IDAHO DEPARTMENT OF HEALTH & WELFARE

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July 26, 2012

Lisa Smith, Administrator
Innovative Health Care Concepts-The Learning Center
790 S. Holmes
Idaho Falls, Idaho 83401

Dear Ms. Smith:

Thank you for submitting the Plan of Correction for Innovative Health Care Concepts-The Learning Center received July 26, 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 Innovative Health Care Concepts-The Learning Center a full one (1) year certificate per your request effective from July 8, 2012 through August 31, 2012 in correlation with your Idaho Falls certificates.

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.

Sincerely,

Pam Loveland-Schmidt

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

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Innovative Health Care Concepts, Inc. The Learning Center
DDA-3998

190 N 1st W
Rigby, ID 83442
(208) 745-5262

Survey Type: Initial

Entrance Date: 6/5/2012

Exit Date: 6/7/2012

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Division of Licensing and Certification; and Mark Schwartzenberger, Clinician, Division of Family and Community Services.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.651.12.a-c	Limitations on DDA Services	1. Both participant's have had the identified objectives discontinued from their Implementation Plan. Copies of the Documentation of Plan Change forms for both will be sent accordingly. 2. All participants have the potential to be affected. All plans will be reviewed and objectives regarding number identification will be removed. Objectives regarding shape identification will be removed unless it is appropriate to implement identification of street signs or other functional activities. If so, this will be clarified in the Implementation Plan. 3. Clinical Supervisors over each age group 4. Quarterly review of IPP and objectives will occur to ensure compliance 5. DOPC have been completed and will be sent to DHW. Training for Clinical Supervisor and Lead Tech staff occurred on June 7, 2012 and continued file review will occur quarterly. Training on functional vs. academic objectives has been provided to therapy tech staff on June 12, 2012. This training focused on identifying specific functional tasks and identifying non-functional tasks, including number identification and shape identification as a means of preparing young children
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) 12. Excluded Services. The following services are excluded for Medicaid payments: (7-1-11) a. Vocational services; (7-1-11) b. Educational services; and (7-1-11) c. Recreational services. (7-1-11)	Two of four participant records reviewed (Participants A and B) lacked evidence the agency assured that services excluded from Medicaid payment were not provided. For example: For Participant A's Objective 6, "Will independently identify the numbers 1-12 with 100% accuracy sustained for 4 consecutive weeks," the Program Implementation Plan (PIP) directed direct staff to "begin by teaching him about the number 1; have him trace the 1; say 1; and color the number 1," which is an educational tutorial activity. For Participant B's Objective 5, "Will draw vertical and horizontal lines; crossed lines; and shapes; (circle, triangle, and square) by copying from an example," the objective did not demonstrate what functional skill was being	

	addressed and was an educational activity.	for time telling and sign identification. Training attendance forms are attached.

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-06-12 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.i-iv	Assessments	1. The three Developmental Assessments have been updated to reflect the current status of the child. Copies of the assessment will be sent to DHW. 2. All children continuing to receive DT and/or IBI services will be affected, especially children who have a Developmental Assessment that is within the two years, but have had changes over time as identified on their IPP, at semi-annual and annual meetings, and through continuing assessment of progress and data review. We have treated the Developmental assessment as an initial evaluation tool to determine the current needs of the child in order to develop effective treatment planning, and have treated our data gathering, reviews, parent meetings, and observation of the child as continuing assessment of the child's needs. These continuing assessments have always been considered when Documentation of Plan Changes have been completed and we did not realize that the initial Developmental Assessment would need to be updated every time a Documentation of Plan Change is completed, a psychological evaluation is received, or a speech or OT evaluation is received reflecting changes in the child. We have then used the updated Developmental Assessment, completed every two years, as a means of showing growth and progress in the child. We will now treat the Developmental Assessment as more of a continual progress report and review of a child's current status to guide treatment along with the data collection and progress reviews we do concurrently, instead of as only an initial and periodic assessment tool, in developing the treatment plan.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service.(7-1-11) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) i. Determine the necessity of the service; (7-1-11) ii. Determine the participant's needs; (7-1-11) iii. Guide treatment; (7-1-11) iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)	Three of four participant records reviewed (Participants B, C, and D) lacked documentation that comprehensive assessments conducted by the agency met rule requirements. For example: Participant B's developmental assessment completed on May 10, 2011, recommended 15 hours per week of developmental therapy (DT). However, the Individual Program Plan (IPP) implemented on April 30, 2012, had a provision for 22 hours per week of DT (3 hours community-based; 19 hours center-based). The developmental assessment did not guide therapy and there was no documentation of need for changes. Participant C's developmental assessment completed on April 28, 2011, did not address the participant's current and relevant strengths in the following areas under personal self-care: toileting, domestic, laundry, capacity for independent living, safety awareness, shopping, capacity for economic self-sufficiency, pre-vocational, and self-direction/planning activities. Also, under self-direction/planning activities, it documented under strengths that he "has not mastered all toileting skills," which does not	

	address strengths or guide treatment. In addition, the developmental assessment did not address the needs that were being addressed by occupational therapy (OT), physical therapy (PT), speech-language pathology (SLP), or psychotherapy. The developmental assessment recommended 17 hours of DT and the IPP recommended 18 hours of DT. There was no documented need for the additional hour; therefore the developmental assessment did not guide therapy. Participant D's developmental assessment completed on December 27, 2011, by another agency recommended 22 hours per week of DT (12 hours home/community-based; 10 hours center-based). However, the IPP developed by the agency dated February 13, 2012, indicated DT at 7.5 hours per week (1.5 hours facility-based, 3 hours community-based, 3 hours home-based). The developmental assessment did not guide therapy and had not been updated to reflect changes in the amount and type of service identified in the current IPP. Also, see IDAPA 16.03.10.655.03.a-b.	3. Clinical Supervision Team 4. Every time a Documentation of Plan Change form is completed, a psychological evaluation is received, and any other evaluation such as speech, OT, PT, etc is received, we will review the Developmental Assessment to ensure it is reflecting the current level of functioning of the child. 5. The identified Developmental Assessment have been corrected and will be sent to DHW. Clinical Supervisor have been trained on this issue and are currently reviewing all Developmental Assessments in all files to ensure they are a current reflection of the child. This will be completed within the next month.

Scope and Severity: Widespread / 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)
16.03.10.655.02.a.v	Assessments	1. The identified Developmental Assessment has been updated to reflect the location of services as well as the amount of group vs. individual therapy. A copy of the assessment will be sent to DHW. 2. All children continuing to receive DT and/or IBI will be affected. Clinical Supervisor staff will add a recommendation for the location of therapy and will identify individual vs. group therapy in the Developmental Assessment. In the past, this has been identified on the Treatment Plan only. All files will be reviewed and updates completed for Developmental Assessments missing the location of services, and those that do not split the recommended DT hours into individual vs group.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) v. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and	One of four participant records reviewed (Participant C) lacked documentation that the assessment recommended the type and amount of therapy necessary to address the participant's needs. For example, Participant C's developmental assessment recommended 17 hours of DT, but did not address home/community/center or individual/group.	

recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-11)		3. Clinical Supervisor Team 4. Quarterly review of files and continual review of Developmental Assessments when Documentation of Plan Changes are completed and implemented. 5. The identified Developmental Assessment has been updated and all Developmental Assessments will be reviewed and updated within the next month

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)
16.03.10.655.03.e	Assessments	1. The psychological evaluation for Participant A was filed in the record during the survey. The evaluation had been completed and was in our possession but had mistakenly not been filed by the time of this audit. The child turned five in March 2012, and the evaluation was completed February 2012. It was completed and obtained prior to the delivery of therapy, it just was not put in the file. It was in the clinical supervisor's office who was on maternity leave at the time of the survey. 2. This was an oversight in filing and should not affect other participants. We rarely have issues with our filing procedures and this occurred as an oversight by the Program Director who was covering for the Clinical Supervisor who was on maternity leave. The Program Director simply forgot to put it in the file and this was corrected on site immediately when notified by the survey team that it was missing. 3. Clinical Supervisor Team 4. Reports will be filed upon receipt. This is typically the case and this situation was an exception due to the clinical supervisor being on maternity leave and an oversight by the Program Director. 5. It has been corrected and DHW is aware as it was corrected at survey.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) e. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-11)T	One of four participant records reviewed (Participant A) lacked documentation that assessments were completed or obtained prior to the delivery of therapy in each type of service. For example, Participant A turned five years old and required a psychological assessment, which was not completed or obtained prior to the delivery of therapy.	

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-06-04 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.f.i-iv 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) f. A current psychological assessment must be updated in accordance with Subsection 655.03.f. of these rules: (3-29-12) i. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-11) ii. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-11) iii. When a participant has been diagnosed with mental illness; or (7-1-11) iv. When a child has been identified to have a severe emotional disturbance. (7-1-11)	Assessments One of four participant records reviewed (Participant A) lacked documentation that assessments met rule requirements. For example, Participant A's record lacked a psychological assessment to determine DD eligibility. The child turned five and no documentation of a psychological assessment was in the record. The psychological assessment was completed on February 16, 2012, which was not in the record at time of survey. (The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.)	1. The psychological evaluation for Participant A was filed in the record during the survey. The evaluation had been completed and was in our possession but had mistakenly not been filed by the time of this audit. The child turned five in March 2012, and the evaluation was completed February 2012. It was completed and obtained prior to the delivery of therapy, it just was not put in the file. It was in the clinical supervisor's office who was on maternity leave at the time of the survey. 2. This was an oversight in filing and should not affect other participants. We rarely have issues with our filing procedures and this occurred as an oversight by the Program Director who was covering for the Clinical Supervisor who was on maternity leave. The Program Director simply forgot to put it in the file and this was corrected on site immediately when notified by the survey team that it was missing. 3. Clinical Supervisor Team 4. Reports will be filed upon receipt. This is typically the case and this situation was an exception due to the clinical supervisor being on maternity leave and an oversight by the Program Director.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-06-04 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.a-f	Program Implementation Plan	1. The baselines for participant C's Implementation Plan were attached to the back of the PIP, but not transferred to the sections within the PIP. There was a statement written under the Clinical Supervisor's signature that said, "Baseline data is attached" and there was a baseline data recording for each objective attached. However, the numbers were not transferred to within the PIP. This has been corrected. For Participant D, the baseline statement showed a discrepancy in the parent report of how the child functioned. This objective has been discontinued. 2. All participants who have a PIP are required to have baseline data recorded. It was an oversight to have not transferred the baseline data that was attached to the PIP to the spaces within the PIP. Clinical Supervisor staff have been made aware to ensure that those numbers are transferred to avoid future confusion. Simply attaching them to the PIP is not sufficient. Clinical Supervisors have also been trained to ensure that objectives are discontinued when baseline data shows mastery. This may happen if a parent report of a child's functioning is not accurate - or the child performs one way for the parent and a different way when the therapist is present in the home. This may be a "honeymoon" period, but it is confusing when baseline data shows goal mastery. This may also be a sign that the therapist is taking data incorrectly. Clinical Supervisors have been reminded to be cognizant of this issue. All PIP's have been reviewed and no other PIP had baseline data listed at mastery level. 3. Clinical Supervision Team 4. Quarterly file review to ensure baseline data has been transferred . Upon receipt of baseline data, the clinical supervisor should identify any needs to re-train staff on data collection or to discontinue objectives. 5. All files have been reviewed and all PIP's show accurate baseline data listed in the correct spot.
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) a. Name. The participant's name. (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) c. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-11) 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) e. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-11)	Two of four participant records reviewed (Participants C and D) 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 C's PIPs included a section for the baseline, but they were left blank. In addition, the participant's written instructions were not individualized or revised as necessary. The objective, "When confronted by peers," stated that the environment to utilize the skill was at Tautphaus Park. The participant no longer resided in Rigby. The objectives did not appear to have been revised to address the individual's environments. Participant D's PIPs baseline statements were listed at 100% (e.g., the baseline statement for Objective 1 was, "Able to explain hygiene routines and why he must complete them with 100% accuracy."). It was unclear why this objective was being worked on if the baseline was at 100%. Also, see IDAPA 16.03.21.601.01.b.	

f. Target Date. Target date for completion. (7-1-11)		

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-06-05 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.500.04.a-b 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 exits, and designated meeting area outside of the building. (7-1-11) a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-11) b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff participating, problems encountered, and corrective action(s) taken. (7-1-11)	Facility Standards The agency lacked documentation of quarterly fire drills per rule requirements. For example, the center located at 185 West 1st Street lacked documentation of quarterly fire drills.	1. Fire Drills have been completed at the identified location. There are two locations in Rigby - one is currently being used as a DDA and the other is currently being used as a pre-school. The pre-school location is the location that did not have fire drills documented. They were done as part of the policy and procedure of the pre-school, which is different than the DDA procedure and no documentation occurred. This was an oversight as we were not "using" it as a DDA. However, we did license it as a DDA in the event we need to utilize the space in the future with continued growth. Thus, we should have been documenting fire drills there as well. This has been corrected ad documentation forms have been provided to the pre-school teacher. 2. Fire drills will be done quarterly and the documentation form we use for other DDA locations will be completed. 3. Clinical Supervisor and Pre-School Teacher of the identified location. The Pre-School teacher is also a Clinical Supervisor. 4. Quarterly review of fire log documentation and annual review of the quality assurance program by the Program Director 5. This has already been corrected.

Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-06-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.520.04	Setting for Service Delivery	1. Training has been implemented to all staff regarding functional tasks, working on functional objectives, and the purpose of Developmental Therapy. Continual observation and training of staff will ensure correct implementation of goals and objectives. 2. All staff working with all participants have received training and will be observed to ensure implementation of functional tasks appropriately. 3. Clinical Supervision Team and Therapy Tech staff 4. Monthly observations and more as necessary and applicable will ensure correct implementation of all goals and objectives in community settings. 5. Training for all therapy tech staff occurred on June 12, 2012. Attendance Forms are attached.
520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11) 04. Image Enhancement. The community-based services must enhance each participant's social image and personal competencies. (7-1-11)	Observation of two of four participants revealed the agency lacked evidence it assured that community-based services enhanced each participant's social image and personal competencies. For example: Participants C and D were observed in the community and in Broulim's grocery store. There were three participants with 1:1 staffing and all went together to the store and stayed together in the store, which drew attention to the group of six. As an activity/task was implemented, all the individuals moved throughout the store in close proximity to each other, where there was open communication amongst the participants with limited involvement from staff. The staff would occasionally ask each other if what they were doing was correct, and at one point the staff stated, "She said we should." On the walk back to the center, each participant took turns utilizing a stick-mounted stop sign when crossing the parking lot and streets with limited interaction from staff regarding safe crossing. At one point, Participant C walked across the parking lot without looking for cars and no prompting or interaction with the staff. A car turned into the parking lot where the individuals were walking in the middle of the parking lot and the participant raised the stop sign to stop the car. It appeared as though the individual had a false sense of security when he had the sign. The agency removed the stop sign once it was brought to their attention.	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-06-12 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.04.d	Individual Program Plan	1. The identified IPP's have been corrected to reflect the dates as the following example: 6/4/11-6/3/12 instead of 6/4/11-6/4/12. They will be sent to DHW. 2. All participants who are currently being served with DT are affected and all IPP's will be changed to reflect the above format. 3. Clinical Supervisor Team 4. Training has been provided to staff and all IPP's written will reflect the correct format. Files will be reviewed quarterly to ensure compliance. 5. This training and corrective action have been completed. Training for supervisor staff occurred June 7, 2012. Attendance forms are attached.
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 must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-11) d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-11)	Four of four participant records reviewed (Participants A, B, C, and D) lacked documentation that Individual Program Plans (IPPs) duration for ongoing services met rule requirements of one year; services that ended prior to the end of the plan year must have a specified end date. For example: Participants A, B, C, and D's IPP were authorized for one year and one day instead of one year per rule requirements.	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-06-11 | **Administrator Initials:** YJ

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.400.03	Staff Qualifications	2. This employee had a contract with IHCC as a Developmental Specialist, but not one with the title of Clinical Supervisor. Due to the change in rule calling all Developmental Specialist positions a Clinical Supervisor, we have been requested to change our job description acknowledgement to reflect this
400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the	One of one employee record reviewed (Employee 8) lacked evidence that the clinical supervisor was employed by the DDA on a continuous and regularly scheduled basis and	

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)	was readily available onsite. Also, see IDAPA 16.03.21.101.02.i. (The agency corrected the deficiency during the course of the survey. The agency is required to address questions 2-4 on the Plan of Correction.)	name change. As indicated this change has occurred. The job description for a Developmental Specialist is no longer being used so this will not be a future concern. 3. Program Director and Human Resource personnel 4. There is no longer a contract or job description for a DS, so this is not an issue that will require monitoring. All personnel sign a job description acknowledgement and contract upon hire and these are now titled "Clinical Supervisor" instead of "Developmental Specialist."

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	**Date to be Corrected:** 2012-06-04	**Administrator Initials:**
Administrator Signature (confirms submission of POC):		**Date:** 2013-07-13
Team Leader Signature (signifies acceptance of POC): Pam Haverland-Schmidt		**Date:** 7/26/12