IDAHO DEPARTMENT OF
HEALTH & WELFARE

# Statement of Deficiencies

*Developmental Disabilities Agency*

1 Step Closer, LLC
5-1STEP141

496 G Shoup Ave W
Twin Falls, ID 83301-
(208) 734-8570

**Survey Type:** Recertification

**Entrance Date:** 10/30/2012

**Exit Date:** 11/1/2012

**Initial Comments:** Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Division of Licensing and Certification; and Stephanie Galbreaith, Clinical Supervisior, Division of Family and Community Services.

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
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| 16.03.21.601<br>601. RECORD REQUIREMENTS.<br>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) | Three of 4 participant records reviewed (Participants A, B, and C) lacked documentation that the records supported the individual's choices, interests, and needs that resulted in the type and amount of each service provided.<br><br>For example:<br><br>Participant A's psychological assessment recommended Developmental Therapy (DT), but did not recommend Intensive Behavior Intervention (IBI). Also, Participant A's Individual Program Plan (PIP) addressed a list of needs, but the list did not address the need to stand, sit, or put hands flat as addressed in the PIP.<br><br>Particpant B's 2005 psychological assessment lacked a recommendation for therapy. Also, Participant B's record included working on nouns, which is educational in nature and not a Medicaid reimbursable service. See IDAPA | 1. The agency DS, CS, or administrator will communicate with all professionals involved with the participants and review documentation more thoroughly. They will also review data to ensure that the required signatures, dates, and credentials are included on data sheets. These will be added to month review checklists. Needs will also be addressed and included on the IPP along with the PIP to address needs of the participant.<br><br>2. The agency will continue to complete monthly file reviews and if changes are needed DS will assure that these changes are correct and initialed.<br><br>3. The DS and/or CS will be responsible for implementing each corrective action.<br><br>4. Monthly file reviews will continue to be implemented by the DS and/or CS. | 2013-02-26 |

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| | 16.03.10.651.02.c.<br><br>Participant C's psychological assessment lacked a recommendation for DT.<br><br>Three of 4 participant records reviewed (Participants B, C, and D) lacked documentation that each signature was accompanied both by credentials and the date signed.<br><br>For example:<br><br>Participant B's speech assessment lacked the professional's signature. Participant B's data lacked credentials for the paraprofessional.<br><br>Participant C's psychological assessment of August 31, 2012, lacked the professional's signature and the date signed. Participant C's data lacked credentials for the paraprofessional.<br><br>Participant D's data sheets had the individual's signatures, but lacked credentials. | 5. Corrective actions will be completed on or before February 26, 2013. | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.03.21.601.01.b<br><br>601. RECORD REQUIREMENTS.<br>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 | Two of 4 participant records reviewed (Participants A and D) lacked PIPs that included measurable objectives.<br><br>For example:<br><br>Participant A's Objective 13-1 lacked the prompt level. Objective 1 used the phrase "refraining from," which, as written, is not measurable. The agency was unable to measure "refraining from" and the objective was addressed with the IBI professional only. In addition, there was no replacement skill addressed in this objective.<br><br>Participant D's PIP 2.1, "Will independently and correctly identify 15 out of 20 recorded nouns when asked," as written appeared to be | 1. The DS/CS will clearly identify the participant's needs and assure that all objectives are functional and measurable by operationally defining terms along with addressing replacement skills in the objective.<br><br>2. The DS/CS will review program plans monthly to assure that objectives are measurable, functionally, and operationally defined with replacement skills.<br><br>3. DS/CS will be responsible for implementing the corrective action. | 2013-02-26 |

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| information and to safeguard participant confidentiality under these rules. (7-1-11)<br>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)<br>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) | educational in nature and did not address the functional need. Educational objectives are not a Medicaid reimbursable service. See IDAPA 16.03.10.651.12.b. | 4. The program plans will be reviewed monthly and corrections will be made if necessary.<br><br>5. The corrective action will be completed on or before February 26, 2013 | |
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| 16.03.21.601.01.c<br><br>601. RECORD REQUIREMENTS.<br>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)<br>01. General Records Requirements. Each participant record must contain the following | One of 4 participant records reviewed (Participant B) lacked documentation that when a participant had a psychological or psychiatric assessment, the results of the assessment were maintained in the participant's record.<br><br>For example, Participant B's record lacked a current psychological assessment. The record included an assessment from 2005 only. | 1. The agency DS, CS, or administrator will continue monthly file reviews to assure documents such as psychological assessments are current.<br><br>2. The agency will continue to complete monthly file reviews and psychological assessments will be scheduled after parents are notified that an assessment is needed.<br><br>3. The DS and/or CS will be responsible for implementing each corrective action.<br><br>4. Monthly file reviews will continue to be implemented by the DS and/or CS.<br><br>5. Corrective actions will be completed on or before February 26, 2013. | 2013-02-26 |

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| information: (7-1-11)<br>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) | | | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.03.21.601.01.d<br>601. RECORD REQUIREMENTS.<br>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)<br>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)<br>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) | One of 4 participant records reviewed (Participant B) lacked documentation that the profile sheet contained the identifying information reflecting the current status of the participant, including residence and living arrangement.<br><br>For example, Participant B's profile sheet lacked the individual's current address. | 1. . The agency DS, CS, or administrator will continue monthly file reviews.<br><br>2. The agency will continue to complete monthly file reviews and if any information such as living arrangements change the DS and/or CS will assure the changes are made immediately.<br><br>3. The DS and/or CS will be responsible for implementing each corrective action.<br><br>4. Monthly file reviews will continue to be implemented by the DS and/or CS.<br><br>5. Corrective actions will be completed on or before February 26, 2013. | 2013-02-26 |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
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| 16.03.21.601.01.f<br>601. RECORD REQUIREMENTS.<br>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)<br>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)<br>f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11) | Two of 4 participant records reviewed (Participants B and C) lacked documentation that the DDA maintained accurate, current, and complete participant and administrative records.<br><br>For example:<br><br>Participant B's record lacked documentation of current eligibility. The physician's assessment included a Downs Syndrome diagnosis, but the psychological assessment IQ57 documentation was outdated from 2005.<br><br>Participant C's psychiatry report dated August 31, 2012, lacked the signature of the professional completing the assessment. | 1. The agency DS, CS, or administrator will communicate with all professionals involved with the participants and review documentation more thoroughly. These will be added to month review checklists.<br><br>2. The agency will continue to complete monthly file reviews and if changes are needed DS will assure that these changes are correct and initialed. For quality assurance, the date and professional signature will be highlighted and recorded on the review sheet.<br><br>3. The DS and/or CS will be responsible for implementing each corrective action.<br><br>4. Monthly file reviews will continue to be implemented by the DS and/or CS.<br><br>5. Participant C's psychiatry evaluation was obtained 11/20/2012. A psychological assessment will be scheduled and completed by February 26, 2013 | 2013-02-26 |

| Rule Reference/Text | Findings | Plan of Correction | Date to be Corrected |
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| 16.03.21.900.01.d<br>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.<br>Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)<br>01. Purpose of the Quality Assurance Program. | Three of 4 participant records reviewed (Participants B, C, and D) lacked evidence the agency's Quality Assurance program ensured that skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. | 1. The agency DS, CS, or administrator will address the importance of the natural setting with each parent/guardian. Transitions into the natural setting will be implemented in order to meet the participants needs. | 2013-02-26 |

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| The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)<br>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11) | For example:<br><br>Participant B's objective "practice wiping face in the center" was not implemented in the individual's natural environment where this skill would typically be worked on.<br><br>Participant C's objective "ask for snacks in the center" was not implemented in the individual's natural environment where this skill would typically be worked on.<br><br>Participant D's record indicated the parents do not want to work on an objective in the home due to his behaviors. The agency did not follow the authorized plan, which included all environments. | 2. IPP and PIP's will be reviewed and corrected to more specifically identify what and where the natural setting would benefit the participant.<br><br>3. The DS/CS will be responsible for implementing the corrective action.<br><br>4. Scheduling will take place to coincide with the natural setting as identified on the IPP and PIP.<br><br>5. The corrective actions will be completed by February 26, 2013. | |

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| 16.03.21.900.02.g<br><br>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.<br>Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)<br>02. Quality Assurance Program Components.<br>Each DDA's written quality assurance program must include: (7-1-11)<br>g. Ongoing review of participant progress to | One of 4 participant records reviewed (Participant D) lacked documentation of an ongoing review of the participant's progress to ensure revisions to daily activities or specific implementation procedures were made when progress, regression, or inability to maintain independence was identified.<br><br>For example: | 1. DS/CS will continue to complete monthly program reviews or more if needed to identify if the participant is making progress. If the child is not making progress changes will be made to the objective to better meet the participant's needs.<br><br>2. If 5% progress is not being made at the times of the participant's review, the objective will be changed or the goal lowered. | 2013-02-26 |

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| ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11) | Participant D's Provider Status Review showed minimal or no progress for the objective "Will identify nouns," and did not address the need to make changes to the program to promote progress. | 3. DS/CS will be responsible for making corrective actions.<br><br>4. DS/CS will be responsible for the participant's reviews and will monitor progress.<br><br>5. Corrective action will be completed on or before February 26, 2013 | |
| **Rule Reference/Tag** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.03.21.900.03.d<br><br>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.<br>Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)<br>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)<br>d. Provide opportunities for community participation and inclusion; (7-1-11) | One of 4 participant records reviewed (Participant D) lacked evidence the Quality Assurance program assured the agency provided opportunities for community participation and inclusion.<br><br>For example, Participant D's record indicated the parents do not want to work on an objective in the home due to his behaviors. The agency was not following the authorized plan, which includes all environments. | 1. The agency DS, CS, or administrator will address the importance of the natural setting to provide opportunities for community and peer inclusion with each parent/guardian. Transitions into the natural setting to provide opportunity for inclusion will be implemented in order to meet the participants needs.<br><br>2. IPP and PIP's will be reviewed and corrected to more specifically identify what and where the natural setting would benefit the participant. | 2013-02-26 |

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| | | 3. The DS/CS will be responsible for implementing the corrective action.<br><br>4. Scheduling will take place to coincide with the natural setting as identified on the IPP and PIP.<br><br>5. Corrective action will be completed on or before February 26, 2013 | |
| **Rule Reference/Text** | **Findings** | **Plan of Correction** | **Date to be Corrected** |
| 16.03.21.915.05<br>915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR.<br>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)<br>05. Behavior Replacement. For intervention services, ensure that programs to assist participants with managing maladaptive behavior include teaching of alternative adaptive skills to replace the maladaptive behavior.(7-1-11) | One of 4 participant records reviewed (Participant A) lacked documentation that for intervention services, the agency ensured that programs to assist the participant with managing maladaptive behavior included teaching of alternative adaptive skills to replace the maladaptive behavior.<br><br>For example, Participant A's objective for self-injurious behaviors lacked replacement skills. The instructions included the directions "hands flat" only. | 1. The DS/CS will clearly identify the participant's needs and assure that all objectives are functional and measurable by operationally defining terms along with addressing replacement skills in the objective.<br><br>2. The DS/CS will review program plans monthly to assure that objectives are measurable, functionally, and operationally defined with replacement skills.<br><br>3. DS/CS will be responsible for implementing the corrective action.<br><br>4. Program plans will be reviewed monthly and corrections will be made if necessary.<br><br>5. The corrective action will be completed on or before February 26, 2013 | 2013-02-26 |

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| **Administrator/Provider Signature:** | | **Date:** | 2012-11-28 12/17/12 |
| **Department POC Approval Signature:** | | **Date:** | 12/24/12 |

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