IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 21, 2011

Michelle Weaver, Vice President
Van Parker, DDA Administrator ~Region V
SL Start
25 W. Nora Avenue
Spokane, WA 99205

Re: Sept. 13, 2011 DDA Survey

Dear Ms. Weaver & Mr. Parker:

Thank you for submitting SL Start's Plan of Correction dated November 7, 2011. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued SL Start a full Three (3) year certificate effective from December 1, 2011 through November 30, 2014.

According to IDAPA 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than **December 30, 2011**. You may submit supporting documentation as follows:

Fax to:	208-239-6269
Email to:	lovelanp@dhw.idaho.gov
Mail to:	Dept. of Health & Welfare DDA/Res Hab Survey & Certification 1070 Hiline, Suite 260 Pocatello, Idaho 83201
Or deliver to:	Above address

Thank you for your patience and accommodating us through the survey process.

Pam Loveland-Schmidt

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

SL Start and Associates -- Twin Falls
5SLSTART065

200 2nd Ave N Ste E
Twin Falls, ID 83301
(208) 732-0910

Survey Type: Recertification

Entrance Date: 9/13/2011
Exit Date: 9/15/2011

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

Observations:

[Participants 1 and 2] were observed in the community receiving group developmental therapy from [Employee 11]. The observation consisted of approximately 40 minutes of "wandering" through Target looking at items that [Participant 1] appeared to be interested in. At one point, they looked at movies in the movie section where the staff asked [Participant 1] if she could borrow a movie from him. Once discussed with the Developmental Specialist, it was found that the staff may have been working on boundaries. The rest of the time, [Participant 1] was directing where the three individuals would go in the store next by leading the individuals through the store. There did not appear to be any functional reason for being in Target. The staff stated when entering Target that [Participant 1] needed to go to the dollar store, and then they went through Target. The staff did ask [Participant 1] about his girlfriend and how things were going with her, and he commented that he had called and left her multiple messages which he knows "pisses her off" and then smiled. There was no discussion of how he could have handled that better. There was discussion about [Participant 1] moving in with the girlfriend while wandering through the Halloween section and then through the toy section. There was no purchase made at this store or any discussion of price comparison. The group then headed to HONK's, where [Participant 1] apparently needed to purchase something. As they were walking by a novelty store, the staff commented, "Oh, we should go there," and they all went in the novelty store and wandered through with no purpose. Therapy was not observable in practice during this observation.

[Participant A]'s therapists used lots of good natural language stimulation activities. She seemed to have a good rapport with the child and could sense his dispositions when he was getting frustrated and prompted him through it. She gave him options, redirected him appropriately, and listened and responded when he initiated communication, which was important for the child. Therapist can gain more engagement by using items of interest. Therapy can be more meaningful if provided in natural settings. The therapist did not seem to understand exactly how to follow plan directions, though she was using excellent skills to initiate communication and practice skills. The developmental therapy was not observable in practice.

[Participant B]'s therapist did an excellent job infusing the entire session with language, as this was the participant's main goal. The therapist kept the interaction playful, kept the participant's interest, and offered good support to work through the denial of a request. The therapist did a good job cueing transitions and took advantage of a clean-up to help the child find his solution to a problem rather than forfeiting the teaching opportunity to get the clean-up done.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.a	Assessments	Participant 2 has expressed a desire to not participate in SLP services. The DS contacted the Service Coordinator who will encourage the participant to restart speech services and determine if funding for those services is available in the participant's budget. The DS was retrained on the need for obtaining assessments within required timelines in rule and collaborating with relevant professionals to monitor services that are recommended in assessments. Training completed on Oct. 14, 2011. Completed by: Branch Manager. The DS will complete a review of all participant case files by March 16, 2012 to ensure that current assessments are in place. On-going monitoring for this issue will be conducted via the internal quality assurance review process.
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) a. To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis. (7-1-11)T	One of four participant records reviewed ([Participant 2]) lacked documentation of current assessments per rule requirement. For example, [Participant 2]'s record lacked a current Speech Language Pathology (SLP) assessment. Agency documentation indicated a need for SLP. The most current SLP assessment was dated October 30, 2009. The assessment should have been completed annually prior to January 1, 2011.	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 3/16/12 **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.07.a.i-iv	Program Documentation (data/progress)	
655.DDA SERVICES: PROCEDURAL REQUIREMENTS. 07. DDA Program Documentation Requirements. Each DDA must maintain	Four of four participant records reviewed ([Participants 1, 2, A, and B]) lacked documentation that a qualified professional reviewed the data, and, when indicated,	

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)	changes in the daily activities or specific implementation procedures. For example: [Participant A] had been working on safe traffic crossing for 14 months with loss of progress from the baseline. The baseline was 63% and monthly averages ranged from 0% to 13%. There was no change in the plan. [Participant 1]'s Provider Status Review data documented that he appeared to be maintaining or losing progress and no changes were made by the professional. For instance, for the objective "practice locating information to find his home or apartment with 0% dependence for 12 months," the professional stated he had made no tangible progress but wanted to continue the goal. No changes were made. The goal was discontinued after 12 months. The other objectives appeared to be maintained with no change and no progress was documented. [Participant 2]'s Provider Status Review had the same deficiencies in documentation as noted above. For instance, for the objective "write a note," the baseline was at 0%, then jumped to 44%, and at the end of 12 months had dropped to 14%, which, based upon agency data, demonstrated that the participant had been losing the skill with treatment. There was no change or discontinuation of goal. Also seet IDAPA 16.03.21.900.02.g. (REPEAT DEFICIENCY FROM SEPTEMBER 24, 2009 ~ IDAPA 16.04.11.704.01.c prior to July 1, 2011) (POTENTIAL RECOUPMENT)	Progress data for all goals/objectives for participants (1,2,A,B) will be reviewed by the DS. For those goals/objectives where lack of progress is identified, the DS will make changes as needed to facilitate participant progress. Will be accomplished by 11/30/2011. The DS will complete a review of all participant progress data by by 03/16/2012 and make changes in programming/activities for any identified goals/objectives where progress is not being made. The Branch Manager will ensure that on-going monitoring for this issue is conducted via the internal quality assurance review process.

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

Date to be Corrected: **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.601.01.d 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)	Record Requirements One of four participant records reviewed ([Participant 2]) lacked documentation of rule-compliant participant profile sheets. For example, [Participant 2]'s profile sheet lacked medical needs. That section on the form was left blank. Per the agency, the particpant had kidney problems.	The DS completed a review of all participant profiles and all have been determined to be accurate and complete as of 10/14/2011. On-going monitoring for this issue will be conducted via the internal quality assurance review process.

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

Date to be Corrected: 3/16/12 **Administrator Initials:** SAP

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.900.03.f	QA Program	The DS conducted additional training for para-professional staff on 9/17/2011 on observable therapy. A review of therapy for all other current participants was conducted by the DS during the month of October 2011. The DS provided feedback to relevant staff. To ensure on-going monitoring for this issue, monthly therapist observations by the DS will take place across environments including those done in the community to ensure observable therapy is taking place.
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) 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11) f. Are observable in practice. (7-1-11)	Observation of three of four participants ([Participants 1, 2, and A]) revealed the agency lacked evidence its quality assurance program assured developmental therapy was observable in practice. For example: See observation of [Participants 1 and 2] documented in the initial comments. See observation of [Participant A] documented in the initial comments. (REPEAT DEFICIENCY FROM SURVEY OF SEPTEMBER 24, 2009 ~ IDAPA 16.04.11.900.03.f prior to July 1, 2011.)	

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

Date to be Corrected: 9/17/11 **Administrator Initials:** [illegible]

Administrator Signature (confirms submission of POC): [illegible] **Date:** 10/7/11

Team Leader Signature (signifies acceptance of POC): Pam Loveland-Schmitt **Date:** 11/21/11