IDAHO DEPARTMENT OF HEALTH & WELFARE

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September 17, 2012

Kathi Hirschi, Administrator
Affiliates Incorporated DBA the Adventure Center
265 Gladstone Street
Idaho Falls, Idaho 83401

Dear Ms. Hirschi:

Thank you for submitting the Affiliates Incorporated DBA the Adventure Center Plan of Correction dated September 13, 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 your agency a full One (1) year certificate effective from September 1, 2012 through August 31, 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.

Pam Loveland-Schmidt

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
DDA/Res Hab Licensing & Certification
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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Statement of Deficiencies

Developmental Disabilities Agency

Affiliates Incorporated DBA The Adventure Center
7ADVENTCTR103

265 Gladstone St
Idaho Falls, ID 83401-2511
(208) 528-8639

Survey Type: Recertification

Entrance Date: 8/20/2012

Exit Date: 8/23/2012

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.520.06 520. 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) 06. Natural Environment. The environment where an activity or behavior naturally occurs that is typical for peers of the participant's age, such as the home and community where the participant lives or participates in activities, and according to the service environment indicated. (7-1-11)	Based on observations and review of four of 12 participant records (Participants C, D, 4, and 8), it was determined the agency lacked evidence it ensured skill training occurs in the environment where an activity or behavior naturally occurs that is typical for peers of the participant's age, such as the home and community where the participant lives or participates in activities, and according to the service environment indicated. For example: Participant C's objective addressing "toothbrushing" was implemented, primarily, in the facility setting with no indication of how this skill is to be transitioned to the natural environment. For Participant D's objective addressing "toothbrushing," the Program Implementation Plan (PIP) section on environment addressed	1. What corrective action(s) will be taken? The agency will correct/update PIPs to ensure that the services occur in the natural setting if appropriate. If deemed inappropriate, justification will be documented. 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 addresses this deficiency as though all participants are affected. All PIPs will be reviewed for compliance. 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? This will be formally monitored during quarterly quality assurance reviews. Also, PIPs will	2012-10-15

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	the facility and community, but did not address the home where the individual has the addressed need. Participant 4's PIP "create a list of items that she needs to purchase and activities to participate in ..." the environment stated "facility" only and did not address the environment where the individual has the assessed need. Participant 8's record lacked evidence the agency addressed the skill training needs in the assessed environment. The Individual Service Plan authorized 45 minutes of center DT and ADC for TAC and 30 minutes center DT and ADC for another DDA. The agency's Developmental Assessment recommended 1 hour of group in the facility and 5 hours of group community DT. The agency had completed baselines for the PIP "will learn requirements for positive behavior with peers," which was conducted in the center but did not have a corresponding PIP at the time of survey and did not address the professional's recommendations or based upon his needs/interests addressed in the Developmental Assessment; i.e., peer interaction and interested in going out in the community, volunteering at the local soup kitchen, and per the professional's statement, " This would be a good starting point to learn to carry on more meaningful conversation." (REPEAT DEFICIENCY from survey of January 30, 2012.)	be screened for compliance through peer review internally.	
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)	Three of 12 participant records reviewed (Participants C, D, and 4) lacked rule-compliant Program Implementation Plans (PIPs). For example:		2012-10-15

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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) 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 C's PIP objective 10 indicated utilization of PECS to describe feeling and emotions; however, there was no documentation of PEC utilization in SLT evaluations (SLT Progress Report dagted 6/15/2011 addressed that the therapist "has implemented charts and the mother has created a daily task flip chart to address the mood and behavior"). In addition, the participant had an objective addressing tooth brushing skills to be implemented in the facility/community (addressed as Walmart... Library), which did not address the environment the individual has the need to learn the skill. For Participant D's PIP objective "toothbrushing," the environment section addressed utilizing facility/home; however, the data demonstrated the environment was typically community, not in the individual's home where the individual has the need to utilize the skill. Participant 4's PIP "create a list of items that she needs to purchase and activities to participate in with no more than 1 direct verbal prompt 50%," the environment section stated "facility" only. This individual was observed in the individual's home working on this objective. The data provided for 08/21/2012 stated the objective (2) was conducted in the community and the observation was conducted in the home. The environment the individual was observed in did not correspond with the PIP and data. (REPEAT DEFICIENCY from survey of January 30, 2012.) Also, see IDAPA 16.03.10.653.05.e.vii	1. What corrective action(s) will be taken? The agency will correct/update PIPs to ensure that the services are rule compliant, technically. 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 addresses this deficiency as though all participants are affected. All PIPs will be reviewed for compliance. 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? This will be formally monitored during quarterly quality assurance reviews. Also, PIPs will be screened for compliance through peer review internally.	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.601.01.d 601. RECORD REQUIREMENTS.	Three of 12 participant records reviewed (Participants A, 4, and 8) lacked documentation		2012-10-15

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)	of rule-compliant profile sheets. For example: Participant A's Plan of Service, Medical/Social History, Developmental Assessment, and Intervention Evaluation identified specific types of food the participant will only eat. This information was not indicated on the profile sheet as additional information to provide safe and effective care. Participant 4's profile sheet did not address current information. The profile sheet stated, "None," for special medical needs which did not address his seizures and tremors. His medical assessment, Med/Social History, and Psychological Assessment stated she had seizures, which were not addressed on the profile sheet. Participant 8's profile sheet did not address current information. The profile sheet stated, under special medical needs, "None." The Physician's Medical Care Evaluation dated 06/04/2012 stated, "Clinical diagnosis primary Developmental Delay; Tremor; Seizures," and the agency's Developmental Assessment dated 05/31/2012 stated he has tremors. (REPEAT DEFICIENCY from survey of January 30, 2012.)	1. What corrective action(s) will be taken? The agency will correct/update profiles ensure that the services are rule compliant, technically. 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 addresses this deficiency as though all participants are affected. All profiles will be reviewed for compliance. 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? This will be formally monitored during quarterly quality assurance reviews.	

Administrator/Provider Signature: Kathleen Hrselici, DSO/Admin. **Date:** 9/13/12

Department POC Approval Signature: Pam Loveland-Schmidt **Date:** 9/17/12

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

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