



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 26, 2012

Jim McCoy, Administrator
Southeastern Idaho Development Center
P.O. Box 701
Blackfoot, Idaho 83221

Dear Mr. McCoy:

Thank you for submitting the Plan of Correction for Southeastern Idaho Development Center dated July 18, 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 Southeastern Idaho Development Center a full three (3) year certificate effective from September 1, 2012 through August 31, 2015.

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

Enclosure



Statement of Deficiencies

Developmental Disabilities Agency

Southeastern Idaho Developmental Center
6SOEAST035-3

718 W Bridge St
Blackfoot, ID 83221-2000
(208) 782-3515

Survey Type: Recertification

Entrance Date: 6/26/2012

Exit Date: 6/28/2012

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.05.a</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>05. Food Safety and Storage. (7-1-11)</p> <p>a. When the agency provides food service for participants and meets the definition of a "food establishment," in Section 39-1602, Idaho Code, the agency must comply with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." Compliance is verified through inspection by the local District Health Department. (7-1-11)</p>	<p>The agency lacked documentation of rule compliance verified through an inspection by the local District Health Department.</p> <p>For example, an agency staff member was observed preparing what appeared to be meatloaf with hamburger. There was no documentation that the facility had been inspected by the Health Department.</p>	<p>1) Cooking classes have been suspended and only very basic items that Health Dept indicated are acceptable are being prepared within the center at this point. Cooking classes will not be re-implemented unless we obtain the appropriate licenses or until we establish a clearer definition of items that are acceptable to prepare without a license.</p> <p>2) Cooking classes are no longer taking place</p> <p>3) Cooking classes have been suspended, but Director in Blkft and Program Manager in Poc will monitor any items being prepared when clarification is obtained from Health Dept.</p> <p>4) As indicated in #3, and as part of scheduling of daily activities.</p>	7-2-12

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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<p>16.03.21.601</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 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)</p>	<p>Two of five participant records reviewed (Participants B and C) lacked evidence that each record clearly documented the date, time, duration, and type of service, and included the signature of the individual providing the service, for each service provided.</p> <p>For example:</p> <p>Participant B's Individual Program Plan (IPP) lacked the frequency of services.</p> <p>Participant C's IPP lacked the frequency of services.</p>	<p>1) Has been and will continue to be reviewed with professional staff. Also will be included as part of overall QA process/program.</p> <p>2) All IPP's will be reviewed to insure correct info is included. IPP form has also been revised to specify frequency of services more clearly.</p> <p>3) Director in Blkft, Prog Manager in Poc. All DS/CS's will also review their own caseloads.</p> <p>4) Will be included as part of overall QA process/program.</p>	<p>9-1-12</p>
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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<p>16.03.21.601.01.b</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</p>	<p>One of four participant records reviewed (Participant 3) lacked documentation that the Program Implementation Plans (PIPs) met rule requirements.</p> <p>Participant 3's PIP lacked a baseline statement addressing the participant's skill level.</p> <p>(The agency corrected the deficiency during the</p>	<p>1) This is already part of our QA process, but will be reviewed with all DS/CS's.</p> <p>2) All current pips will be reviewed to insure all baselines are in place.</p> <p>3) All DS/CS's will be responsible for insuring baselines are in place for their respective case loads. Director and Poc Program Manager will monitor for follow-through.</p>	<p>9-1-12</p>
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<p>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) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>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)</p>	<p>course of the survey. The agency must address questions 2-4 on the Plan of Correction.)</p>	<p>4) Will continue to be monitored as part of overall QA process/ program.</p>
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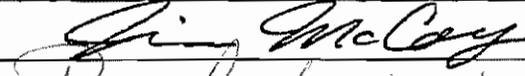
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) 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 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</p>	<p>Five of six participant records reviewed (Participants 2, 3, 4, B, C) lacked documentation that the participant profile sheet met rule requirements.</p> <p>For example:</p> <p>Participant 2's current profile sheet lacked special dietary.</p> <p>Participant 3's current profile sheet lacked current health information. The agency form had a section for this information, but the section was left blank.</p> <p>Participant 4's current profile sheet lacked allergies.</p> <p>Participant B's current profile sheet lacked diet and allergies.</p>	<p>1) Insuring that all required areas are filled out on Profile Sheet will be added to overall QA process/ program.</p> <p>2) All profile sheets will be reviewed to insure they include required information.</p> <p>3) All DS/CS's will be responsible for insuring required info is in place for their respective caseloads, Director in Blkft and Program Manager will monitor to insure follow-through.</p> <p>4) Will be added as part of overall QA process/ program.</p>	<p>9-1-12</p>

<p>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)</p>	<p>Participant C's current profile sheet lacked diet and allergies.</p>		
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.01.d 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)</p>	<p>Based on observation and review of three of five participant records (Participants 1, 2, and C), the agency lacked evidence it assured skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. For example: Participant 1 was observed in the Pocatello center working with Employee 13 on meal preparation and what appeared to be food etiquette, which was not the individual's natural setting where the individual would commonly learn and utilize the skill. Participant 2 was observed in the Blackfoot center parking lot. The participant was refusing to get out of his mother's van to go into the center. The agency staff stated that dropping a family member off at a medical clinic was the antecedent to the behavior of refusing to get out of the van. The participant was observed for approximately 30 minutes. The agency staff (paraprofessionals and professionals) were very appropriate with the individual, respected his rights, notified the parent, etc. The individual eventually entered the center, but this goal was not addressed in the individual's natural setting.</p>	<p>1) We will be addressing all of the situations identified in the survey on a case by case basis. In addition, we will also be adding a section on the Pip to address the natural setting specifically for each goal and will also identify more clearly on the overall QA process/ program. 2) Will continue to make corrections on a case by case basis as identified during overall QA process. 3) Director and Program Manager will monitor for follow-through, DS/CS's will review and make adjustments accordingly for their case loads. 4) Will be monitored as part of overall QA process/ program.</p>	<p>9-1-12</p>

Participant C was observed with Employee 11 in the natural setting (home) working on folding clothes, making the bed, etc. The staff then informed the participant that they were going to fix lunch back at the center, which is not where she would commonly learn and utilize the skill.

Administrator/Provider Signature:



Date: 7-26-12

Department POC Approval Signature:



Date: 7/26/12

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.