

RICHARD M. ARMSTRONG - DIRECTOR

DEPARTM

ALTH & WE

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

July 6, 2012

Heath Sommer, Ph.D., Administrator Lyn Gibson, Ph.D., Program Manager Seasons of Hope 550 Polk Street, Suite A Twin Falls, Idaho 83301

Dear Dr. Sommer & Ms. Gibson:

Thank you for submitting Seasons of Hope's Plan of Correction dated June 15, 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 Seasons of Hope-Twin Falls a full certificate which per agency request correlates with Seasons of Hope-Chubbuck certificate effective from June 7, 2012 through September 30, 2013.

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 31, 2012. You may submit supporting documentation as follows:

Email to:

lovelanp@dhw.idaho.gov

Fax to:

208-239-6269

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, Adult & Child DS

Medical Program Specialist Licensing and Certification

Submit by Email Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Seasons of Hope -- Twin Falis 550 Polk St, Ste A Twin Falls, ID 83301-3916 DDA-3965 (208) 735-0005

Survey Type:

Initial

Entrance Date:

5/16/2012

Exit lists

5/17/2012

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/Fludings	Plan of Gerrection (POC)
16.03.10.653,04.a.i-iii 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. 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service	Individual Program Plan Two of two child participant records reviewed (Participants A and B) lacked documentation that the delivery of each service on a plan of service was defined in terms of the type, amount, frequency, and duration of the service. For example, Participants A and B's Individual	1. The two existing plans are being corrected to meet IDAPA code 16.03.10.653.04 requirement to include type, amount, frequency, and duration of services. 2. Only two participants are participating in services at this time, and these are being corrected. On all future IPPs, we will ensure that this information is included. If insufficient information is discovered, it will immediately be corrected. 3. The developmental specialists will ensure that the type, amount, frequency, and duration of services are listed on each IPP. 4. The quality assurance (QA) team will monitor charts regularly with guidance from the clinical supervisors and/or developmental specialists. This process will prevent similar errors and will alert supervisors to potential errors, which then can be resolved quickly. 5. These changes to the two plans (along with all necessary signatures) will be completed by July 2, 2012.

Developmental Disabilities Agency	Seasons of Hope — Twin Falls		5/17/2012
Score and Severity: Widespread / No Actual Harm - Pr	Catagary/Findings	Sate to be Corrected: Place of Correction (POC)	Administrator Initials:
653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11) iv. The type, amount, frequency, and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-11)	Individual Program Plan 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 IPP more than 20% over a period of a four weeks, unless there was documentation of a participant-based reason. For example: Participant A's therapy documentation for December 3, 2011, through May 12, 2012, was not within 20% deviation as required by rule. Participant B's therapy documentation for December 3, 2011, through May 12, 2012, was not within 20% deviation as required by rule.	Plan of Correction IPIG 1. Consistent with IDAPA code 16.03.10.653.05, from this forward we will ensure that we document when there is participant-based reason for an inability to provide the prescribed amount and type of therapy described on the will also continue to ensure that our clients are receiving type and amount of therapy provided on their IPPs with deviation unless there is a participant-based reason to provide the prescribed (i.e., participant vacation, however, no-show/cancellation, etc.). 2. Both existing participants' files were reviewed and consheets were implemented. At a later date, if contacts were recorded and are identified by either the developmental specialist or the quality assurance team, the information recorded at the time of the discovery with an explanation had been overlooked and is now being recorded.	
Scope and Severity: Videspread / No Actual Harm - P	plential for More Than Minimal Harm	Date to be Corrected:	Asministrator Initials:

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Nuls Reference/Text	Category/Findings	Plan of Correction (POC)	
653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11) xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of	Individual Program Plan Two of two child participant records reviewed (Participants A and B) lacked IPPs with rule- compliant transition plans. For example, Participants A and B's IPPs lacked the criteria for transition.	1. Seasons of Hope will work to participant-specific and define each participant's independen according to IDAPA code 16.03 on existing plans and better de 2. Only two existing participan Seasons of Hope, and their IPP, immediately. In the event that as lacking appropriate transition immediately. 3. The developmental specialist that appropriate transition planall future IPPs. 4. The developmental specialist writing the IPPs, understand the needs to be incorporated into eliminate the problem. If the Omember identifies an IPP missing the IPP missing th	ce, personal goals, and interests, 8.10.653.05. These will be modified efined on all future IPPs. Its are receiving DDA services at a sare being addressed future participants are identified on plans, this will be rectified atts will be responsible for ensuring ms are added to the existing and sets, who are also involved in that this is a requirement that all future plans, which should the team or a Seasons of Hope staffing a sufficient transition plan, the immediately take action to correct lans (along with all necessary)
Services from a DDA. (7-1-11) Services from a DDA. (7-1-11) Widespread / No Actual Harm - Po	otential for Minimal Harm	Rate to be Corrected: Plan of Correction PPC)	Adequistrator latinis:
16.03.10.655.05.g.iii 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 05. Types of Comprehensive Assessments. (7-1-11)	Assessments One of two child participant records reviewed (Participant 1) lacked a medical/social history	We will ensure that all relevant staff are accurately trained medical/social history requirements, and we have modified form to provide reminders for all requirements per IDAPA 16.03.10.655.05. Each area will be explicitly addressed.	

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histories must be completed by a licensed social	history of abuse.	2. The QA team will review the charts on a regular basis to ensure that the medical/social histories are consistent with IDAPA code. If a medical/social history is missing information, the person who discovered the error will notify the author, at which time an addendum can be added to the medical/social history. Only two participants are currently receiving DDA services at this time, and both have been reviewed. 3. The program manager will ensure that the entire treatment team is aware of the medical/social history requirements and that the QA team is aware of medical/social history requirements. 4. The QA team will monitor the completeness of the medical/social histories. Additionally, the front desk staff, clinicians, developmental specialists, and program manager have access to a database that tracks when such evaluations are needed again. 5. The corrective action was completed by May 21, 2012.

Stage and Severity: Pattern / No Actual Harm - Petential for More Than Minimal Harm		Date to be Gerrocted:	Administrator leitlala:
Rule Reference/Text 16.03.10.655.07.a.iv	Enterry/Findings Program Documentation (data/progress)	Plan of Correction EPEC 1. In addition to the six mor	ith reviews provided for participants,
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11) a. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-11) iv. When a participant receives developmental therapy, documentation of six (6) month and	reason(s) why he continues to need services. For example, Participants A and B's records lacked monthly documentation of progress. The record only included a six month percentage.	developmental specialists vareviews are completed and records per IDAPA code 16.1 will document evidence of re-written such that progremonitored for better-define including larger ranges of data). When objectives are a demonstrated, goals and of encourage further independence addressed the document participants are discovered descriptions of progress, the	will work to ensure that monthly documented in the participants' 03.10.655.07. These monthly records progress. Further, objectives will be ss is more easily tracked and ed statistical data (for example, lata; interval rather than absolute reached or sufficient progress is ojectives will be re-written to dence. I both open charts at this time and entation of progress. If future

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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)	The need for continued services was not documented. Data collection measures (0% or 100%) are not conducive to showing progress. The *signing" goal for A and *teeth/verbal prompts/ cleaning* goal for B was at 100% at the six month review, but no changes were made and the narrative contradicted the data.	 The developmental specialists will be responsible for revised that collection measures. Developmental specialists will review the charts at least monthly to analyze data and progress, as well as to ensure the measures adequately and accurately measure progress a currently designed. The QA team will also examine the chart regularly to ensure that this is completed. The corrective actions will be completed by July 2, 2012. 	
Scape and Soverity: Widespread / No Actual Harm - Po	otential for More Than Minimal Harm	Date to be Corrected :	Administrator del tisus:
Rule Reference/Text	Category/Fladings	Plan of Correction (PSC)	
16.03.21.009.01	Criminal History	2. The QA team will regularly	review personnel files to ensure
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)	One of nine employee/contracted professional records reviewed (Employee 8) lacked documentation that the agency verified all employees, subcontractors, agents of the agency, and volunteers delivering DDA services complied with IDAPA 16.05.06, "Criminal History and Background Checks." For example, Employee 8's record lacked a Department of Health and Welfare criminal history clearance. The record included an Idaho State Police check dated April 19, 2012, only. Also, see IDAPA 16.03.10.009.01-03.u (The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)	resolved. 3. The operations manager and human resource manager, in conjunction with the executive secretary and QA team, will we to ensure that all personnel files are complete and current. 4. The QA team and executive secretary will regularly monitor personnel files to maintain compliance with IDAPA code.	
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Rule Reference/Text	Category/Fusings	Plan of Correction (PCC)	
16.03.21.400.03.5	Supervision	1. Clinical supervisors will be scheduled regularly for supervision	
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)	One of two employee records reviewed (Employee 9) lacked documentation that the clinical supervisor conducted 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 demonstrated the necessary skills to correctly provide the DDA services. For example, Employee 9's record lacked documentation of a monthly observation and review of direct services performed for February 2012 and March 2012.	and direct observation of all developmental therapists. Supervision will continue to be scheduled weekly, and observations will be scheduled monthly at a minimum. In the event that observations or supervision are cancelled, these will be rescheduled to ensure that both are being conducted by the rules set forth in IDAPA 16.03.21.400.03. 2. All additional personnel files were reviewed to ensure that they have been receiving adequate supervision and observations of direct services. In the event that an error is discovered, it will immediately be documented as to why this error occurred (i.e., extended illness, etc.), and if possible, it will be corrected. 3. Developmental specialists will regularly review employee records to ensure that supervision and observations are monitored regularly. The QA team will also track this during their reviews and immediately note any problems or inconsistencies. 4. Developmental specialists and the QA team will ensure compliance to IDAPA code. 5. This was corrected as of May 21, 2012.	
Scape and Severity: Pattern / No Actual Harm - Potent	ial for More Than Minimal Harm	Bate to be Corrected: Administrator Initials:	
Rale Reference/Text	Category/Fludings	Plan of Carrection (PSC)	
16.03.21.410.01.a	Training	A qualified Seasons of Hope employee will provide required	
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 complete a minimum of twelve (12) hours of	One of three employee records reviewed (Employee 8) lacked documentation that the employee participated in fire and safety training upon employment and annually thereafter. For example, Employee 8's record lacked documentation of fire safety training upon employment. Agency documentation showed	training according to IDAPA code 16.03.21.410.01. They will record this in the employee's file. 2. Every employee's file was reviewed to ensure that they are receiving adequate training, including fire safety training. In the event that an error is discovered, the employee will immediatel receive the necessary training. 3. The qualified Seasons of Hope employee will record the training in the employee's file.	

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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)	safety training was not conducted until May 8, 2012.	4. The executive secretary and QA team will regularly review personnel files to ensure compliance. Additionally, upon hire, the developmental specialist will ensure that new employees have received necessary training prior to beginning direct services according to an employment checklist. 5. This action took effect as of May 21, 2012.
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Rate Reference/Text	Category/Hadings	Plan of Correction (PSC)
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) 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)	Facility Standards The agency lacked evacuation plans posted throughout the center that indicated the location of all fire extinguishers and the designated	2. All rooms were reviewed and evacuation signs were posted. In the event that these are removed or the evacuation route changes, they will be updated and posted immediately. 3. The facilities manager will be responsible for posting and updated evacuation plans. 4. The facilities manager will do regular checks of the building to ensure compliance. Any employee who recognizes a missing plan should immediately notify the facilities manager.

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Scope and arrow it.	otential for More Than Minimal Harm	Bate to be Corrected:	Administrator Initials:
Rule Reference/Text 16,03.21.601	Catagory/Fadings Program Documentation (data/progress)	Place of Correction (POC)	its will add a duration to all daily
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 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)	Two of two child participant records reviewed (Participants A and B) lacked documentation of duration on the daily logs. In addition, the records lacked the actual date signed or reviewed by the Developmental Specialist (DS). The DS reviewed and signed the paraprofessional's documents, but dated the same date the paraprofessional completed the data, not the date the Developmental Specialist reviewed the data.	logs. Additionally, they will sig than the date of the session in 16.03.21.601. 2. Both (all) records were revied discovered on future notes (wimmediately be corrected. 3. The developmental specialist correcting these errors. 4. The developmental specialist.	n the notes the date signed rather compliance with IDAPA code weed and corrected. If this error is hich should not occur), it will sts will be responsible for sts will review these while and date, and other required
Scope and Severity: Widespread / No Actual Harm - P		Date to be Corrected	Appalestrator leitals.
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.03.21.601.01.b 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These	Record Requirements Two of two child participant records reviewed (Participants A and B) lacked documentation that the Program Implementation Plans (PIPs) included rule-compliant written instructions.	 Instructions on existing PIPs will be revised to reflect ac and detailed instructions to those employees implementi plans. Future plans will be more detailed and accurate in t methods of data collection, as well as instructions. 	

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Developmental Disabilities Agency records must be maintained for at least five (5) years. Each participant record must support the individual's choices, inferests, and needs that result in the type and amount of each service provided. Each participant record must clearly 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 safequard participant confidentiality under these rules. (7-1-11) 01. General Records Requirements, Each participant record must contain the following information: (7-1-11) b. Program implementation plans that include

participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services

are delivered to the participant. (7-1-11)

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For example, Participants A and B's PIPs lacked type and frequency of reinforcement or instruction to staff on data collection.

Also, see IDAPA 16.03,10.655.08.d.

- 2. Both files were reviewed and are being corrected. The plan of correction will be implemented on all future plans. In the event that a developmental specialist, clinical supervisor, clinical administrator, or any other qualified staff notes a deficit, it will be immediately corrected.
- 3. The developmental specialists will be responsible for the plan of correction.
- 4. The developmental specialists, along with the QA team, will ensure that the PIP instructions and specifications are consistent with IDAPA code, if a problem is discovered, it will immediately be corrected.
- 5. These changes will be entirely in effect by July 2, 2012.

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Bate to be Corrected Plan of Correction (POC)

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915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR.

Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11) 05. Behavior Replacement, For intervention services, ensure that programs to assist participants with managing maladaptive

Two of two child participant records reviewed (Participants A and B) lacked documentation that for intervention services, the agency ensured that programs to assist participants with managing maladaptive behavior included teaching of alternative adaptive skills to replace the maladaptive behavior.

For example, Participants A and B's behavior programs lacked teaching of alternative adaptive skills. References are made to redirecting and a reference is made to an " alternate bx," which was not identified.

- 1. Records will be revised to include teaching of alternative adaptive skills to replace maladaptive behaviors, consistent with IDAPA code 16.03.21.915.05.
- 2. Both (all) charts are being corrected. On future plans, the plan writer will ensure that the behavior programs are specific and consistent with relevant IDAPA code.
- 3. The developmental specialists will be responsible for modifying the existing plans and ensuring that future plans are specific and consistent with IDAPA code.
- 4. Developmental specialists, along with the QA team, will ensure that these plans/programs are written according to code.
- 5. These changes will be entirely in effect by July 2, 2012.

Radio Reference/Text

16.03.21.915.05

Category/Findings

Positive Social Skills

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tehavior include teaching of alternative adaptive skills to replace the maladaptive behavior.(7-1-11)	-	: .
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Scope and Severity: Widespread / No Actual Harm - Potential for I	More Than Minimal Harm Date to be Carrected:	Administrator lettisis:

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Stage and Severity: Widespread / No Actual Harm - Po	stential for Minimal Harm	Bate to be Corrected	Administrator Initials:	
allo Reference/Text	Category/Findings	Pien of Correction (POC)		
16.03.10.653.06.e.v 653.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND	Individual Program Plan Two of two child participant records reviewed (Participants A and B) lacked documentation that the IPPs included lists of the participants' current personal goals.	1. The current IPPs will be up personal goals. Future IPPs whoth per IDAPA code 16.03. 2. Both (all) participants' plat corrected. If this is noted by future, it will be immediately 3. The developmental special participants' current personadding all future goals to fut 4. Developmental specialists	ns were reviewed and are being any Seasons of Hope staff in the corrected. Ilists will be responsible for adding algoals to the current IPPs and for cure IPPs. I along with the QA team, will rent personal goals are on the IPP	
Stage and Severity: Widespread / No Aduat Harm - Potential for Minimal Harm		Rate to be Corrected:	Administrator bilials:	

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Rate Reference/Text	Category/Florings	Pian of Correction CPDC)	
16.03.10.655.02.c 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) c. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-11)	Assessments Two of two child participant records reviewed (Participants A and B) lacked documentation that assessments were signed and dated by the professional completing the assessment and included the appropriate professional credential or qualification of that person. For example: Participant A's occupational therapy assessment lacked the signature and date that the professional completed the assessment. Participant B's speech assessment lacked the date that the professional completed the assessment.	Assessments will be reviewed upon receipt of the evaluation or signature and date. All Seasons of Hope staff will be eminded regularly through training to sign and date all valuations and records, along with their credentials. All (both) records were reviewed. Since the employees who completed the documents are no longer employed by Seasons of Hope, the existing mistakes will remain uncorrected. Future errors will be immediately reported to the examiner or employee, at which point they will make a note on the document as to their error, and sign and date based upon the current date (while acknowledging the original date). The reception staff will scan each received document upon ecceipt. All staff will be reminded to double-check their own work. The QA team will also examine each document for signature, late, and credentials. This plan was implemented as of May 21st, 2012.	
Scape and Severity: Widespread / No Actual Harm - P	otential for Minimal Harm	Bate to be Corrected: Administrator Initials:	
Raio Reference/Text	Category/Findings	Plan of Correction (POC)	
16.03.21.101.02.i	Staff Qualifications	2. All staff files have been reviewed for errors. These will	
101. APPLICATION FOR INITIAL CERTIFICATION. 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)	Three of nine employee/contracted professional records reviewed (Employees 7, 8, and 9) lacked staff qualifications that included job descriptions. For example: Employee 7's record lacked documentation of a job description for clinical supervisor.	continue to be monitored by the executive secretary and QA team. If an error is identified, it will be corrected immediately to ensure that all job descriptions are adequate. A personnel file checklist will aid the secretary in this endeavor. 3. The executive secretary and QA team will be responsible. 4. The executive secretary and QA team will regularly review personnel files and checklists to ensure compliance. If an error is discovered, it will be immediately corrected.	

Davelopmental Disabilities Agency	Seasons of Hope - Twin Falls		5/17/2012
days prior to the planned opening date. The application must include all of the following: (7-1-11) 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)	Employee 8's record lacked documentation of a job description for paraprofessional. The record included an employment agreement dated April 2, 2012, but no paraprofessional job description. Employee 9's record lacked documentation of a job description for paraprofessional. The record included an employment agreement dated February 3, 2012, but no paraprofessional job description. (The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)		
Some and Somethy: Pattern / No Actual Harm - Poten	tial for Manimal Harm	Bate to be Corrected:	Administrator initials:
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Jeun Lander Signature Estpolities acceptance of 79Ch	my of All		Date (1/4/17
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