



Statement of Deficiencies

Developmental Disabilities Agency

Human Dynamics and Diagnostics LLC
DDA-3559

2267 Teton Plaza
Idaho Falls, ID 83404-6486
(208) 522-0140

Survey Type: Recertification

Entrance Date: 10/23/2012

Exit Date: 10/25/2012

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

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. 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>Two of 11 employee records reviewed (Employees 2 and 11) lacked evidence that the agency administrator was accountable for the overall operations of the agency, including ensuring compliance with this chapter of rules and overseeing and managing staff.</p> <p>For example:</p> <p>Employee 2's record lacked documentation of a job description addressing the social worker job duties.</p> <p>Employee 11's record lacked documentation of a job description addressing the paraprofessional job duties until October 15, 2012. The employee started on August 9, 2012.</p>	<ol style="list-style-type: none"> All employee files will be reviewed on a quarterly basis to ensure all needed documentation is current. A checklist of needed documents will be kept in each file. HDD will review all employee and affiliate files for possible deficiencies. Clinical Supervisor will review all files and make needed corrections. HDD Compliance Officer will review all files for new hires and will review deficiencies on a quarterly basis. Quarterly reports will be sent to Agency Administrator. He will review, sign, and upload reports to server. 	2013-01-25

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>One of 5 employee record reviewed (Employee 9) lacked documentation that the clinical supervisor conducted an 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 demonstrated the necessary skills to correctly provide the DDA services.</p> <p>For example, Employee 9's record lacked documentation of monthly supervision for April 2012.</p>	<ol style="list-style-type: none"> 1. All Clinical Supervisors will complete monthly observation/supervision forms. The forms will be sent to HDD Compliance Officer on a monthly basis to be saved to the server. 2. HDD will review that any staff working directly with a client will have a completed observation/supervision form. 3. Clinical Supervisor will review observation/supervision forms on a monthly basis and send to HDD Compliance Officer for review. 4. HDD Compliance Officer will review and alert clinical supervisors if any reports are missing. 	2013-01-25

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b.ii</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>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)</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p> <p>ii. Each agency staff person must have age appropriate CPR and first aid certification for the participants he serves. (7-1-11)</p>	<p>One of 11 employee records reviewed (Employee 9) lacked documentation that the agency assured the staff person had age appropriate CPR and First Aid certification for the participants he/she served.</p> <p>For example, Employee 9's record lacks documentation of First Aid certification.</p>	<ol style="list-style-type: none"> 1. All employee files will be reviewed on a quarterly basis to ensure all needed documentation is current. A checklist of needed documents will be kept in each file including dates of certifications. 2. HDD will review all employee and affiliate files for possible deficiencies. 3. Clinical Supervisor will review all files and make needed corrections. 4. HDD Compliance Officer will review all files for new hires and will review deficiencies on a quarterly basis. Quarterly reports will be sent to Agency Administrator. He will review, sign, and upload reports to server. 	2013-01-25

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>One of 4 participant records reviewed (Participant D) lacked documentation that the DDA assured accurate, current, and complete participant and administrative records.</p> <p>For example, Participant D's developmental assessment lacked documentation of the amount of therapy. In addition, the data completed for August 2012 through October 2012 included objectives for Education Phonemes (P, M, N, W, H, B) words and oral motor, which were discontinued objectives from last year, but the staff was still implementing the objectives. According to the clinical supervisor, this objective had been discontinued, but based upon data and the Provider Status Review documentation, it was confirmed that this objective had been continued. These objectives, per agency documentation, were not accurate and did not address current authorized goals and objectives.</p>	<ol style="list-style-type: none"> 1. All staff will be given a participant note form that specifies current objectives. The participant note will be modified by DS/CS depending on individual participant need. 2. HDD will review all participant files be reviewed to ensure that participant note form reflects current objectives. 3. Clinical Supervisor will review all participant files and make needed corrections. 4. All note templates will be developed and reviewed based on current participant needs and objectives by the clinical supervisor. 	2013-01-25
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.b</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)</p>	<p>Three of 4 participant records reviewed (Participants A, C, and D) lacked documentation that the Program Implementation Plans (PIPs) included rule-compliant baseline statements and measurable objectives.</p>	<ol style="list-style-type: none"> 1. HDD will correct baseline statement to state measurable, rule-compliant baselines. The data used to determine baselines will be documented and filed in participant file. 2. HDD will review all participant files to ensure that the baselines are measurable. 	2013-01-25

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)

For example:

Participant A's baseline statement on the current PIP from June 27, 2012, and the Individual Program Plan (IPP) reflected the current status of the individual, which was based on a previous annual review and did not address the original baseline level. Based upon this information, the goal/objective was not measurable.

Participant C's baseline statement was based on limited opportunity to demonstrate what the current level was, i.e., there were limited trials of observation. Objectives did not provide criterion for the type of prompting needed or to be utilized in skill training implementation, e.g., Objective II.A, "Will look both ways before crossing the street in 75% of opportunities given sustained for 4 consecutive months." Also, Objective III.A, "Will be able to move game pieces to the appropriate spot independently in 50% opportunities given," which was utilizing recreational activity. For Objective I.B, "Will be able to describe why he is experiencing a feeling (e.g., mad/happy/sad)," feelings are usually very individualized and difficult to measure to the person and generally are issues that are dealt with in a mental health setting, not developmental therapy. For Objective IV.B, "Will drink one liter of water independently during the day," the PIP indicated that for Steps/Methods to have staff set a timer during developmental therapy time and prompt to drink a set amount of water. The criterion of the objective was to drink one liter per day; however, outside of developmental therapy time, whether a full liter had been drunk would make measurement difficult to ascertain. As written, these objectives were not measurable.

Participant D's baseline statement on the PIPs reflected the current status of individual based upon current status, not prior to intervention.

HDD will correct the baselines that reflect current status.

3. Clinical Supervisor will review all participant files and make needed corrections.

4. Each CS/DS will write baselines that are measurable and rule compliant. The data used to determine baselines will be kept in participant files. All new plans will be reviewed using the QA form by a CS/DS that did not develop the plan. DS/CS will have in-house trainings to review how to determine baselines, and that they do not change even if an objective is carried forward to a new plan year.

	<p>Also, some baselines were at 90% and some at 100%; if the baseline was at this level, this individual may be at the level of a typical peer and the objective should be discontinued. In addition, the objectives did not address a baseline prompt level, nor an objective prompt level, which was not measurable.</p> <p>REPEAT DEFICIENCY from survey of October 20, 2011.</p>		
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.c</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>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>	<p>One of 4 participant records reviewed (Participant A) lacked documentation that the DDA certified under these rules maintained accurate, current, and complete participant and administrative records, and when a participant has had a psychological or psychiatric assessment, the results of the assessment were maintained in the participant's record.</p> <p>For example, Participant A's record contained a psychological assessment dated June 23, 2009, but there was no documentation that the assessment had been reviewed to determine if an update or full assessment was needed.</p>	<ol style="list-style-type: none"> 1. CS/DS will ensure that each participant has a current assessment prior to determining eligibility and completing a plan. Psychological assessments can not be over 2 years old. 2. HDD will review all participant files to ensure that the assessments are current. 3. CS/DS will review all participant files and make needed corrections and will not determine eligibility if assessment are over 2 years old. 4. HDD will obtain all assessments prior to initiation of services. All files will be reviewed on a quarterly basis during agency audit to ensure that all assessments are current. The audit and eligibility determination will be completed by a DS/CS. 	2013-01-25

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</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>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>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)</p>	<p>Two of 4 participant records reviewed (Participants A and C) lacked documentation that the record included a rule-compliant profile sheet.</p> <p>For example:</p> <p>Participant A's profile sheet lacked emergency contact information.</p> <p>Participant C's profile sheet indicated no medications. Per the medical/social history in the file, it stated the individual utilizes medications. The profile sheet did not reflect the current status.</p>	<ol style="list-style-type: none"> 1. HDD has developed a client profile sheet according to rule. HDD will ensure that the profile sheet is complete and updated. Profile sheets will be reviewed on a quarterly basis during audit and deficiencies will be corrected. 2. HDD will review all participant files for possible deficiencies. 3. CS/DS will review all participant files and make needed corrections. CS/DS will review the profile sheet on a quarterly basis. 4. All participant files will be reviewed on a quarterly basis by the DS/CS. An audit checklist will be completed. Report of audit and corrections will be submitted to the Agency Administrator. He will review, sign, and upload reports to server. 	<p>2013-01-25</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.e</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>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</p> <p>e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-11)</p>	<p>One of 4 participant records reviewed (Participant B) lacked documentation that the medical, social, and developmental information and assessments reflected the current status of the participant.</p> <p>For example, Participant B's medical/social history and developmental assessment utilized at the time of June 2012 staffing was completed by the previous DDA provider (dated October 6, 2011) and did not reflect the current status of the participant as he had moved and was living in a different foster family home.</p>	<ol style="list-style-type: none"> 1. CS/DS will ensure that each participant has a current assessment prior to determining eligibility and completing a plan. Med/Soc history and developmental will be updated of current status of participant changes. 2. HDD will review all participant files to ensure that the assessments are current. If not current, DS/CS will schedule updates to be included in participant file. 3. CS/DS will review all participant files and make needed corrections by completing updated assessments. 4. HDD will obtain all assessments prior to initiation of services. All files will be reviewed on a quarterly basis during agency audit to ensure that all assessments are current. The audit and eligibility determination will be completed by a DS/CS. 	2013-01-25
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.01.a</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>01. Purpose of the Quality Assurance Program.</p>	<p>Three of 4 participant records reviewed (Participants A, C, and D) lacked documentation that the services provided to participants produced measurable outcomes, were high quality, and were consistent with individual choices, interests, needs, and current standards of practice.</p>	<ol style="list-style-type: none"> 1. All objectives and baselines will be reviewed. Objectives must have measurable outcomes with specific prompt levels. 	2013-01-25

<p>The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11) a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-11)</p>	<p>For example: Participant A's record lacked measurable outcomes based on recalculation of "baseline." The current status did not address the individual's original skill level and did not determine a measureable outcome. Participant C's record lacked a prompt level (within most implemented objectives) and the objectives were based on the current status, not the individual's original skill level, which did not determine measureable outcomes. Participant D's record lacked objectives that addressed the prompt level and were based on the individual's current status, not the individual's original skill level, prior to intervention. This did not produce a measurable outcome. Also, see IDAPA 16.03.21.600.02.a.i.</p>	<p>2. HDD will review all participant files for possible deficiencies. 3. CS/DS will review all participant files and make needed correction. 4. All plans will be reviewed using a quality assurance form. The form will specify that each objective must include a prompt level and have a measurable outcome. The plans will be reviewed by a DS/CS that did not originally develop the plan.</p>	
---	---	--	--

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.g 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) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain</p>	<p>Four of 4 participant records reviewed (Participants A, B, C, and D) lacked evidence that the agency's quality assurance program assured ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures were made when progress, regression, or inability to maintain independence was identified. For example: Participant A's service report dated August 11, 2012, for Objective IV.B, "Put hair in pony tail,"</p>	<p>1. CS/DS will complete data review every month for every participant to ensure ongoing review of changes are documented. 2. HDD will review data on a monthly basis for every objective for every participant.</p>	<p>2013-01-25</p>

independence is identified. (7-1-11)

Employee 13 indicated that the child could not put her hair into a pony tail as she had gotten her hair cut and did not have enough hair to do this. Until August 30, 2012, data was not collected; however, there was no indication of why data was not collected or why a change to the objective was not made.

Participant B's Objective 3, "When asked... will state his address," listed criterion that it would be implemented 3 times per week; however, based on service reports from August 19, 2012, through October 20, 2012 (8 weeks), the objective was only implemented 7 times total. There were no comments or a change in implementation techniques or strategies to demonstrate change in criterion.

Participant C's Objective IV.B, "Will drink one liter of water... during the day," makes measurement of criterion difficult to assure as data is only taken during developmental therapy time and the agency was not able to ascertain the total amount he has had to drink during rest of day.

Participant D's objectives/PSR lacked documentation of progress to ensure revisions to daily activities when progress, regression or inability to maintain was identified. In addition, the paraprofessional continued to run programs that had been discontinued.

Also, see IDAPA 16.03.21.601.02.

3. CS/DS for each case will complete monthly review and documentation of data and changes uses the provider status review.
4. HDD will audit all files on a quarterly basis. HDD will specifically check for a current review. The audit will be completed by a DS/CS.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.915.04 915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written	One of 4 participant records reviewed (Participant D) lacked evidence the behavior plan addressed the possible underlying causes or function of a behavior and identified what the participant may be attempting to communicate by the behavior.	1. HDD will include the function of behavior in the implementation plan in order to address the underlying cause of any maladaptive behaviors specific to the objective.	2012-12-25

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)
 04. Function of Behavior. Address the possible underlying causes or function of a behavior and identify what participants may be attempting to communicate by the behavior. (7-1-11)

For example, for Participant D's Objective I.A, "When frustrated or angry he will squeeze his hands tightly and state 'I'm mad' rather than hit others or throw objects or break things," the objective as written did not address the underlying causes or function of a behavior and identify what the individual may be attempting to communicate by the behavior.

In addition, the objective I.B addressed, "When another person is upset, he will leave the area and choose an activity to occupy himself until she (assumption this means his sister) has quieted down instead of hitting or pushing her." In the written instructions, it stated, "When he is independently leaving the area and choosing an activity, have someone present (family members) pretend to cry loudly as a cue for him to leave and guide him through the process." This objective did not address what skill was to be taught and was a "pretend" situation that may be teaching a replacement behavior that may be problematic.

2. HDD will review all participant files to ensure that functions and underlying causes of behavior have been included in the implementation plan.
 3. CS/DS will review all participant files and make needed corrections.
 4. All new plans will be reviewed using a quality assurance form to review implementation plan. The form will specify to check that implementation plan covers function of behavior. The plans will be audited by a DS/CS that did not originally develop the plan.

Administrator/Provider Signature:

Philip Costello, MD 12/11/12

Date:

Department POC Approval Signature:

Dawn Howell-Schmitt

Date:

12/11/12

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