IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 16, 2011 **CERTIFIED MAIL #: 7009 0820 0000 2807 0692**

Valerie Cutshall, Administrator
C&R, Inc.
1007 South Logan Street
Moscow, ID 83814

Dear Ms. Cutshall:

Thank you for submitting the Plan of Correction for C&R, Inc. dated September 13, 2011. The Developmental Disabilities Survey and Certification team has reviewed and accepted the Plan of Correction in response to the Department's findings during the follow-up survey of July 28, 2011. As a result, we have issued C&R, Inc. a full one (1) year certificate effective from September 30, 2011, through September 30, 2012.

According to Idaho Administrative Procedures Act (IDAPA) 16.03.21.125.02, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that your Plan of Correction has been met. Please submit these documents with references to citations clearly marked, following the order listed on the Statement of Deficiencies. Documentation must be submitted within seven (7) days of the date of completion listed on your agency's Plan of Correction and no later than **November 21, 2011**. You may submit supporting documentation as follows:

Fax: (208) 364-1811

Email: ALC@dhw.idaho.gov

Mail: PO Box 83720-0009
Boise, ID 83720

Deliver: 3232 Elder Street, Boise, ID 83705

Pursuant to IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings," you may request an administrative review to appeal this decision affecting your length of certification. No later than 28 days from the date of this notice, you may request, in writing, an administrative review by routing your request to:

Debby Ransom, Bureau Chief
Administration of Licensing & Certification
PO Box 83720
Boise, ID 83720-0036
Fax: (208) 336-1811

Any such request must identify the decision being challenged, state specifically the grounds for the contention that the decision was errnoneous, and be signed by the provider. Upon receipt of the written request, an administrative review will be scheduled and conducted in accordance with IDAPA 16.05.03.300 "Rules Governing Contested Case Proceedings and Declaratory Rulings."

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me if at (208) 364-1906.

Sincerely,

ERIC D. BROWN
Program Supervisor
DD Survey and Certification

EDB/sm

Enclosures

1. Full Developmental Disabilities Agency Certificate (one year)
2. Approved Plan of Correction for Survey Report of July 28, 2011

Statement of Deficiencies

Developmental Disabilities Agency

C & R, Inc.
2C&R121

1107 S Logan St
Moscow, ID 83843-2838
(208) 882-8040

Survey Type: Follow-up

Entrance Date: 7/24/2011
Exit Date: 7/28/2011

Initial Comments: Survey team: Greg Miles, Medical Program Specialist; Sarah Czaja, Clinician; Pam Loveland-Schmidt, Medical Program Specialist.

• Observation of [Participant A] took place at the park. The participant and staff clearly have a great rapport and were having a fun time together playing on the slide and swings. Staff worked on the following programs: open-ended questions; responding when name is called; and transitioning between activities. The observer spoke with the Developmental Specialist after the observation about ways to make this time more therapeutic and make the programs more effective and appropriate for the participant.

• Observation of [Participant B] took place at pet store. The participant and staff walked around the store identifying animals. Staff had the participant identify two coins and then allowed her to buy some candy from the candy machine. Staff had the participant retrieve and put away a cat toy; the participant was successful with instructions. The observation was nearly identical to the previous observation in February; it would be nice to see the participant encouraged in other activities and environments as she was clearly successful at identifying animals and it was reported that she comes to the pet store almost daily.

• Observation of [Participant C] took place at the public library in the children's department. Staff worked on the following programs: understanding of more; putting items away; and structured game. Staff had a great rapport with the participant and demonstrated great skills, effective communication, and appropriate reinforcement and redirection to task. The purpose of the program "understanding of more" was unclear. As discussed at the exit interview, programs should have a functional purpose for the participant.

• Observation of [Participant D] took place at Shopko. Staff and participant went to look for a new pair of glasses for the participant, working on price comparison. The participant was successful and nearly independent in the task. Staff had a data book and was seen collecting data.

• Observation of [Participant 1] took place in the café at Rosaurs Grocery Store. The following programs were run: balancing checkbook; and tracking expenses. While working on balancing checkbook and tracking expenses, the participant was trying to use his calculator on his phone. Staff requested he do it by hand on paper. The developmental therapist and participant then worked on needs versus wants while walking through the store pointing at items, including baby items. The participant stated at one point that he did not buy items at this store because they are too expensive. He stated that cat food at this store was $22.19 and at Walmart, where he shops, it is only $21.00 (The agency administrator stated the participant called and wanted to go to Rosaurs instead of Walmart as he normally does). The staff suggested multiple times to the participant that he could buy her items, such as ice cream. They then went to the deli and the participant

ordered items and then went to purchase them with his debit card and had difficulty with the questions asked on the debit machine. He pushed the "yes" button for change. The staff and participant then had to go to the customer service desk to get the money credited to his account. The use of a debit machine appears to be a program need and is not being worked on.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	1. What corrective action(s) will be taken? All staff members, including professional paras, will receive weekly supervision for the folks they work with. Supervision will be conducted by qualified professionals. Staff will not be allowed to work with participants unless supervision is provided. Training Managers may have to step in in an emergency for coverage. They will also be trained on participants weekly. 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 this as if all participants are affected. All staff will receive weekly supervision to ensure quality therapy. All staff will be retrained on the importance/necessity of weekly supervision. 3. Who will be responsible for implementing each corrective action? Developmental Specialist 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Check of weekly service records to ensure compliance with weekly supervision, quarterly quality assurance review, annual performance appraisals. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 9/30/11
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 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) 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: (7-1-06) 02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06) a. Give instructions; (7-1-06) b. Review progress; and (7-1-06) c. Provide training on the program(s) and procedures to be followed. (7-1-06)	A review of weekly supervision documentation revealed that one staff (in Lewiston) was not receiving weekly supervision by the professional.	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 7/30/4 Administrator Initials: ✓

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.03	Supervision	1. What corrective action(s) will be taken? All staff members, including professional paras, will receive monthly training and supervision for the folks they work with as a condition of employment. Observations will be completed by qualified professionals. We have Training Managers who may have to step in in an emergency if staff have not been observed, and the agency will ensure that they ares also trained on participants monthly. 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? This will be addressed as if all participants are affected. All staff must be observed monthly and will be evaluated formally to ensure consistency. Have TM train with all participants they have or will work with each month. 3. Who will be responsible for implementing each corrective action? Developmental Specialist 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Check of weekly service records to ensure compliance with monthly supervision, quarterly quality assurance reviews, and annual performance appraisals. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 9/30/11
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 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) 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: (7-1-06) 03. Professional Observation. The agency must assure 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 assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)	A review of documentation for monthly supervision was completed. It was found that one staff (in Lewiston) was not receiving monthly supervision. See 405.02	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: 9/30/11 Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.04	Facility Standards	
500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules,	A review of the center in Moscow was completed. The evacuation signs were not oriented to where the reader was.	

apply when an agency is providing center-based services. (7-1-06) 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)		1. What corrective action(s) will be taken? All evacuation plans will have orientation indication per room. 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? N/A 3. Who will be responsible for implementing each corrective action? Office Coordinator 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly facility check. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 9/30/11
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 9/30/11 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a-c	Assessments	
600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; (7-1-06) c. Guide treatment; (7-1-06)	For two of eight participant records reviewed ((Participants 2 and 3]), the comprehensive developmental assessment (CDA) did not guide treatment or determine the neccesity of the service. For example: [Participant 2]'s CDA was dated July 25, 2011. The Program Implementation Plans (PIPs) were updated July 17, 2011. It appears as though the PIPs were developed prior to the CDA. The	

	Individual Service Plan authorizes service from February 28, 2011, through February 27, 2012. Neither the developmental nor the addendum address the need for change and the PIP was changed. [Participant 3]'s CDA failed to show the neccesity of why certain programs were chosen to work on. The assessment gave information of things she could and could not do, but did not relay why the programs chosen would be important to her. (REPEAT DEFICIENCY - FAILURE TO COMPLY)	1. What corrective action(s) will be taken? Training with DS's to make sure they outline why the treatment is necessary in the CDE, and how the need will be addressed. All evaluations will be reviewed for compliance and updates will be conducted pursuant to the findings of the internal quality 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? Check of all participant CDA's to ensure completed. 3. Who will be responsible for implementing each corrective action? Administrator and DS. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly QA. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11

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

Date to be Corrected: 10/31/11 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.d	Assessments	1. What corrective action(s) will be taken? Training with DS's to make sure they include assessment of interests in the CDE, and how they will be addressed. All evaluations will be reviewed for compliance and updates will be conducted. 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? Check of CDE section on participants' strengths, needs, and interests for all participants. 3. Who will be responsible for implementing each corrective action? QA professionals and DS. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly QA. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)	For one of eight participant records reviewed ([Participant 3]), the comprehensive assessment described interests that were not relevant to developmental therapy. For example, the assessment listed as an interest that the participant liked the girl scouts.	

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

Date to be Corrected: (9/3) | 4 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.604.07.a-h	Assessments	1. What corrective action(s) will be taken? Medical Social requirements written into the template for the medical/social eval. Training for evaluators will occur and a review of all assessments will be conducted. Updates will be completed pursuant to the internal quality 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? All children's socials to be checked and updated. 3. Who will be responsible for implementing each corrective action? Social Worker 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Will be part of the template, so will maintain compliance. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 9/30/2011
604. TYPES OF COMPREHENSIVE ASSESSMENTS. 07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06) a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06) b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06) c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history,	For all of child participants reviewed, there was no documentation found that the medical/social history contained all the required componets in rule. Note: Items discovered last survey had been corrected; however, other unrelated areas had not.	

and any history of abuse; (7-1-06) d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06) e. Educational history including any participation in special education; (7-1-06) f. Prevocational or vocational paid and unpaid work experiences; (7-1-06) g. Financial resources; and (7-1-06) h. Recommendation of services necessary to address the participant's needs. (7-1-06)		

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 9/30/11 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.605.05	Specific Skill Assessments	1. What corrective action(s) will be taken? Change in format for data collection for developing baselines. Training will occur on the order in which baselines are collected. Baselines for objectives will be re-probed by professionals to ensure accuracy. Modifications to baselines and objectives will occur to ensure compliance. 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? N/A--new format implemented, will not be an issue going forward. 3. Who will be responsible for implementing each corrective action? Intake specialist. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor the deficient practices during quarterly quality assurance reviews and during formal progress reviews. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11
605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)	For one of eight participant records reviewed ((Participant 4)), documentation showed that there were no baselines assessed before the Program Implementation Plan was put into place. Those programs already included a reinforcement which would be considered an intervention. Baselines need to be established to reveal the level of independence the participant is at.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | Date to be Corrected: 10/31/11 | Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.700.04 700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS. Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06) 04. Individual Service Plan (ISP). For participants eighteen (18) years of age or older or for ISSH Waiver participants, any services provided by the DDA must be included on the plan of service and be prior authorized by the Department or its designee before a participant can receive the service from the agency. (7-1-06)	Agency Requirements For one of eight participant records reviewed ([Participant A]), documentation showed that the type and amount of therapy was changed. However, there was not a physician's signature found recommending that change.	1. What corrective action(s) will be taken? Changed policy to ensure that any change in amount and frequency, up or down, must be accompanied with the recommendation of the physician. 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? Check completed of all other child participant files, and no other participants affected. 3. Who will be responsible for implementing each corrective action? Administrator and DS. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Change in policy signed by DS's and placed in file. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | Date to be Corrected: 10/31/11 | Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.xi	Individual Program Plan	
701. 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. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) 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 ageappropriate. The IPP must include: (7-1-06) 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. (7-1-06)	For one of five child participant records reviewed ({Participant C}), documentation showed that there was not a rule compliant transition plan. The transition plan was vague on what his next transition will be. For instance, it did not state areas of transition that a child participant will normally go through (change of schools, any change in living situation, or increased emphasis on different skills needed as he grows older). (REPEAT DEFICIENCY - FAILURE TO COMPLY)	1. What corrective action(s) will be taken? Training with DS who failed to update his transition plan, and all DS's to maintain compliance. A review of all transition plans will occur and modifications will be made pursuant to the internal quality assurance 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? Check of all child participant's DDA plans to ensure updates have been done and transition plans are current and responsive to rule. 3. Who will be responsible for implementing each corrective action? QA and Developmental Specialists. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Checked at Quarterly QA. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 10/31/11 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.06.d	Documentation of Plan Changes	1. What corrective action(s) will be taken? Training with DS's to need for MD signature on addenda where programs hours are reduced as well as increased. All changes to services will be formally reflected in an addendum, signed by the person-centered planning team, and authorized by the physician. 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? Check of all child participants to ensure documentation by professionals if hours of service changed. 3. Who will be responsible for implementing each corrective action? QA professional and DS. 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? All completed addenda turned into administrator with signatures. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11
701. 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. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 06. Documentation of Plan Changes. Documentation of required plan of service or Program Implementation Plan changes must be included in the participant's record. This documentation must include, at a minimum: (7-1-06) d. The signature of the professional making the change complete with date, credential, and title. Changes to the IPP require documented notification of the participant or the participant's parent or legal guardian, if applicable. Changes in type, amount, or duration of services require written authorization from a physician or other practitioner of the healing arts and the participant or the participant's parent or legal guardian prior to the change. If the signatures of the participant or the parent or legal guardian cannot be obtained, then the agency must document in the participant's record the reason the signatures were not obtained. (7-1-06)	For three of four child participant records reviewed ([Participants B, C, and D]), there was no documentation found of a signed addendum explaining why his hours were significantly reduced.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 10/31/11 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.03	Program Implementation Plan	
703. 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	For five of eight participant records reviewed ([Participants B, C, D, 1, and 2]), documentation showed that objectives were changed yet there was no reason given for the change (one simply stated that it was because they were not	

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 in Subsections 703.01 through 703.07 of this rule: (7-1-06) 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)	measurable). For example: [Participant 1]'s record included an addendum dated July 25, 2011, to discontinue Objectives 01 "xxDCProgram 01 Balancing Checkbook SELF DIRECTION: will balance his checkbook with 1 direct verbal cue or less 90% of all opportunities for 3 consecutive months by 9/30/2011"; Objective 02 "xxDC Program 02 Keeping Track of Expenses SELF DIRECTION: will keep track of his expenses Staff will indicate the number of cues needed at the highest level to establish baseline" ; Objective 6 "xxDCProgram 06 Daily Schedule SELF DIRECTION: will prioritize his activities for the day with direct verbal cue 80% of all opportunities for 3 consecutive months by 9/30/11"; Objective 07 "xxDCProgram 07 Identifying Community Activities SELF DIRECTION: will identify a community activity that interests him with 1 direct verbal cue or less 60 % of all opportunities for 3 consecutive months by 9/30/11". [Participant 1]'s Programs 01,02, 06, and 07 were discontinued because objectives were not measurable. All other programs were updated into the new format and times were adjusted. It was unclear as to why these objectives were discontinued; they do not appear to be based upon participant needs, only that the agency did not write a measurable developmental therapy objective. NOTE: These same objectives were observed on July 25, 2011. [Participant 2]'s CDA was dated July 25, 2011, and PIPs were updated July 17, 2011. It appears as though the PIPs were developed prior to the CDA.	1. What corrective action(s) will be taken? The agency will train professionals completing progress reviews of the need to describe the reasons why a participant's objectives are/aren't meeting his/her needs, why they continue to need services, and what training must occur to promote optimal independence. A summary of actions will be tracked. 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? All objectives will be reviewed and progress reviews will be completed to ensure current objectives are meeting the needs of all participants. Adjustments will be made accordingly. 3. Who will be responsible for implementing each corrective action? Administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The agency will monitor this through quarterly quality assurance reviews and reliability checks in an ongoing fashion. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 10/31/11

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 10/31/11 **Administrator Initials:** VC

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.900.01.d	QA Program	1. What corrective action(s) will be taken? Even if participant chooses another store, we will encourage the person to shop where he normally shops, per survey requirements. Training with all staff will be conducted to this. 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? All staff will be retrained on the redirection methods that should be encouraged for individual participants. 3. Who will be responsible for implementing each corrective action? DS 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Quarterly quality assurance reviews, monthly observations, weekly supervision 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 9/30/11
900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)	For one of eight participants reviewed ([Participant 1]), observation showed that he received training in other stores which were not his natural setting to practice that training. For example, [Participant 1]'s observation was conducted in the café at Rosaurs Grocery Store. The following programs were run: balancing checkbook; and tracking expenses. While working on balancing checkbook and tracking expenses, the participant was trying to use his calculator on his phone. Staff requested he do it by hand on paper. The developmental therapist and participant then worked on needs versus wants while walking through the store pointing at items, including baby items. The participant stated at one point that he did not buy items at this store because they are too expensive. He stated that cat food at this store was $22.19 and at Walmart, where he shops, it is only $21.00 (The agency administrator stated the participant called and wanted to go to Rosaurs instead of Walmart as he normally does). The staff suggested multiple times to the participant that he could buy her items, such as ice cream. They then went to the deli and the participant ordered items and then went to purchase them with his debit card and had difficulty with the questions asked on the debit machine. He pushed the "yes" button for change. The staff and participant then had to go to the customer service desk to get the money credited to his account. The use of a debit machine appears to be a program need and is not being worked on. (REPEAT DEFICIENCY - FAILURE TO COMPLY)	

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

Date to be Corrected: 9/30/11 **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.03.b 905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06) 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06) b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-06)	Participant Rights A review of the center was completed. It was found that there was no posting of participant rights. (The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction).	1. What corrective action(s) will be taken? Framed rights statement and mounted to wall. 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? N/A 3. Who will be responsible for implementing each corrective action? Administrator 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? Checked with quarterly facility check. 5. By what date will the corrective action be completed? (A field for this question is provided on the form) 8/30/11

Scope and Severity: Widespread / No Actual Harm / Potential for Minimal Harm		Date to be Corrected: 8/30/11	Administrator Initials:
Administrator Signature (confirms submission of POC):			Date: 9/13/11
Team Leader Signature (signifies acceptance of POC):			Date: 9/15/11