IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 28, 2012

Heath Sommer, Ph.D., Administrator
Lyn Gibson, Ph.D., Program Director
Seasons of Hope
3240 S. Woodruff Avenue
Idaho Falls, Idaho 83404

Dear Dr. Sommer & Dr. Gibson:

Thank you for submitting the DDA Plan of Correction for Seasons of Hope dated September 20, 2012. Licensing and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Seasons of Hope-Idaho Falls a full certificate which per agency request correlates with Seasons of Hope-Chubbuck effective from September 9, 2012 through September 30, 2013.

According to IDAPA 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. The supporting documentation addressed in your plan of correction will be reviewed during your next survey. Please ensure your agency quality assurance processes continue to implement and monitor rule compliance.

Thank you for your assistance through the survey process.

Sincerely,

Pam Loveland-Schmidt

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
Licensing and Certification
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Enclosure

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Statement of Deficiencies

Developmental Disabilities Agency

Seasons of Hope -- Idaho Falls
DDA-4104

3240 S Woodruff Ave
Idaho Falls, ID 83404-

Survey Type: Initial

Entrance Date: 7/31/2012

Exit Date: 8/2/2012

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.009.01 009. 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)	Four of nine employee records reviewed (Employees 2, 3, 4, and 8) lacked documentation that the agency assured compliance with criminal history rules. For example: Employee 2 contracted with the agency on 02/26/2012 and had a criminal history clearance through another agency, which was not added to this agency until 07/27/2012. There was no documentation of an Idaho State Police local background check. Employee 3's record lacked documentation of a contract or job description. It was unclear when the individual started working with this agency. The criminal history clearance was completed 05/17/2012. Employee 4's record lacked documentation of a	1. Immediately upon hire, the human resources (HR) department rep. will assure that all background check requirements per code 16.03.21.009.01 are fulfilled. HR, along with the program manager, have already developed and implemented a checklist to ensure that the agency is in compliance, and HR has been trained to code. 2. Regular QA by QA specialist and HR department (at least monthly), along with checks from the program manager (at least quarterly), will be implemented. If a problem is noted, the employee will be immediately suspended until the problem is corrected. 3. HR, QA specialist, & program manager 4. In addition to the implementation of the checklist and a minimum monthly checks by HR and the QA specialist, the program manager will monitor and perform at least quarterly checks, including "surprise" checks.	2012-08-06

	criminal history check and was not listed in the contract dated 02/24/2010. Employee 8's date of hire was 05/29/2012. The record lacked documentation of a criminal history clearance until 07/26/2012. The Idaho State Police clearance was not completed until 07/24/2012.		
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.400.03.b 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: (7-1-11) b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)	One of three employee records reviewed (Employee 7) lacked documentation that the Clinical Supervisor conducted observations and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrated the necessary skills to correctly provide the DDA services. For example, Employee 7's record lacked documentation of supervision from February 2012 through June 2012. The employee provided habilitative intervention for Participant C.	1. Seasons of Hope will ensure that all paraprofessional & professional staff are observed and reviewed at least monthly, or more often as necessary, consistent with IDAPA 16.03.21. 400.03b. This will include observations and reviews by clinical supervisor(s) of all staff performing direct services. This will be completed by incorporating a spreadsheet to monitor supervision as well as regular reviews of employee supervision logs by developmental specialists and/ or clinical supervisors, along with the QA specialist. 2. Regular QA by developmental specialists/clinical supervisors, as well as the QA specialist, will be performed regularly. For example, following training and supervision, the DS/Clinical supervisors will check supervision and observation logs. The QA specialist will monitor the spreadsheet biweekly to monthly and send out reminders as necessary to complete observations and reviews. 3. The clinical supervisors will be responsible in ensuring that observations and reviews are completed according to code or more frequently. The program manager will ensure that the clinical supervisors are completing their duties. 4. In addition to the tracking completed by the QA specialist and clinical supervisors, the program manager will monitor employees to ensure compliance.	2012-09-17

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.410.01.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)	One of three employee records reviewed (Employee 9) lacked documentation that the employee participated in fire and safety training upon employment and annually thereafter. For example, Employee 9's record lacked documentation of fire and safety training upon employment. The employee was hired in the Idaho Falls location as a Developmental Therapist as of 02/06/2012 and the training was not completed until 05/21/2012.	1. While training was completed, it was not accurately documented. As such, HR will document that training was completed and recorded upon hire consistent with IDAPA 16.03.21.410.01.a. This is already being tracked on the same form referenced on page 1 of this document. 2. Regular QA by HR and the QA specialist will be completed at least monthly to ensure that training is completed and recorded. If an employee is discovered to have missed the training, it will be noted that this error was discovered within their employee file, along with the date and action taken (i.e., training was completed immediately). For subsequent trainings, the clinical supervisors and QA specialist will track and document training with a spreadsheet outlining hire dates & trainings. 3. HR is responsible for documenting required initial training. Clinical supervisors are responsible to monitor subsequent trainings. Program manager will ensure that this is carried out to code. 4. In addition to the regular QA by HR, QA specialist, and the clinical supervisors, the program manager will perform "spot checks" to ensure compliance.	2012-08-27

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.600.02.a.i 600. 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) 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11)	One of two participant records reviewed (Participant B) lacked evidence that the participant record contained an Individualized Education Plan (IEP), including any recommendations for an extended school year.	1. We requested the relevant records immediately. It is now standard procedure to request school records upon intake. 2. Regular QA will ensure compliance. If an error is discovered, it will be documented & requested immediately, per IDAPA 16.03.21.600.02.a.i. 3. The clinical supervisors are responsible to ensure that these records are received. QA will be a second check to ensure compliance. 4. The program manager will also perform	2012-08-27

a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11) i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)		"surprise" checks to ensure compliance.	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.600.02.a.ii 600. 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) 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11) a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11) ii. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)	Two of two participant records reviewed (Participants A and B) lacked documentation that the DDA provided a current copy of the child's plan of service to the child's school.	1. While plans were provided to the school, the agency lacked documentation of this. In order to ensure compliance with 16.03.21.600.02.a.ii, the clinical supervisor(s)/developmental specialist(s) will complete a form related to the plan immediately upon obtainment of signatures on the plan documenting that a copy of the plan was sent to the appropriate parties (i.e., parent, school). 2. Regular QA by the clinical supervisor(s) and QA will ensure compliance. If an error is discovered, a copy of the plan will be provided to the party in need immediately, and the error will be documented within the file. 3. The clinical supervisor(s) will be responsible for providing copies and ensuring that all relevant parties are provided with necessary information. 4. The QA specialist will first check to ensure that copies are being distributed and documented. The program manager will be responsible for ensuring that these tasks are completed consistent with IDAPA code.	2012-09-24

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)	Two of two participant records reviewed (Participants A and B) lacked evidence the participant record supported the individual's choices, interests, and needs that result in the type and amount of each service provided. For example: Participant B's record included a current Healthy Connection Referral, but the referral did not address the type of service, only diagnosis and treatment. In addition, the referral did not address the diagnosis. The psychological assessment stated the participant would benefit from speech therapy, occupational therapy, and physical therapy to maximize age appropriate adaptive functioning in the areas of gross/fine motor, visual motor/perception, self-help care, cognitive skills, and age-appropriate play skills. There was no evidence the agency has completed or obtained these assessments to address the participant's needs. Also, Participant A and B's Individual Program Plans included 22 hours of therapy, but lacked whether the hours were per week/month/year.	1. Care will be taken to ensure that the appropriate actions were taken to obtain the services in all recommendations, such as with Participant B. If another reason prevents the agency from doing so (such as parent choice), this will be clearly documented by the clinical supervisor(s). Plans have been corrected to specify frequency of services. Healthy Connections are now obtained using a more specific form that addresses the types of services and diagnoses. All relevant staff have now been trained in this regard. Clinical supervisors and the QA specialist will regularly review files to ensure compliance. 2. At least monthly QA will take place by clinical supervisors and the QA specialist to ensure compliance. In the event that an error is discovered, it will be immediately documented and addressed to the person/agency of concern (i. e., physician, parent, clinical supervisor, etc) and corrected immediately. 3. The clinical supervisor will be responsible. The QA specialist will monitor for accuracy and errors. 4. The program manager will ensure that these procedures are followed to ensure compliance.	2012-09-24

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.01.b 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that	One of two participant records reviewed (Participant B) lacked evidence the Program Implementation Plans (PIPs) included corresponding program documentation and monitoring records when intervention services were delivered to the participant. For example:	1. Regular observations and reviews will take place to ensure that plans are adhered to and records are complete consistent with IDAPA 16.03.21.601.01.b. Training will also continue to be conducted regularly regarding plan adherence and record-keeping. Further, plans will be	2012-09-24

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) b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)	Participant B was observed working with staff playing UNO identifying colors, which was not a need on the Individual Program Plan and did not have a PIP corresponding to the activity observed. In addition, during observation of Participant B, the child signed "bathroom" and staff did acknowledge and had him go to bathroom. However, there was no notation of data completion for Objective 3a. Also, the PIP did not address utilization of signing by the participant to communicate need. For Participant B's Objective 3c, "will get dressed when prompted," the operational definition indicated: 1. Take off dirty clothes. In review of data sheets, there was no or little indication this objective had been implemented. What is the need for this objective? If only implemented when the participant has dirty clothes, it did not appear to occur often enough to address the individual's progress toward the objective.	regularly reviewed by clinical supervisors and the QA specialist to ensure that they are accurate and in compliance with IDAPA. Finally, existing plans with similar errors will be corrected. 2. Regular QA review by clinical supervisors and the QA specialists will identify problems with plans and at least monthly observations and reviews will be conducted to ensure that the plans are accurate and appropriate record-keeping and adherance to the plans are taking place. This will also help to discover errors. In addition to regularly held trainings on record-keeping, these will be reviewed as necessary during supervision. If problems with plans, recording, or implementation of plans are discovered, they will be corrected immediately, along with immediate training to correct the problem. 3. Clinical supervisors are responsible for ensuring that plans are accurate & adhered to, data is gathered & recorded appropriately, & PIPs reflect appropriate utilization of participants' needs. 4. The program manager will regularly ensure that clinical supervisors are compliant with code.	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.915.03 915. 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) 03. Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease maladaptive behavior while using least restrictive	One of two participant records reviewed (Participant B) lacked evidence that the agency ensured and documented the use of positive approaches to increase social skills and decrease maladaptive behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. For example, Participant B's Program Implementation Plan, Objective 4b, "will reduce aggression to 0 incidents per day over a minimum of 15 day consecutive period," did not address teaching an alternative adaptive skill to replace the inappropriate behavior.	1. Records will be revised to include teaching of alternative adaptive skills to replace maladaptive behaviors, consistent with IDAPA code 16.03.21.915.05. 2. The plan referenced is being corrected. On future plans, the plan writer will ensure that the behavior programs are specific and consistent with relevant IDAPA code. 3. The developmental specialists/clinical supervisors will be responsible for modifying the existing plans and ensuring that future plans are specific and consistent with IDAPA code. 4. Developmental specialists, along with the QA team, will ensure that these plans/programs are written according to code.	2012-09-24

alternatives and consistent, proactive responses to behaviors. (7-1-11)

Administrator/Provider Signature: CEO

Department PDC Approval Signature: Pam Stoneland-Schmidt

Date: 9/20/12

Date: 9/28/12

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