Employee 11's record lacked documentation of a job description or written formal agreement for a DDA Paraprofessional. The employee's record included a date of hire and job description for school-based developmental therapy on August 15, 2011, and documentation of hire date for community developmental</p>	<p>1. This deficiency was corrected prior to the exit interview on 4-30-12.</p> <p>2. Each employee job description will be reviewed in conjunction with annual performance evaluations to insure that job duties are consistent with what is outlined on their job description. Any time an employee's duties are modified or changed, their job description will be updated to assume those duties. Pro Active has established a quarterly audit review schedule that will be conducted in March, May, August and November on all DDA Participant Records; Employee Records; and Facility Management & Safety. This audit will utilize the DDA Audit Tool as it's QA assessment instrument, and will be conducted by the Management Team.</p> <p>3. The Management Team in conjunction with the HR Manager.</p> <p>4. The dates for the QA audits for the DDA Program have been programmed into the Agency electronic record keeping system which sends alerts to all members of the management team as to when the audits will be conducted.</p> <p>5. The dates for the QA audits have been identified and programmed into the electronic record keeping system. The corrective actions identified were corrected prior to the exit interview on 4-30-2012.</p>

therapy on February 1, 2012, only.

Employee 13's record lacked documentation of a job description or written formal agreement for a DDA Paraprofessional. The employee's record included a date of hire and job description for school-based developmental therapy on August 24, 2011. The record included documentation of supervision as of January 2, 2012.

Also, see IDAPA 16.03.10.651.01.

The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.

REPEAT DEFICIENCY from survey of March 25, 2009. The rule was IDAPA 16.04.11.400.02.f prior to July 1, 2011.

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

Date to be Corrected: 2012-06-05

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.400.03.b	Supervision	
<p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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)</p> <p>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)</p>	<p>Four of five employee records reviewed (Employees 10, 11, 12, and 13) lacked documentation of supervision per rule requirements.</p> <p>For example:</p> <p>Employee 10's record lacked documentation of supervision for February 2012.</p> <p>Employee 11's record lacked documentation of supervision for January 2012 and February 2012. The weekly supervision form for February 27, 2012, had no training documented and was signed by the Developmental Specialist. In addition, the form included 15 staff names that attended the training. The January 2012 training addressed the</p>	<p>1. DS will be sure to observe staff on a monthly basis working with clients and also conduct a weekly consultation with therapist to ensure training and quality of therapy. Weekly consultations will be conducted by bi-weekly staff meeting or phone conference meetings, or personal interactions with DS. Monthly observations will be scheduled by DS and staff will be informed of appointment.</p> <p>2. DS will be sure to coordinate schedules with staff to be sure that each employee is observed on a monthly basis and also meet to consult weekly.</p> <p>3. DS is responsible for weekly supervision and monthly observation of staff. Staff is also responsible to follow up with staff if not able to make meetings.</p> <p>4. DS will conduct weekly meetings and follow up with staff if not attended. Staff will schedule observation far enough in advance to ensure staff availability.</p>

employee's "personal problems," but there was no training or supervision provided per rule requirements.

Employee 12's record lacked documentation of supervision for March 2012. The weekly supervision form for February 27, 2012, in the record had no training documented and was not signed by the Developmental Specialist. In addition, the form included 15 staff names that attended the training.

Employee 13's record lacked documentation of supervision for February 2012 and March 2012.

Also, see IDAPA 16.03.10.665.05.

REPEAT DEFICIENCY from survey of March 25, 2009, and April 17, 2008. The rule was IDAPA 16.04.11.405.02.a-c prior to July 1, 2011.

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

Date to be Corrected: 2012-07-15

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.410.01.a</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)</p> <p>a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)</p>	<p>Training</p> <p>Two of eight employee records reviewed (Employees 9 and 14) lacked documentation that the employee participated in fire and safety training upon employment and annually thereafter.</p> <p>For example:</p> <p>Employee 9's record lacked documentation of fire and safety training upon hire. The employee's date of hire was January 28, 2012.</p> <p>Employee 14's record lacked documentation of fire and safety training upon hire. The employee's date of hire was December 1, 2011.</p>	<p>1. Each new employee upon hire, will be given an orientation that includes Fire Safety and Emergency Procedures. Trainings will be updated on an annual basis.</p> <p>2. The agency is incorporating an on-line training program that addresses Fire Safety and Emergency Preparedness Training. Employees will be required to complete this training online, successfully pass the accompanying test, before they are issued a certificate. An employee cannot pass their probationary period without this training having been completed.</p> <p>3. The HR Manager and the Management Team</p> <p>4. Pro Active has established a quarterly audit review schedule that will be conducted in March, May, August and November on all DDA Participant Records; Employee Records; and Facility Management & Safety. This audit will utilize the DDA Audit Tool as it's QA assessment instrument, and will be conducted by the Management Team to insure that all fire and safety trainings are conducted according to administrative rule.</p>

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

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.410.01.b</p> <p>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)</p> <p>01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>Training</p> <p>One of 14 employee/contracted professional records reviewed (Employee 13) lacked documentation of current First Aid and CPR training per rule requirements.</p> <p>For example, Employee 13's record lacked documentation of current First Aid and CPR training. The employee's First Aid/CPR certificate expired on January 28, 2012.</p> <p>Also, see IDAPA 16.03.21.410.01.a-b.ii and IDAPA 16.03.10.665.01.g.</p> <p>REPEAT DEFICIENCY from survey of March 25, 2009. The rule was IDAPA 16.04.11.415.01.b.i-ii prior to July 1, 2011.</p>	<p>1. Each employee will be required to have CPR/First Aid Training as a condition of their employment. Upon hire employees will be required to produce verification of current CPR/First Aid Certification, or enter into an agreement to have this training completed with 90 days of hire. The agency will schedule the required trainings as necessary, however, employees who fail to attend agency trainings will be required to obtain the training at their own expense, or be pulled from direct service until the training is completed.</p> <p>2. Any employee who has direct service with a participant must be CPR/First Aid certified or be in the company of other CPR/First Aid Certified staff when the services are delivered.</p> <p>3. HR Manager and the Management Team</p> <p>4. Pro Active has established a quarterly audit review schedule that will be conducted in March, May, August and November on all DDA Participant Records; Employee Records; and Facility Management & Safety. This audit will utilize the DDA Audit Tool as it's QA assessment instrument, and will be conducted by the Management Team. Alerts have also been entered into the agency electronic record keeping system that notifies the HR Department when critical certifications are about to lapse. The HR Department notifies the employee that their certification is about to lapse, and makes arrangements for training prior to the relapse.</p>

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm**Date to be Corrected:** 2012-07-01**Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.500.03.g</p> <p>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)</p> <p>03. Fire and Safety Standards. (7-1-11)</p> <p>g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-11)</p>	<p>Facility Standards</p> <p>The Gooding center Location lacked evidence that water temperatures in areas accessed by participants did not exceed 120 degrees Fahrenheit.</p>	<p>1. The agency has adjusted the water heater temperature to 120 degrees.</p> <p>2. This action has been completed.</p> <p>3. The owner of the building, Frank Knight.</p> <p>4. Pro Active has established a quarterly audit review schedule that will be conducted in March, May, August and November on all DDA Participant Records; Employee Records; and Facility Management & Safety. This will include using a thermometer to check the temperature of the water in conjunction with the safety portion of the audit. This audit will utilize the DDA Audit Tool as it's QA assessment instrument, and will be conducted by the Management Team.</p>
<p>Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm</p>		<p>Date to be Corrected: 2012-05-31</p> <p>Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.510.04-06</p> <p>510. HEALTH REQUIREMENTS.</p> <p>04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care</p>	<p>Incident Reporting</p> <p>One of four participant records reviewed (Participant A) lacked documentation that the agency reported health- and safety-related incidents to the Department within 24 hours.</p> <p>For example, Participant A's incident of February 16, 2012, was not reported to the Department until February 21, 2012.</p>	<p>1. Staff will be trained of policies for reporting incidents and steps to be followed if having to file an incident report. Staff will be instructed to report the incidents promptly.</p> <p>2. Train staff on policy to protect all participants.</p> <p>3. Developmental Specialist and the HR Manager who will maintain an incident log & assist with investigation of incidents.</p> <p>4. Staff will be trained upon hire and annually thereafter. Agency quarterly Quality Assurance will review all client files to ensure compliance.</p>

provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-11)

05. Reporting Incidents as Mandatory Reporters. DDA's must notify appropriate authorities of any health- and safety-related incident they are obligated to report to adult or child protection authorities, or law enforcement as mandatory reporters as required in Section 910 of these rules. (7-1-11)

06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)

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

Date to be Corrected: 2012-07-15

Administrator Initials: 

Rule Reference/Text

16.03.21.520.01

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)

01. Accessibility. The community-based setting must be accessible, safe, and appropriate for each participant. (7-1-11)

Category/Findings

Developmental Therapy

Based on observation and review of one of four participant records (Participant A), it was determined the agency lacked evidence the community-based setting was accessible, safe, and appropriate for the participant.

For example:

Participant A's Program Implementation Plan included the school as a community setting, and the participant was observed receiving services at the school. A school is not an appropriate community setting, as it is being used as a "center" in the community.

Also, see IDAPA 16.03.21.900.01.d and IDAPA

Plan of Correction (POC)

1. DS will be sure that the environments in which therapy should be conducted are written in PIPs and that staff are conducting therapy in these settings.
2. Staff will contact therapist immediately to be sure that participant A is no longer receiving after school therapy at the school.
3. Developmental Specialist is in charge of making sure staff are conducting therapy in appropriate settings.
4. DS will ensure that the appropriate setting are written in to each participants PIPs and that staff are implementing appropriately. This will be monitored through quarterly QA reviews.

16.03.21.520.05.

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

Date to be Corrected: 2012-05-25

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.900.01.b</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-11)</p>	<p>QA Program</p> <p>The agency's Quality Assurance process failed to assure sufficient staff and material resources were available to meet the needs of each person served.</p> <p>For example:</p> <p>Participant 3 was the agency's original choice for the review. Employee 13 typically works with this participant. The employee had been hospitalized and unavailable to provide developmental therapy for an undefined time period. When asked who his replacement staff was, the administrator responded he did not have a replacement.</p> <p>Participant B's record, based upon repeated documentation in notes and 20% deviation charts, indicated that there was not sufficient staff to meet the needs of the participant when staff had meetings or was otherwise unavailable. In addition, staff reported during</p>	<p>1. DS will ensure that there are enough staff to cover hours sufficiently each week or make an addendum to IPP to decrease hrs to sufficient amount. DS will also ensure that staff is trained sufficiently on programs and have resources necessary to complete programs.</p> <p>2. A staff change has been made to better meet the hours given in IPP to Participant B. Also new plans have been implemented and staff will be trained on plans</p> <p>3. DS is responsible to train staff and assist in providing resources for programs. DS should also be sure staff is conducting therapy each week as scheduled.</p> <p>4. Each staff member will be trained and resources provided to conduct programs. Therapy hours will be reviewed weekly to ensure that there is no significant deviation without explanation.</p>

observation that no training or materials were provided to use in the curriculums noted in the plans.

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

Date to be Corrected: 2012-06-30

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.900.02.g</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)</p>	<p>QA Program</p> <p>Four of four participant records reviewed (Participants 1, 2, A, and B) lacked evidence of ongoing review of the participant's progress to ensure revisions to daily activities or specific implementation procedures were made when progress, regression, or inability to maintain independence was identified.</p> <p>For example:</p> <p>Participant 1's Provider Status Review for December 22, 2010, to December 22, 2011, included a six-month review that lacked the Developmental Specialist's signature. For the objective "make a sandwich," his goal was at 70% for one month and to maintain for two months. The agency Provider Status Review documentation for months 6-12 were 70% to 90%. The professional's comments stated he struggles with this goal. The paraprofessional requested changes to the goal. It was unclear whether the goal was changed, but he was successful with the goal as written and there was no documentation of changes.</p> <p>Participant 2's Provider Status Review For October 2010 to October 2011 included an objective for Participant A to "choose healthy food," which, based upon agency documentation, the child met the criteria within three months and the agency continued the</p>	<p>1. Each daily note sheet will be reviewed and data will be entered into the data form each week on every program. Each month the data will be reviewed to ensure the progress on each participants goals. DS will conduct weekly consultations with therapist to ensure that programs are being implemented as directed. Also a monthly observation will be conducted to ensure quality of therapy. When program is mastered at level specified in objective then it will be discontinued then following month.</p> <p>2. DS will ensure that staff are carrying out objective as written in PIP. As in Participant A case, if mother is not willing to participate in objective as written then it will be discontinued or program will be altered to meet need. As in Participants B case, DS will communicate with therapist program implementation and make changes to program as needed to meet needs of client in the home.</p> <p>3. DS is responsible to ensure the programs are being conducted as written and to make changes to programs if not being completed or if client's needs change.</p> <p>4. DS will implement these into weekly consultations and observations of therapists to ensure that programs are being conducted correctly. DS will also monitor the progress of the each program on a monthly basis to determine if needed or mastered.</p>

objective for seven months with no changes. It appears as though this objective was included in the wrong participant's Provider Status Review.

Based upon agency documentation for Participant 2's objective "waits for receipts and change," his baseline was 100% and his objective was to achieve at 90% of the time, which, as written, appears to decrease the individual's skill. The data for this objective documents he accomplished this objective at 100% for eight months with no change to the program or discontinuation.

Notes from Participant A's annual review for the objective "staying with family in store" documented this was to be completed the first month and maintained for two months. In months 6-11 he was at 91-100%. This program is noted as mastered, but his mother stated it was still a problem. So the agency continued the program and encouraged his mother's participation, but the mother did not participate. A new goal was written as such, but data and the developmental therapist report indicated that staff had taken him to stores alone without his mother's participation. This objective, based upon agency documentation, had been accomplished, but had not been revised or discontinued.

Participant B's daily notes included changes determined by the developmental therapist (DT). The DT also reported this during an interview on April 25, 2012. The DT stated she was running a collaborative program with the participant's sister and her sister's PSR worker to address manipulation and standing up for herself. This collaboration had not been incorporated by the professional into the participant's programs.

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

Date to be Corrected: 2012-07-15

Administrator Initials: 

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 Based on observation and review of two of four participant records (Participant A and B), it was determined the agency lacked evidence its quality assurance program ensured that DDA services provided to participants were observable in practice. For example: Participant A's programs were not implemented in the home or with family members per interview with the paraprofessional due to sanitation conditions in the home. Objectives that included family members (staying with family in a store) were described as being run with the paraprofessional. Participant B's curriculum identified on the plan and objectives were not used. Therapy was not being provided according to the plan.	1. Each staff member will be trained on the participants programs and will have access to client's PIPs to ensure that they are being conducted correctly. Staff will inform the DS if there is a problem with family so that programs can't be completed. Ds will make adjustments as needed. Staff will conduct weekly consults and monthly observations to ensure that programs are being conducted correctly. 2. A staff change has been made with Participant A to a Spanish speaking therapist so that there is better communication with the mother. If sanitation continues to be a problem in the home then programs will be adjusted. Participant B has new programs and a new therapist and DS will ensure that staff in trained adequately on programs and that there is no deviation away from PIPs. 3. Developmental Specialist is responsible in making sure that staff is trained and programs of participants are carried out as written in PIPs. 4. DS will train staff on each participants programs and conduct an observation to ensure that they are being conducted correctly. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.

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

Date to be Corrected: 2012-06-30

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.05 915. 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	Positive Social Skills One of four participant records reviewed (Participant B) lacked documentation the agency ensured that for intervention services, programs to assist participants with managing maladaptive behavior included teaching of alternative adaptive skills to replace the maladaptive behavior.	1. Proactive Behavioral Health has developed and implemented a policy and procedure to assure that programs include teaching an alternative adaptive behavior to replace maladaptive behavior. 2. The participant B, that was reviewed during the survey has had her plan rewritten, effective 5/28/2012 and the behavior in question was mastered and was not included in the new IPP.

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)

For example, Participant B had a behavior plan to reduce touching breasts, which did not include alternative adaptive skills to replace the maladaptive behavior.

3. The supervising Developmental Specialist
4. The corrective actions will be monitored by the Quality Assurance team who will be responsible for conducting quarterly audits on all participant records to assure they are in compliance with administrative rule and the action plan. These quarterly audits will be documented in the participant file.

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

Date to be Corrected:

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.b 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) b. The planning process must include the participant and his parent or legal guardian, if	Individual Program Plan One of two child participant records reviewed (Participant A) lacked documentation that the agency provided the parent or legal guardian with a copy of the completed Individual Program Plan.	1. All parents or legal guardians will have copies of the IPP annually. The agency will document that they have received the IPP in the participant record. 2. The agency is addressing the deficiency for all participants. All files will be reviewed to ensure the IPP's have been distributed to guardians. 3. The administrator or designee. 4. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.

applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating his participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 652.02.b.ii. of these rules. (7-1-11)

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

Date to be Corrected: 2012-06-15

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.05.e.iv</p> <p>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.</p> <p>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)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11)</p> <p>iv. The type, amount, frequency, and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on</p>	<p>Individual Program Plan</p> <p>Two of two child participant records reviewed (Participants A and B) lacked documentation that the agency assured the amount and frequency of the type of therapy did not deviate from the Individual Program Plan more than 20% over a period of a four (4) weeks, unless there was documentation of a participant-based reason.</p> <p>For example:</p> <p>Participant A's record for August 28, 2011, to January 29, 1012, confirmed the agency is out of compliance. Documentation showed the reason for noncompliance to be agency- or staff-based reasons such as developmental therapy cancelations, regular bi-weekly agency staff meetings, and holidays. These rationales were not participant-based reasons.</p> <p>Participant B's record for January 31, 2010,</p>	<p>1. A staff change was made to meet the need of Participant A- so problem was resolved. Hours will be monitored and changes to IPP be made if hours need to be reduced or staffing will be changed to meet need.</p> <p>2. The agency is addressing the deficiency as though all participants are affected. The corrective measures will ensure compliance for all participants. Accurate documentation of cancelation of therapy will be documented.</p> <p>3. Administrator or designee</p> <p>4. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.</p>

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)

through May 2, 2010, documented the reason for noncompliance was that the participant was in school.

REPEAT DEFICIENCY from survey of March 25, 2009. The rule was IDAPA 16.04.11.701.05.e.iv prior to July 1, 2011.

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

Date to be Corrected: 2012-07-13

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.05.e.vi</p> <p>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.</p> <p>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)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11)</p> <p>vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-11)</p>	<p>Individual Program Plan</p> <p>Two of two child participant records reviewed (Participants A and B) lacked Individual Program Plans (IPP) with accurate, current, and relevant lists of the participants' specific developmental and behavioral strengths and needs that identify which needs are priority based on the participant's choices and preferences and have an IPP objective developed for each priority need.</p> <p>For example:</p> <p>Participant A's IPP lacked prioritized needs. In addition, there were no objectives listed for identified needs.</p> <p>Participant B's listed as a need "explain what she is thinking," but lacked an IPP objective.</p>	<p>1. DS will be sure that objectives are written to match participants needs.</p> <p>2. DS will adjust IPP to meet the needs of Participant A by prioritizing needs and coordinating needs and objectives. Participant B just had new IPP completed for annual plans, needs correlate with objectives.</p> <p>3. DS is in charge of writing IPPs and identifying needs, strengths, and interests.</p> <p>4. DS will be sure to make corrections on IPP plans and ensure compliance on new IPPs in the future. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.</p>

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

Date to be Corrected: 2012-07-15

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.05.e.vii</p> <p>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.</p> <p>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)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11)</p> <p>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)</p>	<p>Individual Program Plan</p> <p>Two of two child participant records reviewed (Participants A and B) lacked Individual Program Plans (IPP) with a list of measurable, behaviorally stated objectives, which correspond to the list of priority needs.</p> <p>For example:</p> <p>Participant A's IPP lacked prioritized needs and the objectives did not correlate with the needs list. In addition, there were objectives listed that were not addressed as needs.</p> <p>Participant B's IPP objective and Program Implementation Plan (PIP) for "date" had no corresponding need identified. In addition, the objective "standing up for herself" is not measurable nor behaviorally stated.</p>	<p>1. DS will be sure that objectives are written to match participants needs.</p> <p>2. DS will adjust IPP to meet the needs of Participant A by prioritizing needs and coordinating needs and objectives. Participant B just had new IPP completed for annual plans, needs correlate with objectives and objectives are measurable.</p> <p>3. DS is in charge of writing IPPs and objectives by identifying needs, strengths, and interests.</p> <p>4. DS will be sure to make corrections on IPP plans and ensure compliance on new IPPs in the future.</p>

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

Date to be Corrected: 2012-07-15

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.05.e.x</p> <p>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.</p> <p>05. Individual Program Plan (IPP). For</p>	<p>Individual Program Plan</p> <p>Two of two child participant records reviewed (Participants A and B) lacked Individual Program Plans (IPP) with rule-compliant transition plans.</p> <p>For example, Participants A and B's IPPs lacked transition plans that included criteria for</p>	<p>1. Transition plan in IPP will be corrected to meet the child's individual needs to transition.</p> <p>2. Participant A will have transition plan corrected. Participant B had a new IPP written with corrected and individualized transition plan.</p> <p>3. Developmental Specialist is in charge of IPPs.</p>

<p>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) x. The review date; and (7-1-11)</p>	<p>transition.</p>	<p>4. DS will ensure that all future transition plans are written to code. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 2012-07-15 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.08 655. 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) 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</p>	<p>Program Implementation Plan Three of four participant records reviewed (Participants 1, 2, and A) lacked identification of the type of environment(s) where services were to be provided. For example: Participant 1's Program Implementation Plan (PIP) addressed the type of environments, which were home and community. The agency was implementing therapy in the center also, which was not authorized or listed as a location on the Program Implementation Plan. Participant 2's PIP addressed the type of environment as the center and community. The agency was implementing therapy in the center, which was not authorized on the Individual</p>	<p>1. Therapy environments will be identified and reviewed to meet the need of the participant. Programs will be reviewed on a monthly basis and weekly consultations and monthly observations will be conducted to make sure staff is following plan. 2. Therapy conducted at school with Participant A will be discontinued immediately and a change in therapist has been made so try to integrate therapy back into the home. 3. Developmental Specialist is in charge of writing and monitoring PIPs and making sure staff are implementing correctly. 4. DS will ensure that programs are being carried out in appropriate settings as stated in PIP by monitoring staff through following notes, consultations, and observations.</p>

Program Implementation Plan must include the following requirements: (7-1-11)
 e. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-11)

Service Plan.
 Participant A's services provided in school (as reported by the therapist) were not listed on the plan. Also, "home" is listed on PIPs, but notes indicated, and the therapist reported, that no therapy was provided in the home due to sanitary conditions.

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

Date to be Corrected: 2012-06-30

Administrator Initials: 

Rule Reference/Text
 16.03.21.500.03.h
 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)
 h. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (7-1-11)

Category/Findings
 Facility Standards
 The Gooding center location lacked emergency numbers posted near telephones.
 The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.

Plan of Correction (POC)
 1. This issue was corrected prior to the exit interview on 4-30-12.
 2. Agency quarterly Quality Assurance will review all client files to ensure compliance with the administrative rule and action plan.
 3. The HR Manager and the Management Team
 4. Pro Active has established a quarterly audit review schedule that will be conducted in March, May, August and November on all DDA Participant Records; Employee Records; and Facility Management & Safety. This will include checking each phone terminal to assure that emergency phones are located at each phone site. This audit will utilize the DDA Audit Tool as it's QA assessment instrument, and will be conducted by the Management Team.

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

Date to be Corrected: 2012-04-30

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.600.02.a.ii</p> <p>600. 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)</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11)</p> <p>a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11)</p> <p>ii. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)</p>	<p>Collaboration/Consultation</p> <p>One of four participant records reviewed (Participant A) lacked evidence the agency documented that it had provided a current copy of the child's plan of service to the child's school.</p> <p>For example, Participant A's record lacked documentation that the Individual Program Plan was sent to the school for the plan dated March 31, 2011.</p>	<p>1. The agency will provide the schools copies of the plan of service annually and will document the evidence of the corrective action in the participant record.</p> <p>2. The agency will address the deficiency for all participant records. The corrective actions will ensure compliance</p> <p>3. DS is responsible</p> <p>4. DS will be sure that plans are sent to the school and that it is documented. This will be monitored at annual redeterminations and through quarterly quality assurance reviews.</p> <p>Participant A, has had the plan rewritten effective 4/4/12 and the copy of the completed IPP was sent to the school on 4/23/12. This action has been documented in the participant's file with the confirmation of receipt.</p>
<p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected: 2012-4-23</p> <p>Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.601.01.d</p> <p>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</p>	<p>Record Requirements</p> <p>Three of four participant records reviewed (Participants 1, 2, and B) lacked documentation that the participant profile sheets met rule requirements.</p> <p>For example:</p> <p>Participant 1's profile sheet lacked living arrangements. In addition, the form included</p>	<p>1. A new profile sheet will be completed each annual year to update client information.</p> <p>2. A new profile sheet was completed for Participant B with all areas completed.</p> <p>3. DS is responsible for making sure Profile sheets are completed and current.</p> <p>4. DS will be sure that a new profile sheet is completed with annual plans.</p>

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)

sections for Medicaid Identification Number, Social Security Number, etc. that were not completed.
 Participant 2's profile sheet, under living arrangements, documented that he lives with his father, but did not address that he lives in a Certified Family Home.
 Participant B's profile sheet lacked living arrangements.

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

Date to be Corrected: 2012-05-21

Administrator Initials: *SLH*

Administrator Signature (confirms submission of POC):

Joseph A. Knight

Date: 7-6-12

Team Leader Signature (signifies acceptance of POC):

Dunford-Schmidt

Date: 7/13/12