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October 5, 2011 **CERTIFIED MAIL #: 7009 0820 0000 2807 0715**

LeeAnn Turpin, Administrator
Center Case Management & DD Services, LLC
265 East Chubbuck Road, Suite 3
Chubbuck, ID 83202

Re: Developmental Disabilities Agency (DDA) Recertification Survey of July 5-18, 2011

Dear Ms. Turpin:

Thank you for submitting the Plan of Correction for Center Case Management & DD Services, LLC dated September 8, 2011. Licensing and Certification staff have reviewed and accepted the Plan of Correction in response to the Department's compliance review findings. As a result, we have issued Center Case Management & DD Services, LLC a **provisional** certificate effective from **September 1, 2011, through March 1, 2012.**

According to Idaho Administrative Procedures Act (IDAPA) 16.03.21.126.01, when a DDA is found to be out of substantial compliance with these rules, but does not have deficiencies that jeopardize the health or safety of participants, a provisional certificate may be issued by the Department for up to a six- (6) month period. A provisional certificate is issued contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. Before the end of the provisional certification period, the Department will determine whether areas of concern have been corrected and whether the agency is in substantial compliance with these rules. The survey team will enter your agency on ***February 14, 2012, at 9:00 a.m.***, and conduct an on-site review through ***February 16, 2012,*** to assure all corrections have been completed.

Pursuant to IDAPA 16.05.03.300, "Contested Case Proceedings and Declaratory Rulings," you may request an administrative review to appeal the action related to your certification. No later than 28 days from the date of this notice, you may request an administrative review in writing by routing your request to:

Debby Ransom, Bureau Chief
Administration of Licensing and Certification
P.O. Box 83720
Boise Idaho 83720-0009

The request must (1) be signed by the licensed administrator or provider of the agency; (2) identify the decision being challenged; and (3) state the grounds for your contention that the decision was erroneous. Upon receipt of the written request, an administrative review conference will be scheduled and conducted in accordance with IDAPA 16.05.03.300.

Thank you for your patience and accommodating us through the survey process. If you have any questions regarding the survey, you can reach Pam Loveland-Schmidt at (208) 239-6267.

Sincerely,

E. D. Brown gm

ERIC D. BROWN
Supervisor
DDA/ResHab Survey and Certification

EDB/sm

Enclosure

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Center Case Management and DD Services, LLC
DDA-1145

265 E Chubbuck Rd Ste 3
Chubbuck, ID 83202
(208) 237-3880

Survey Type: Recertification

Entrance Date: 7/5/2011

Exit Date: 7/18/2011

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification; and Karen Tharp, DD Supervisor, FACS.

Observations:

[Participant A] was not observed as the parent discontinued services with the agency.

[Participant B] was observed with [Employee 11] at Alameda Park beginning at 12:48 p.m. and ending at 1:24 p.m. According to staff, the child just finished eating and the staff made the comment, "Are you going to be rude to them?" The staff asked the child, "Can we tie your shoe?" to which the child responded by shaking his head no. The staff proceeded to tie the child's shoe. Prior to proceeding to the play area at 12:55 p.m., the staff stated, "Remember you got to take turns." The staff was observed circling the perimeter of the jungle playground equipment watching the child and occasionally prompting him to "try and find a friend." She would ask him, "Who do you want to play with?" to which he responded, "I don't know." The staff appeared to coax the child to find a friend to play with and made the statement, "If you're not going to play with anyone else, we need to go." The child was eventually observed engaging with a male child who displayed inappropriate and attention seeking behavior. The participant would run around with the other child and would laugh at his behavior. As the participant was engaged with the other child, the staff pulled him aside and asked, "What's his name?" to which the child responded, "I don't know." The staff responded with, "You better go and introduce yourself." This direction from staff was not appropriate and is not typical of how this age group interacts. It should be noted that as the participant was engaged with the other child for a short period of time, the staff gave the instruction, "Time to go."

During the above observation, the staff was observed providing inappropriate commands to the child. For example, the following interaction occurred when she wanted the child to go out of the playground tube:
Staff: "Come here, right here," pointing to the ground right in front of her.
Participant: "Why?"
Staff: "Because I said so. Come here, come here. Do we need to leave? You need to get right here. We will leave. Right now. Come here. You got to listen to me. You need to make eye contact."

Overall the observation did not appear to be in the child's natural environment and did not present him in a positive social manner. The direction of "try and find a friend" appeared contrived and did not contribute to maintaining a lasting relationship that he could engage in outside of this particular setting. The directions from the staff were not appropriate. The staff person was observed providing the child with a

"thumbs up" on one occasion. Overall the observation lacked any type of consistent and therapeutic intervention and did not appear to be meeting the child's needs.

Following the observation at the park, the staff and child went to his home. The child was verbally prompted to knock on his front door before entering. The child was observed riding his bike and swinging with staff assistance. Neighborhood children were observed in the area the child verbalized as friends. No attempt was made to have the participant interact with the neighborhood children. In addition, the participant was reprimanded by the staff for yelling at the dog that was running over to the children. The staff thought the participant was yelling at the children and stated "it's not nice" yelling at the kids.

The home was reported to be infested with head lice, thus training would not take place in the home. The staff was not aware of the agency's policy on head lice, so she asked the Program Manager to explain. Following the explanation, the staff made the decision not to go into the home but to take the child to the Portneuf library.

With concerns that the home was infested with lice, the question should have been asked if the child had lice, and was he exposing other children in the park and the staff person to this. In addition, the staff's lack of knowledge about the agency's policy indicated a lack of training provided by the professional and not directing therapy. Overall, the observation at the home lacked the provision of therapeutic interventions, did not appear to be meeting the child's needs, and was recreational.

[Participant C] was observed at home in the basement with a friend and [Employee 14] engaged in what appeared to be "playing house" and role playing. The staff verbalized, "Can we change roles?" It appeared that the staff assumed the role of "mommy." The staff was using a play kitchen stove while asking the child questions, such as, "What would we do if I burned myself?" or, ""What would we do if there was a fire?" The staff asked the participant, "Do you want to practice again?" The child responded, "No." The staff then stated, "We'll do it later." The staff went on to direct the participant to clean the house stating, "We need to clean this house. It is so messy," and then directed the child to wipe the table and sweep the play kitchen. It was observed that the child and her friend were crawling on the floor acting like dogs. The staff would reinforce this by slapping her hands on her thighs and calling for the "puppy."

Overall, the observation at the home lacked the provision of therapeutic interventions and did not appear to be meeting the child's needs. It appeared that inappropriate behavior was reinforced and the activity was contrived and did not present the child in a positive manner and did not provide appropriate social skills training. It is unclear how the needs for skill training were prioritized recognizing the child's skill training needs and behavioral needs. It appeared that the professional was not directing therapy.

[Participant 1] was observed at home with his mother, her boyfriend, a small child, and [Employee 10]. They were working on a chore list that the mother apparently makes, but the mother did not make a list of chores for the day and was just directing them as to what needed to be done next. The participant was noncompliant when asked to do a chore, and when he did complete a chore, there did not appear to be any significant positive reinforcement for completing the task. The participant was teaching the small child how to roll up the hose and how to wash his hands. It appeared as though he had the ability to complete the tasks, but his refusals prevented him from completing tasks. The staff did not appear to have the training on how to address refusals. During the observation, the mother informed surveyors that her son was moving into his own home and changing agencies because of his behaviors. At one point, the participant yelled at a neighbor, who was approximately 12-14 years old, telling him he needed to come fix his bike. The staff did not intervene to promote positive social skills. The therapy did not promote this individual's self image or his personal competency.

[Participant 2] was observed in the mall with [Employee 13]. They were supposed to go grocery shopping at Walmart, but they went to the mall to work on the purchasing program. The participant was very capable of purchasing pizza and a beverage at Mario's; she also provided

a $5.00 bill and exact change, and received two one dollar bills. It was unclear why the skill training was done there instead of where she had intended to go. The grocery list was discussed, and the staff had her pull out her coins. The participant did not have a quarter, so the staff added a quarter and did coin identification at the table after eating the pizza. The way this program was implemented did not enhance the individual's image or promote her personal competency.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.512.01	Assessments	1. What corrective action(s) will be taken? The agency will ensure that the relevant assessments are obtained prior to the development and implementation of the plan. Specific objectives and services will only be implemented that are reflective of the assessments on record. When an additional assessment is deemed necessary, through person-centered planning, the agency will work with the family and service coordinator to link the participant to the qualified evaluator. Upon receiving the assessment results, the agency will incorporate the findings into updated, internal evaluations. This will be followed by an addendum to the existing plan of service reflecting the new assessment information. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' evaluations, amending plans, and updating evaluation should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' assessments annually, during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.
512.ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PROCEDURAL REQUIREMENTS. 01. Assessment for Plan of Service. The assessment for a plan of service is required for all participants prior to the development of the plan of service. This assessment must include the following in Subsections 512.02 through 512.06 of these rules. (3-19-07)	Two of five participant records reviewed ([Participants 1 and 2]) lacked documentation that assessments were completed or obtained prior to the development of the plan. For example: [Participant 1]'s SLP was completed on December 8, 2010. The plan start date was December 4, 2010. There was no documentation of a previous SLP assessment in the record. The assessment was signed by the physician on May 19, 2011, and electronically signed by the OT on June 8, 2011, for the new plan of care from June 8, 2011, through December 8, 2011. In addition, the record lacked documentation of a medical assessment for 2010. [Participant 2]'s SLP was completed on May 30, 2011, and the ISP was authorized for December 2, 2010. There was no other documentation of a previous assessment. Objectives addressed following three-step directions...it was unclear how the agency had addressed the needs and recommendations when developing goals/objectives. She also apparently wears hearing aids, so this should be addressed when working on communication goals such as introducing self and staying on topic when communicating with others. (IDAPA 16.04.11.601.01 prior to 07/01/11)	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.512.02 512.ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PROCEDURAL REQUIREMENTS. 02. Physician's History and Physical. The history and physical must include a physician's referral for nursing services under the DD waivers and for developmental disabilities agencies' services, if they are anticipated to be part of the plan of service. A physician's history and physical is required within the year prior to the initiation of service and thereafter on a frequency determined by the physician. For participants in Healthy Connections:(3-29-10) a. The Healthy Connections physician may delegate to the Department the authority to approve developmental disability services. (3-19-07) b. The Healthy Connections physician must conduct the history and physical, and may refer the participant for other evaluations. (3-19-07)	Assessments Four of five participant records reviewed ([Participants 1, A, B, and C]) lacked documentation of their physicians' recommendation for DDA service. For example: [Participant 1]'s Heathly Connection sheet, dated October 11, 2010, wais crossed through and changed to match the plan start date of August 15, 2010. There was no reference to the change by the physician. In addition, there was no referral for psychotherapy, which was authorized on the ISP. There was no DD diagnosis, only a mental health diagnosis of ADHD and BiPolar Disorder. In addition, the fax date on the HC was October 12, 2010, and October 18, 2010, which was after the start date of the ISP. [Participants A and B]'s records lacked documentation of their physicians' recommendation for Developmental and Social/Medical Assessments. [Participant C]'s record lacked documentation of a physician's recommendation for any DDA services. (IDAPA 16.04.11.705.01.a prior to 07/01/11) (REPEAT DEFICIENCY)	1. What corrective action(s) will be taken? The agency will ensure that physician's orders for assessments and services are obtained annually and prior to the provision of any service. The agency will redetermine all children to illustrate compliance and knowledge of the importance of the physician's order. All services provided to participants by the agency will be reflected, for children and adults, on the specific order. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' services and physician's orders will be conducted. New orders will be procured to demonstrate compliance. However, the agency recognizes that some physician's offices will not sign new orders given the current authorization. It that scenario, the agency will work with specific physicians to educate them of the importance of the new orders and the error of the agency previously. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' physician's orders annually,during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews. New orders will also be obtained prior to the provision of new services or assessments conducted by the agency.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.513.09.c	Documentation of Plan Changes	1. What corrective action(s) will be taken? The agency will ensure that plans of service are adjusted to meet the current status of the participants. The agency will ensure that amendments are completed when participants achieve the mastery criteria in the objectives. A review of data-based outcomes will be conducted and addenda will be generated commensurate with the findings of the review. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' objectives and progress will be conducted. Addenda will be completed pursuant to the outcomes of the review. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' objectives weekly, monthly, and annually. Additional monitoring will be conducted during quarterly quality assurance reviews.
513.ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PLAN OF SERVICE. In collaboration with the participant, the Department must assure that the participant has one (1) plan of service. This plan of service is based on the individualized participant budget referred to in Section 514 of these rules and must identify all services and supports. Participants may develop their own plan or designate a paid or non-paid plan developer. In developing the plan of service, the plan developer and the participant must identify services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. Authorized services must be delivered by providers who are selected by the participant. (7-1-11)T 09. Provider Implementation Plan. Each provider of Medicaid services, subject to prior authorization, must develop an implementation plan that identifies specific objectives that demonstrate how the provider will assist the participant to meet the participant's goals and needs identified in the plan of service.(3-19-07) c. Documentation of Changes. Documentation of Implementation Plan changes will be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other service providers (where applicable), the date the change was made, the signature of the person making the change complete with the date and title. (3-19-07)	Two of five participant records reviewed ([Participants 1 and 2]) lacked documentation of plan changes. For example, [Participants 1 and 2]'s records lacked documentation of plan changes when the participants met goals or made no progress.	

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

Date to be Corrected: 2011-10-07 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.520.04	Setting for Service Delivery	1. What corrective action(s) will be taken? The agency will ensure that the environments in which services are rendered match the preferences and needs of participants and families. The agency will reevaluate all contexts in which services are provided to ensure functionality. Changes in the recommended environments will occur administratively and formally, through addenda, if necessary. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' services and environments wherein services are received will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' services in an ongoing fashion. Service environments will be monitored in data review, staff training, weekly supervision, and monthly observations. Additionally, review of the settings for services will occur with the participants/families annually,during person-centered planning meetings, and during quarterly quality assurance reviews.
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)	Through observation of three of five participants receiving services ([Participants 2, B, and C]), it was determined the agency lacked evidence that it assured community-based services enhanced each participant's social image and personal competencies. For example: [Participant 2] was observed in the mall. During the observation, staff stated the participant was supposed to go grocery shopping at Walmart to work on the purchasing program, but they went to the mall instead. The participant appeared very capable of purchasing pizza and a beverage at a pizza establishment. She also provided a five dollar bill and exact change, and received two one dollar bills in return. The staff and participant discussed the grocery list that the participant already had completed. Staff had the participant pull out her coins. She did not have a quarter, so the staff added a quarter and did coin identification at the table after eating the pizza. It was unclear why skill training was conducted in the mall instead of where she had intended to go. In addition, it was unclear why the participant was working on coin identification when she provided the correct change without assistance when paying for her food. Counting the change out on the table in the food court did not enhance the individual's social image. [Participant B] was observed at the park working on socialization skills. The participant was interacting with another child. After he had been interacting with the child, the therapist asked the participant to introduce himself. The way the therapist implemented the program did not enhance the participant's social image nor promote his personal competency.	

	[Participant C] was observed in her home with another peer "role playing" what to do in case of a fire. The therapist promoted the actions of the participant and her friend to act like dogs while working on skill training. This does not enhance the participant's social image or promote inclusion in the community. (IDAPA 16.04.11.520.04 prior to 07/01/11)	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.651.12.a-c	Excluded Services	1. What corrective action(s) will be taken? The agency will ensure that the activities allowed during therapy match the preferences and needs of participants and families. The agency will reevaluate all activities facilitated in therapy to ensure functionality and are not recreational. Changes in the recommended activities will occur administratively and formally, through addenda, if necessary. All staff will be retrained on activities. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' activities during services will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' activities during services in an ongoing fashion. Activities will be monitored in data review, staff training, weekly supervision, and monthly observations. Additionally, review of the activities for services will occur with the participants/families annually,during person-centered planning meetings, and during quarterly quality assurance reviews.
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)	One of five participant records reviewed ([Participant B]) lacked evidence the agency assured that recreational activities were not included in therapy. For example, [Participant B]'s record included documentation of recreational activities such as swimming, riding in the car, walking, etc. without documentation of skill training during these activities. (IDAPA 16.03.10.653.04.c prior to 07/01/11)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.01 653. 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. 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-11)	Eligibility Two of three participant records reviewed ([Participants A and B]) lacked documentation that prior to the delivery of any DDA services, the agency determined DD eligibility. For example: [Participant A]'s record lacked documentation of DD eligibility prior to delivery of service. The psychological assessment, signed and dated on July 1, 2011, was completed after the agency eligibility sheet dated on June 17, 2011. [Participant B]'s record lacked documentation of DD eligibility prior to delivery of service. The psychological assessment was completed on November 18, 2010. The IPP meeting was conducted on November 1, 2010. There was no documentation that the agency determined eligibility prior to delivery of services.	1. What corrective action(s) will be taken? The agency will ensure that participants do not receive services without being determined eligible. Documentation of this determination will reflect that it occurs prior to service delivery. The agency will reevaluate all children's services to redetermine eligibility to reflect the corrective actions. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' services will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' eligibility in an ongoing fashion. A review of the eligibility will occur annually and in light of changes to the participants' status. Eligibility will be monitored during quarterly quality assurance reviews to ensure reliability.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.a	Individual Program Plan	1. What corrective action(s) will be taken?
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) a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-11)	Two of three child participant records reviewed ([Participants A and C]) lacked evidence the IPP was developed following obtainment or completion of all applicable assessments. For example: [Participant A]'s record lacked a medical assessment prior to the development of the IPP. The medical assessment was completed on March 23, 2011, but was not signed until June 17, 2011, and faxed to the agency on June 22, 2011. The IPP was dated April 13, 2011. [Participant B]'s record lacked a PT assessment and SLP assessment prior to the development of the IPP. The IPP was developed June 13, 2011, but was not signed by the physician until June 21, 2011. The Program Implementation Plan start dates were June 13, 2011. (REPEAT DEFICIENCY -- was IDAPA 16.04.11.701.05.a prior to 07/01/11)	The agency will ensure that participants do not receive services without first having all required assessments. In an ongoing fashion, the agency will update IPPs to reflect new assessment information. The agency will reevaluate all children's services and regenerate IPPs commensurate with the new/updated assessments completed to reflect the corrective actions. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' services will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the dates of assessments and plans of services in an ongoing fashion. A review of the dates will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.b	Individual Program Plan	1. What corrective action(s) will be taken?
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.	One of three child participant records reviewed ([Participant B]) lacked evidence the agency provided a copy of the IPP to the child's parent.	The agency will ensure that participants' parents receive copies of IPPs following the authorization of the plan. The agency is conducting a reevaluation of all services and generating addenda. Parents will be given documentation of the changes.

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 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)		2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' services will be conducted. Documentation of receipt of the IPPs/addenda will be acquired for all participants 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' plans/addenda in an ongoing fashion. Assurance of distribution of the IPPs and addenda will be monitored as a component of the quarterly quality assurance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.iv	Individual Program Plan	1. What corrective action(s) will be taken? The agency will reinstitute a utilization management tool to track utilization. All participants' hours will be monitored and participant-based documentation of deviation will be tracked and reconciled. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. The reemphasis on utilization management and tracking of participant-based reasons for variation will adequately address the deficient practice. 3. Who will be responsible for implementing each corrective action? That administrator or designee
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	Three of three child participant records reviewed ([Participants A, B, and C]) lacked evidence the agency assured therapy was delivered within 20% deviation over a period of four weeks per rule requirements. (IDAPA 16.04.11.701.05.e.iv prior to 07/01/11)	

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)		4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor utilization daily and weekly through formal procedures. Participant schedules will be closely reconciled authorized IPPs. Quarterly quality assurance will also ensure reliability.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.vi	Individual Program Plan	1. What corrective action(s) will be taken? The agency will conduct are review of all assessments to ensure relevant regulatory information is completed. Accordingly, assessments will be updated to reflect the missing elements. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of all assessments will be completed and updated conducted to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor all assessments in an ongoing fashion. Additionally, quarterly quality assurance reviews will capture
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) vi. An accurate, current, and relevant list of the	Three of three child participant records reviewed ([Participants A, B, and C]) lacked evidence the IPPs contained accurate, current, and relevant lists of the participants' specific developmental and behavioral strengths and needs. For example, [Participant B]'s IPP did not address maladaptive behaviors. For all participants, the IPPs did not address prioritized behavioral strengths and needs. In addition, [Participants A and B]'s IPPs lacked measurabley stated objectives that corresponded to the list of priority needs. For instance, [Participant A]'s objectives stated "with direct verbal", which promotes prompt dependency and does not allow measurability of the individual's actual ability.	

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)	(IDAPA 156.04.11.701.05.e.vi, vii prior to 07/01/11)	missing elements.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:** (ya)

Rule Reference/Text	Category/Findings	Plan of Correction [POC]
16.03.10.653.05.e.vii	Individual Program Plan	1. What corrective action(s) will be taken? The agency will ensure all required elements of the IPP are completed. The agency will conduct are review of all IPPs to reconcile the completeness. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' IPPs will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' IPPs in an ongoing fashion. A review of the IPPs will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.
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) viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-11)	One of two child participant records reviewed ([Participants C]) lacked evidence the IPP included an identified discipline professional or Developmental Specialist responsible for each objective. (IDAPA 16.04.11.701.05.e.viii prior to 07/01/11)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.x	Individual Program Plan	1. What corrective action(s) will be taken? The agency will ensure all required elements of the IPP are completed. The agency will conduct are review of all IPPs to reconcile the completeness. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' IPPs will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' IPPs in an ongoing fashion. A review of the IPPs will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.
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) x. The review date; and (7-1-11)	One of three child participant records reviewed ([Participant C]) lacked evidence the IPP included a review date for each objective. (IDAPA 16.04.11.701.05.e.x prior to 07/01/11)	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.xi	Individual Program Plan	1. What corrective action(s) will be taken? The agency will ensure all required elements of the IPP are completed. The agency will conduct are review of all IPPs to reconcile the completeness. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' IPPs will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' IPPs in an ongoing fashion. A review of the IPPs will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.
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 services from a DDA. (7-1-11)	Three of three child participant records reviewed ([Participants A, B, and C]) lacked evidence that the agency's IPP contained a rule-compliant transition plan. For example, [Participants A, B, and C]'s transition plans reiterated the need for developmental therapy, not the agency's plan to transition per rule. (IDAPA 16.04.11.701.05.e.xi prior to 07/01/11)	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.i-iv	Assessments	
655.DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by	Two of four participant records reviewed ([Participants 1 and 2]) lacked documentation that comprehensive assessments met rule requirements.	

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)	For example: [Participant 1]'s Comprehensive Developmental Assessment self-care section stated strengths and needs (but did not address maladaptive behaviors such as anger outbursts and task avoidance) and then went on to summarize and stated developmental therapy would increase his independence in this area so that he would need no verbal reminders and decrease maladaptive behavior such as noncompliance, anger outbursts and task avoidance. The information listed in the self-care did not address anger outbursts or task avoidance. [Participant 2]'s Comprehensive Developmental Assessment stated "will identify and value different denominations of money"; "identify and purchase needed items"; and "shop for items from a list." The baselines were inaccurate and did not address the actual needed areas. The Comprehensive Developmental Assessments for these two individuals did not guide treatment. [Participant A]'s Comprehensive Developmental Assessment did not guide treatment. [Participant B]'s Comprehensive Developmental Assessment had a long list of "cans" and "can'ts", but did not guide treatment to meet his daily needs. [Participant C]'s Comprehensive Developmental Assessment did not guide treatment. (REPEAT DEFICIENCY FROM 2010 SURVEY) (IDAPA 16.04.11.600.01.a-c prior to 07/01/11)	1. What corrective action(s) will be taken? The agency will ensure that the relevant assessments are obtained prior to the development and implementation of the plan and include all regulatory components. The agency will conduct a review of all assessments to reconcile the compliance. The agency will incorporate the findings of the review into updated, internal evaluations. This will be followed by an addendum to the existing plan of service reflecting the new assessment information. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' evaluations, amending plans, and updating evaluation should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' assessments annually, during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.c	Assessments	1. What corrective action(s) will be taken?
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)	One of five participant records reviewed ([Participant B]) lacked documentation that the assessment was signed and dated by the professional, including the individual's credentials. For example, [Participant B]'s Comprehensive Developmental Assessment was lacking the last page of the assessment. [IDAPA 16.03.10.600.03 prior to 07/01/11]	The agency will ensure that the relevant assessments are obtained prior to the development and implementation of the plan and include all regulatory components. The agency will conduct a review of all assessments to reconcile the compliance. The agency will incorporate the findings of the review into updated, internal evaluations. This will be followed by an addendum to the existing plan of service reflecting the new assessment information. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' evaluations, amending plans, and updating evaluation should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' assessments annually, during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.06.a-e	Specific Skill Assessments	1. What corrective action(s) will be taken?
655.DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) a. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-11)	Five of five participant records reviewed ([Participants 1, 2, A, B, and C]) lacked documentation that assessments further assessed specific deficits, and determined skill level or a baseline per rule requirement. For example:	The agency will ensure that the relevant assessments are obtained prior to the development and implementation of the plan and include all regulatory components. The agency will conduct a review of all assessments to reconcile the compliance. The agency will incorporate the findings of the review into updated, internal evaluations. This will be followed by an addendum to the existing plan of service reflecting the new

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)	[Participant 1]'s Baseline Data tracking sheet, dated October 15, 2010, the scoring legend stated: 0=no proficiency; 1=low proficiency; 5=high proficiency. The trials listed scores of 0-5 with no legend for what 2-4 would represent. In addition, when reviewing baselines conducted by the agency for goal 1.1, there were 10 trials: trial 1 scored a 3; trial 2 scored a 1; trial 3 scored a 0; trial 4 scored a 0; trial 5 scored a 5; trial 6 scored a 5; trial 7 scored a 0; trial 8 scored a 5; trial 9 scored a 1; and trial 10 scored a 0. When added together, the scores equal 20/50=40%. However, the baseline on the PIP stated 30%. Goal 1.2: trial 1 scored a 5; trial 2 scored a 3; trial 3 scored a 3; trial 4 scored a 5; trial 5 scored a 2; trial 6 scored a 5;trial 7 scored a 0; trial 8 scored a 1; trial 9 scored a 1; trial 10 scored a 0. when added together, the scores equal 30/50=60%. However, the the PIP had the baseline at 30%. [Participant 2]'s Baseline Data tracking sheet, dated November 23, 2010, also did had scores from the Baseline Data tracking sheet that did not equate to the baseline on the PIP, and did not address a baseline for the individual as tracked by the agency. The baselines were not accurate or consistent with the PIPs baseline statement and did not assess the participant's skill level. [Participants A,B,C]'s baseline skill assessments had similar probblems as detailed above. Surveyors were unable to determine baseline, skill level, or deficit based upon agency documentation. (REPEAT DEFICIENCY FROM 2010 SURVEY) (IDAPA 16.04.11.605.01-05 prior to 07/01/11)	assessment information. Additionally, new baseline data will be collected to ensure accuracy. Adjustments to IPPs and PIPs will be completed pursuant to the new baseline data outcomes. Baselines will be tested for validity and reliability 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' evaluations, amending plans, baseline data, and updating documentation should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' assessments and baseline data annually,during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.i-iv 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) i. Daily entry of all activities conducted toward meeting participant objectives. (7-1-11) ii. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-11) iii. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (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)	Program Documentation (data/progress) Five of five participant records reviewed ([Participants 1, 2, A, B, and C]) lacked documentation that the record included sufficient data reviewed by the professional or progress per rule requirements. For example: [Participants 1, 2, A, B, and C]'s records included sufficient data, but there was no documentation that the data was reviewed by the Deveopmental Specialist. Also, see PSR for additional clarification. In addition: [Participants 1 and 2]'s Provider Status Reviews had monthly statements, but did not contain documentation of progress. The statements included: objective 1.2: "he forgets to take a shower on a daily basis"; "he will shower regularly when prompted"; etc. However, there was no documentation of why he continues to need the service, and no documentation of progress or changes to the program to achieve the goal or discontinue the goal. There was no data documented for the eight months listed on the Provider Status Review. [Participants A, B, and C]'s six month and annual reviews lacked documentation as to why the individuals continued to need service. In addition, there was no documentation of change when indicated. For instance, no changes were made to address behaviors.	1. What corrective action(s) will be taken? The agency will ensure that the data are reviewed and monitored by the DS. This review will be demonstrated by the signature and follow up of the DS. The data review commentary will be enhanced to reflect obstacles for independence or developmental strategies that are proving effective. The agency will conduct a review of all data to reconcile the compliance. Changes to services will be completed pursuant to the data collection results. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' data, amending plans, and updating PIPs should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' progress and data annually,during person-centered planning meetings, progress review intervals, during weekly supervision with staff, in firsthand observations, and during quarterly quality assurance reviews.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.c	Participant Records	1. What corrective action(s) will be taken? The agency will conduct a review of all children's files. All referrals will be made to the local school district. Documentation of the referrals will be filed in the records. I 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' records should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' ages and school attendance annually,during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.
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) c. Additional Requirements for Participants Seven Through Sixteen. For participants ages seven (7) through sixteen (16), the DDA must also document that the child has been referred to the local school district in accordance with the collaboration requirements in IDAPA 16.03.21, " Developmental Disabilities Agencies (DDA)." (7-1-11)	Two of three child participant records reviewed ([Participants A and B]) lacked documentation the agency documented that the participant had been referred to the local school district. For example, [Participants A and B]'s records lacked documentation that the children had been referred to their local school districts. In addition, there was no documenttation that a current IPP was provided to the child's school. (IDAPA 16.04.11.706.01.c prior to 07/01/11)	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.b	Program Implementation Plan	1. What corrective action(s) will be taken? The agency will ensure that the PIPs clearly connect to assessed deficits. The agency will conduct a review of all assessments and PIPs to reconcile compliance. Changes to the mastery criteria, baseline, and PIPs will be completed to ensure accuracy and effectiveness.
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	Five of five participant records reviewed ([Participants 1, 2, A,B, and C]) lacked evidence that each Program Implementation Plan baseline statement addressed the participant's skill level and abilities related to the specific skill to be learned.	

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) 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)	For example, [Participants 1, 2, A, B, and C]'s baselines were not accurate nor consistent with the PIP's baseline statement and did not assess the participant's skill level and ability related to the specific skill to be learned. (IDAPA 16.04.11.703.02 prior to 07/01/11) (REPEAT DEFICIENCY FROM 2010 SURVEY)	2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' data, baselines and PIPs should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' PIPs and data annually, during person-centered planning meetings, progress review intervals, weekly during supervision, and during quarterly quality assurance reviews.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.d	Program Implementation Plan	1. What corrective action(s) will be taken? The agency will ensure all required elements of the PIPs are completed. The agency will conduct are review of all PIPs to reconcile the completeness. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' PIPs will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee
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	Four of five participant records reviewed ([Participants 1, 2, A, and B]) lacked rule-complaint written instructions to staff. For example: [Participant 1]'s PIP objectives lacked frequency of reinforcement and data collection including probe directed at the achievement of each objective. The PIP stated "while following prompt hierarchy, give enthusiastic verbal praise such as 'good job taking a shower!' or 'You smell good, thanks for being nice and clean!' but	

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) 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)	does not have prompt hierarchy listed or instructions as to what prompt to utilize and when to reinforce. In addition, the participant's PIP objectives lacked evidence/documentation of revisions as necessary to promote the participant's progress toward the stated objective. [Participant 2]'s record lacked a prompt hierarchy or instructions as to what prompt to utilize and when to reinforce. In addition, the participant's PIP objectives lacked evidence/documentation of revisions as necessary to promote the participant's progress toward the stated objective. [Participants A and B]'s record lacked a prompt hierarchy or instructions as to what prompt to utilize and when to reinforce. In addition, the participant's PIP objectives lacked evidence/documentation of revisions as necessary to promote the participant's progress toward the stated objective. For instance, Program Implementation Plans stated "will ask caregiver before another person." All four participant records lacked PIPs that meet rule requirements.	4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' PIPs in an ongoing fashion. A review of the PIPs will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.08.g	Program Implementation Plan	1. What corrective action(s) will be taken? The agency will obtain evaluations and used in the development of PIPs. The agency will conduct are review of all PIPs to reconcile the completeness and acquire needed assessments. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' PIPs and assessments will be conducted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction.
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.	Four of five participant records reviewed ([Participants 1, A, B, and C]) lacked evidence the agency utilized the psychological assessment when developing program implementation plans per rule requirements. For example, The psychological assessments for the four individuals addressed behavioral needs, which were not addressed when developing program implementation plans.	

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) g. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to ensure therapies provided in the DDA accommodate the participant's mental health needs and to ensure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-11)	(IDAPA 16.04.11.703.07 prior to 07/01/11)	3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' status, PIPs, and assessments in an ongoing fashion. A review of the PIPs and assessment will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.657.27	Collaboration/Consultation	1. What corrective action(s) will be taken? The agency will obtain evaluations from other providers and use them in the development of PIPs. The agency will conduct are review of all PIPs to reconcile the completeness and acquire needed assessments and facilitate collaboration with other professionals. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' PIPs and assessments will be conducted. Additionally, interdisciplinary work will be promoted. Administrative or amendment actions will be taken to reflect the implementation of the plan of correction.
657.DDA SERVICES: DDA PROVIDER QUALIFICATIONS AND DUTIES. 27. Requirements for Collaboration with Other Providers. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP),	Five of five participant records reviewed ([Participants 1, 2, A, B, and C]) lacked documentation that the agency assured collaboration with other providers. For example: [Participant 1]'s PIPs did not appear to address collaboration with other providers such as Psych, SLP, OT, etc. The agency had the assessments in the record, but the programs did not address the assessed needs or utilize the recommendations from the professionals. In	

Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-11)	addition, the agency had a note dated June 24, 2011, in the file stating "collaboration with other providers" and a checkbox stating "is not applicable because the agency does not deliver this service directly to participants." This is not an optional service. [Participant 2]'s record is the same. [Participant A]'s record is the same. [Participant B]'s record is the same. [Participant C]'s record is the same. In addition, [Participant A]'s record lacked documentation of an IEP. (IDAPA 16.04.11.706.01.a-c prior to 07/01/11)	3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' status, PIPs, and assessments in an ongoing fashion. Collaboration with interdisciplinary professionals will also occur in an ongoing fashion. The agency will promote fluid exchange of information to enhance participants' services. Collaboration with others will be monitored during quarterly quality assurance reviews to ensure consistency.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.658.01.a-b	Staffing	1. What corrective action(s) will be taken?
658. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 01. Standards for Paraprofessionals Providing Developmental Therapy and IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 657 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a	Three of four paraprofessional records reviewed ([Employees 11, 12, and 13]) lacked documentation that the professional provided supervision per rule requirements. For example: [Employee 11]'s record lacked documentation of weekly supervision for the following months: October 2010 and May 2011. [Employee 12]'s record lacked documentation of weekly supervision for the following months: March 2011 and May 2011.	The agency will retrain managers of the need to conduct weekly supervision. The agency will document consistent supervision effective immediately. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Retraining and provision of supervision will correct the deficient practice. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) years of age must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-11) a. Limits to Paraprofessional Activities. The agency must ensure that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a Program Implementation Plan, or conduct IBI consultation. These activities must be conducted by a professional qualified to provide the service. (7-1-11)T b. Frequency of Supervision. The agency must ensure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-11) i. Give instructions; (7-1-11) ii. Review progress; and (7-1-11) iii. Provide training on the program(s) and procedures to be followed. (7-1-11)	[Employee 13]'s record lacked documentation of weekly supervision for the following months: February 2011, March 2011, April 2011, and May 2011.	The agency will monitor weekly supervision as it occurs. Staff who miss the supervision will be disallowed from rendering services until supervision with the professional occurs. Quarterly reliability checks will be conducted.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.658.01.c	Staff Qualifications	1. What corrective action(s) will be taken? The agency will retrain managers of the need to conduct monthly observations. The agency will document consistent observations effective immediately. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Retraining and provision of observation will correct the deficient
658. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 01. Standards for Paraprofessionals Providing Developmental Therapy and IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet	One of three paraprofessional records reviewed ([Participant 12]) lacked documentation that the agency assured the paraprofessional received monthly observation per rule requirement. For example, [Employee 12]'s record lacked documentation the paraprofessional received monthly observation for March 2011.	

the training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 657 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) years of age must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-11) c. Professional Observation. The agency must ensure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to ensure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-11)		practice. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor monthly observations as they occur. Staff who are not observed in a month due to their neglect, will be disallowed from rendering services until an observations is scheduled. Quarterly reliability checks will be conducted.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.009.01	Criminal History	1. What corrective action(s) will be taken? The agency will retrain managers of the need to acquire criminal history checks including the ISP background check. Employees will not be allowed to work until the agency has obtained the clearance. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Acquiring the criminal history clearances will effectively rectify the deficient practices.
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)	Two of 13 employee/contracted professional records reviewed ([Employees 9 and 12]) lacked documentation that the agency verified rule compliance with criminal history rules. For example: [Employee 9]'s date of hire was March 21, 2010. His original DHW criminal history background check was dated May 20, 2008, from another agency. This agency was added to	

	the DHW background check on April 20, 2010. There was no documentation of a local Idaho State Police background check in the record per rule. [Employee 12]'s date of hire was September 22, 2010. Her original DHW criminal history background check was dated August 7, 2008, from another agency. There was no documentation the agency was added to the current agency, nor documentation of a local Idaho State Police background check.	3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor criminal history clearances upon hire and prior to working with participants. Quarterly reliability checks will be conducted.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.101.02.i	Staff Qualifications	1. What corrective action(s) will be taken? The agency will have all staff re-sign service-specific job descriptions. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Re-signing service-specific job descriptions for all staff will effectively rectify the deficient practices. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor job descriptions upon hire and prior to working with participants. Quarterly reliability checks will be conducted.
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) 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)	One of 13 employees/contracted professional records ([Employee 2]) lacked documentation of a job description or written agreement. For example, [Employee 2]'s record lacked documentation of a job description or a formal agreement for psychotherapy. Also see IDAPA 16.03.10.651.01. (REPEAT DEFICIENCY FROM 2010 SURVEY for IDAPA 16.04.11.201.04.i)	

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

Date to be Corrected: 2011-10-07 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.400.01 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)	Staff Qualifications The agency lacked evidence the DDA administrator was accountable for all operations, policy, procedures, and service elements of the agency per rule requirements.	1. What corrective action(s) will be taken? The agency administrator have adopted a direct responsibility in overseeing all element of DDA services. The administrator has been trained on the importance of direct oversight. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. The direct involvement of the administrator will effectively rectify the deficient practices. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The administrator is comprehensively accountable in an ongoing fashion. Quarterly reliability checks will be conducted.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-08-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.510.04-06	Incident Reporting	1. What corrective action(s) will be taken? The agency will retrain all staff and administrative personnel of the regulations around reporting. Disciplinary actions will be taken for staff not adhering to the requirements. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Retraining, supervision, observations, and disciplinary actions will effectively rectify the deficient practices. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor incident reports upon completion and will ensure reports to appropriate authorities are made. This will occur on an ongoing basis. Quarterly reliability checks will be conducted.
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 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)	Two of five participant records reviewed ([Participants 1 and B]) lacked documentation that the agency completed incident reports and reported to appropriate authority per rule requirements. For example: [Participant 1]'s record included an incident report for June 27, 2011, which documented the participant pulled a knife on his mom's boyfriend and attempted to stab himself and the boyfriend. The agency did not follow its own policy as to reporting to police, etc. In addition, by not contacting the police, his behaviors have been reinforced. [Participant B]'s record included an incident report regarding the child informing the direct care staff of a dog fight in the house. The direct care observed blood in the home. In addition, the child informed staff the adoptive parent had an argument with her boyfriend. This incident was not reported to the appropriate authorities. Also see IDAPA 16.03.2.910. (IDAPA 16.04.11.510.04 prior to 07/01/11)	

Scope and Severity: Pattern / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-08-15 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.601.01.d	Record Requirements	1. What corrective action(s) will be taken? The agency will ensure all required elements of the profiles are completed. The agency will conduct are review of all profiles to reconcile the completeness. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' profiles will be conducted. Administrative actions will be taken to reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' profiles in an ongoing fashion. A review of the profiles will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.
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 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)	Three of five participant records reviewed ([Participants A, B, and C]) lacked evidence that participant profile sheets were current and included all components per rule requirements. For example: [Participant A]'s profile did not address current medical needs such as Petie Mal Seizures or current medications. [Participant B]'s profile stated he is under DHW Child Protection care, which is no longer accurate. His aunt has adopted him. [Participant C]'s profile did not address current medications per physician's medications faxed on April 27, 2011. (IDAPA 16.0.4.11.705.01.d prior to 07/01/11)	

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.900.02.e	QA Program	1. What corrective action(s) will be taken? The agency will ensure ensures a review of the cited areas occurs annually. Corrective actions will be taken accordingly. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?
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) 02. Quality Assurance Program Components.	The agency lacked documentation of an annual review of its code of ethics, identification of violations, and implementation of an internal plan of correction.	

Each DDA's written quality assurance program must include: (7-1-11) e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)		The agency is addressing the citation as is all clients are affected. A review of of all required components and documentation of corrections will reflect the implementation of the plan of correction. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the information in an ongoing fashion. A review will occur annually and monitored during quarterly quality assurance reviews to ensure reliability.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.05	Behavior Programming	1. What corrective action(s) will be taken? The agency will ensure that the relevant assessments are obtained prior to the development and implementation of the plan and include behaviors as needed. The agency will conduct a review of all assessments to reconcile the compliance. The agency will incorporate the findings of the review into updated, internal evaluations and objectives. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. A review of of all participants' behaviors, evaluations, amending plans, adjusting PIPs, and updating evaluations should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee
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 behavior include teaching of alternative adaptive skills to replace the maladaptive behavior. (7-1-11)	One of five participant records reviewed ([Participant 1]) lacked documentation that the agency developed programs to assist participants with managing maladaptive behavior, which include teaching of alternative adaptive skills to replace the maladaptive behavior. For example, [Participant 1]'s programs did not address violent and dangerous behaviors such as his attempt to stab his mother's boyfriend and himself. In addition, this agency has been given recommendations by the psychologist regarding behaviors. These recommendatinos were not included in programs. [Participants 1, A, B, and C]'s records lacked programs that addressed teaching a behavior	

	replacement skill. (IDAPA 16.04.11.915.04 prior to 07/01/11)	4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' assessments behaviors, annually,during person-centered planning meetings, progress review intervals, and during quarterly quality assurance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.09	Positive Social Skills	1. What corrective action(s) will be taken? The agency will not use restrictive or aversive interventions. Objectives, assessments, PIPs, et. al. will be modified accordingly. Retraining of staff will occur to ensure restrictive interventions are eliminated. Staff will be subject to disciplinary action for violation. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Eliminating and retraining staff around restrictive interventions should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' services and interventions annually, during progress review intervals, and during quarterly quality assurance reviews.
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) 09. Written Informed Consent. Ensure programs developed by an agency to assist participants with managing maladaptive behavior are conducted only with the written informed consent of a participant, parent, or legal guardian, where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-11)	One of five participant records reviewed ([Participant B]) lacked documentation that the agency received informed consent from the parent/guardian prior to implementing a restrictive/aversive behavior program. For example, [Participant B]'s record included documentation that the staff physically picked up the child and removed him from the situation and put him in the car when he refused to leave the store. (IDAPA 16.04.11.915.08 prior to 07/01/11)	

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.10 915. 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) 10. Review and Approval. Ensure programs developed by an agency to manage maladaptive behavior are only implemented after the review and written approval of the professional. If the program contains restrictive or aversive components, a licensed individual working within the scope of their license, must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider, the agency must obtain a copy of these reviews and approvals. (7-1-11)	Positive Social Skills One of five participant records reviewed ([Participant B]) lacked documentation that the agency assured licensed individuals working within the scope of their license reviewed and approved, in writing, the plan prior to implementation of a restrictive/aversive plan. For example, [Participant B]'s record included documentation that the staff physically picked up the child and removed him from the situation and put him in the car when he refused to leave the store. A licensed professional did not approve this action in the participant's plan.	1. What corrective action(s) will be taken? The agency will not use restrictive or aversive interventions. Objectives, assessments, PIPs, et. al. will be modified accordingly. Retraining of staff will occur to ensure restrictive interventions are eliminated. Staff will be subject to disciplinary action for violation. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Eliminating and retraining staff around restrictive interventions should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' services and interventions annually, during progress review intervals, and during quarterly quality assurance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2011-10-07 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.915.11.a-d 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) 11. Appropriate Use of Interventions. Ensure interventions used to manage participants' maladaptive behavior are never used: (7-1-11) a. For disciplinary purposes; (7-1-11) b. For the convenience of staff; (7-1-11) c. As a substitute for a needed training program; or (7-1-11) d. By untrained or unqualified staff. (7-1-11)	Positive Social Skills One of five participant records reviewed ([Participant B]) lacked documentation the agency assured the behavior program was not used for disciplinary purposes; for the convenience of staff; as a substitute for a needed training program; or by untrained or unqualified staff. For example, [Participant B]'s record included documentation that the staff physically picked up the child and removed him from the situation and put him in the car when he refused to leave the store. This appeared to be for the convenience of staff.	1. What corrective action(s) will be taken? The agency will not use restrictive or aversive interventions and especially not for disciplinary purposes. Objectives, assessments, PIPs, et. al. will be modified accordingly. Retraining of staff will occur to ensure restrictive interventions are eliminated. Staff will be subject to disciplinary action for violation. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency is addressing the citation as is all clients are affected. Eliminating and retraining staff around restrictive interventions should adequately correct the deficiency. 3. Who will be responsible for implementing each corrective action? That administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the participants' services and interventions annually, during progress review intervals, and during quarterly quality assurance reviews.

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm		**Date to be Corrected:** 2011-10-07	**Administrator Initials:**
Administrator Signature (confirms submission of POC): Matt B Cadle			**Date:** 9-8-11
Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmidt			**Date:** 10/4/11