



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- GOVERNOR
RICHARD M. ARMSTRONG -- DIRECTOR

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
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October 1, 2012

Laura Batcheller, Administrator
Children's Therapy Place
6855 West Fairview Avenue
Boise, ID 83704

Dear Ms. Batcheller:

Thank you for submitting the Children's Therapy Place Plan of Correction dated October 1, 2012. Licensing and Certification has reviewed and accepted the Plan of Correction in response to the Department's recertification survey findings. As a result, we have issued your agency a full one-year certificate effective from November 1, 2012, through October 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's quality assurance processes continue to implement the approved Plan of Correction and monitor rule compliance.

Thank you for your assistance throughout the survey process. Please contact me at (208) 364-1828 if you have any questions.

Sincerely,

FREDÉ TRENKLE-MACALLISTER
Medical Program Specialist
DDA/ResHab Certification Program
trenklef@dhw.idaho.gov

FTM/slm

Enclosures

1. Renewed DDA Certificate
2. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

Children's Therapy Place 4CTP153	6855 W Fairview Ave Boise, ID 83704- (208) 323-8888
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Survey Type: Recertification

Entrance Date: 9/18/2012

Exit Date: 9/20/2012

Initial Comments: Survey Team: Eric Brown, Supervisor, DDA/ResHab Certification Program; Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program; and Heather Olson, IBI Coordinator/Case Manager, 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)	Review of agency personnel files revealed that 7 of 11 employees or subcontractors (Staff 6, 7, 8, 9, 10, 11, and 12) lacked documentation of complying with IDAPA 16.05.06, "Criminal History and Background Checks."	<ol style="list-style-type: none"> 1. CTP will include ISP background checks in the new hire orientation. 2. Administrator contacted criminal history on 9/19/12 to determine all current employees that require an ISP background check. 3. Program Administrator. 4. Human Resources will continue to monitor all employee requirements, including ISP criminal history background checks on employees that transfer from a prior employer as part of new employee orientation. 5. All background checks will e submitted to ISP by 10-1-12. 	2012-10-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.01</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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)</p>	<p>Review of agency documentation revealed that the administrator had not ensured compliance with IDAPA 16.03.21.</p>	<ol style="list-style-type: none"> 1. Program Administrator has been changed from Sondra McMIndes to Laura Batcheller. Sondra McMIndes will continue as agency owner. 2. Program Administrator will ensure that CTP continues to meet compliance standards with IDAPA 16.03.21 through identifying areas of inefficiency and creating more effective systems, processes, policies and procedures. 3. Program Administrator 4. Program Administrator will create monitoring systems to ensure consistency and compliance with IDAPA 16.03.21. 5. Creating systems and determining efficiency will be on-going. 	<p>2012-09-26</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03.b</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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)</p> <p>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)</p>	<p>Review of agency documentation revealed that 10 of 10 direct care providers (Staff 1, 3, 4, 6, 7, 8, 9, 10, 11, and 12) lacked face-to-face monthly observations with the clinical supervisor on a continuous basis.</p>	<ol style="list-style-type: none"> 1. CTP has developed a monitoring tool to ensure that all staff receive a monthly observation by a Clinical Supervisor. 2. DDA Administration staff will continue to meet on a bi-monthly basis to monitor observations and follow up, as needed. 3. Program Administrator and Clinical Supervisors 4. DDA Administration staff will continue to meet on a bi-monthly basis to monitor observations and follow up, as needed. 5. Monitoring began 7-2-12 and will continue. 	<p>2012-09-27</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.02.a</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>02. Sufficient Training. Training of all staff must</p>	<p>Review of agency records revealed that 9 of 10 direct care providers (Staff 3, 4, 6, 7, 8, 9, 10, 11, and 12) lacked documentation that they received annual training on optimal independence.</p>	<ol style="list-style-type: none"> 1. Staff will receive "Optimal Independence" training before the end of the 2012 year. CTP is unable to correct the error from 2011. 2. CTP will continue to provide training in regards to Optimal Independence on an annual basis. 3. Program Administrator and Clinical Supervisors. 4. Program Administrator and Clinical Supervisors 	<p>2012-12-31</p>

include the following as applicable to their work assignments and responsibilities: (7-1-11)
 a. Optimal independence of all participants is encouraged, supported, and reinforced through appropriate activities, opportunities, and training; (7-1-11)

will monitor on a monthly basis to ensure all required trainings are completed on an annual basis.
 5. Optimal Independence will be provided by the end of 2012.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.a 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 03. Fire and Safety Standards. (7-1-11) a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-</p>	<p>Review of agency documentation revealed that the agency lacked an annual fire inspection by the local fire authority. It appeared that there was almost a two (2) year gap between the expiration of the inspection in 2009 and the most recent inspection in 2012.</p>	<ol style="list-style-type: none"> 1. New Program Administrator identified the deficiency and had it corrected 7/2/12. 2. Annual inspections will continue to ensure the safety of participants and staff. 3. Program Administrator. 4. Program Administrator will develop an annual checklist to include fire inspection. 5. Annual checklist will be completed by 10/1/12. 	<p>2012-10-01</p>

11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601</p> <p>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)</p>	<p>Review of agency documentation revealed that 1 of 3 participants (Participant B) lacked a signature, date, and credentials of who completed the updated assessment in 2012.</p>	<ol style="list-style-type: none"> 1. Current CTP staff unable to correct identified deficiency because the employee that completed the assessment is no longer a CTP employee. However, CTP will continue to monitor that paperwork is completed thoroughly including signature, date and credentials. 2. Staff have been instructed to sign all paperwork completely and thoroughly. Monitoring will continue through regular file reviews. 3. Program administrator and Clinical Supervisors. 4. Regular File Reviews. 5. Identified deficiency is not able to be corrected by current CTP staff. File monitoring will be ongoing. 	<p>2012-10-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.02</p> <p>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)</p> <p>02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)</p>	<p>Review of agency records revealed that 1 of 3 Participants (Participant C) lacked a 6-month and a 12-month status review that identified the participant's progress towards goals defined on his plan.</p>	<ol style="list-style-type: none"> 1. Annual review of this particular participant was to be completed by an employee that no longer is employed by CTP. Current staff unable to complete the annual review, as she was not employed at the time the review was due. The 6 month review was due to be completed at the time of the H&W review and has since been completed. Participant's progress will continued to monitored and reviewed on a monthly basis, with 6 month and annual reviews completed accordingly. 2. Participant's progress will continued to monitored and reviewed on a monthly basis, with 6 month and annual reviews completed accordingly. 3. Program Administrator and Clinical Supervisors. 4. Participant's progress will continued to monitored and reviewed on a monthly basis, with 6 month and annual reviews completed accordingly. 6. The identified 6 month review has been completed. Ongoing review of progress will continue monthly, with 6 month and annual reviews completed accordingly. 	<p>2012-09-24</p>
<p>16.03.21.900.02.f</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p>	<p>Review of agency documentation revealed that the agency lacked verification that they had reviewed their policies and procedures on an annual basis.</p>	<ol style="list-style-type: none"> 1. Current Program Administrator has been with CTP for approximately 4 months, to which she has not been here a year to review policies and procedures on an annual basis. However, a complete review and update will completed by November 1, 2012. 2. Program Administrator will create an annual checklist to include a review of policies and 	<p>2012-11-01</p>

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Children's Therapy Place

9/20/2012

f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)

procedures.

3. Program Administrator.
4. Program Administrator will ensure that Policies and Procedures will be reviewed on an annual basis by creating a checklist.
5. Checklist will be created and current Policies and Procedures will be completed by Novemebr 1, 2012.

Administrator/Provider Signature: *Ymabakulle*

Date: 10-1-12

Department POC Approval Signature: *Fredie French-Maullist*

Date: 10/1/12

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