IDAHO DEPARTMENT OF HEALTH & WELFARE

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January 9, 2012

Heather Havey, Administrator
Charlie Bear's Childcare Services
324 S. Cleveland Street
Moscow, ID 83843

Dear Heather Havey:

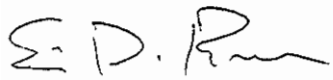
Thank you for submitting the Plan of Correction for Charlie Bear's Childcare Services dated January 6, 2012. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Charlie Bear's Childcare Services a full one year certificate effective from December 18, 2011 through December 18, 2012.

According to IDAPA 16.03.21.125.02, this certificate is contingent upon correction of deficiencies. Your agency is required to submit documentation to substantiate that you your Plan of Correction has been met. Please submit these documents with references to citations clearly marked, following the order listed on the Statement of Deficiencies. Documentation must be submitted within seven days of the date of completion listed on your agency's Plan of Correction. All supporting documentation must be submitted no later than Friday, March 2, 2012. You may submit supporting documentation as follows:

Fax:	208-364-1906
Email:	ALC@dhw.idaho.gov
Mail:	Idaho Division of Medicaid DDA/ResHab Licensing and Certification PO Box 83720 Boise, ID 83720-0009

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me if at (208) 364-1906.

Sincerely,



ERIC D BROWN
Program Supervisor
DD Survey and Certification

Submit by Email | Print Form

Statement of Deficiencies

Developmental Disabilities Agency

Charlie Bear's Childcare Services
DDA-726

324 S Cleveland St
Moscow, ID 83843-3768
(208) 883-6025

Survey Type: Recertification

Entrance Date: 11/28/2011
Exit Date: 11/30/2011

Initial Comments: Survey Team: Pete Peterson, FACS North Hub Supervisor, Eric Brown, L&C Program Supervisor.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.04.b	Individual Program Plan	1. This deficiency will be corrected by Gritman DDA establishing a four quarter schedule. Clients' schedules will be collected four times a year. An addendum will update the IPP to reflect each quarter's hours. This new policy will be implemented to correct an issue with schedules changing every month and allow each IPP to reflect service hours accurately. 2. Gritman DDA will identify other participants affected by the deficiency by: a. Past IPPs will have an addendum written and approved to reflect actual hours being served. 3. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Corrections will be monitored in a two ways. a. Changes is schedules that are greater than 20% of hours indicated on current IPP or addendum will have new addendum written and approved b. Gritman DDA will establish a four quarter schedule. Clients' schedules will be collected four times a year. Addendum will update IPP to reflect each quarter's hours. This new policy will be implemented to correct an issue with schedules changing every month and allow each IPP to reflect that correct service ho
653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-11) b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-11)	During review of agency documentation, it was determined that the Individual Program Plan for [Participant B] listed the services hours per week as "up to 22." The amount of services recommended should be listed as a specific amount and not a range of 0-22 hours. This is a REPEAT DEFICIENCY previously documented during the survey conducted 12/1/2009.	

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		hours. 5. Corrective actions will be completed by the end of February 2012.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-02-29 | **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.iv 653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11) iv. The type, amount, frequency, and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-11)	Service Delivery Review of agency documentation revealed that [Participant B]'s Individual Program Plan identified up to 22 hours of service each week. [Participant B] was receiving an average of less than 10 hours per week of service. This situation falls outside of the requirement that agencies provide hours of service within 20% of what was indicated on the participant's plan. The participant's file did not contain documentation of a participant-based reason for the low implementation.	1. This deficiency will be corrected by Gritman DDA establishing a four quarter schedule. Clients' schedules will be collected four times a year. An addendum will update the IPP to reflect each quarter's hours. This new policy will be implemented to correct an issue with schedules changing every month and allow each IPP to reflect service hours accurately. 2. Gritman DDA will identify other participants affected by the deficiency by: a. Past IPPs will have an addendum written and approved to reflect actual hours being served. 3. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Corrections will be monitored in a two ways. a. Changes is schedules that are greater than 20% of hours indicated on current IPP or addendum will have new addendums written and approved b. Gritman DDA will establish a four quarter schedule. Clients' schedules will be collected four times a year. Addendums will update IPP to reflect each quarter's hours. This new policy will be implemented to correct an issue with schedules changing every month and allow each IPP to reflect that correct service hours. 5. Corrective actions will be completed by the end of February 2012.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** January 31 2012 | **Administrator Initials:** NPM

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.653.05.e.vii	Program Implementation Plan	1. Deficiency in written objectives will be correct in two ways a. Current DS will undergo training in writing measurable objectives. b. Past PIP's will be rewritten to meet Health and Welfare standards. 2. Gritman DDA will identify other PIP's that need to be rewritten by review all IPPs currently in service and rewrite goals to meet health and Welfare standards Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Goals will be review by Department Director monthly 5. Deficiency will be corrected by the end of April 2012
653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11) viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-11)	Review of agency documentation revealed that [Participant B]'s file contained objectives that were not written in measurable terms. This is a REPEAT DEFICIENCY previously documented during the survey conducted 12/1/2009.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-04-30 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.e	Intake	1. Deficiency in correctly following procedural requirements for timely completion of developmental evaluation will be corrected with a new written intake policy. Policy will be written and implemented by Gritman's DS. a. Step one: Approval for services through Health and Welfare b. Step two: Intake with guardian i. Completion of intake paperwork, ii. Signed release of information, iii. Completion of parent report
655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) e. Assessments must be completed or obtained prior to the delivery of therapy in each type of service.	Review of agency documentation revealed that [Participant A] began receiving services prior to the developmental evaluation being completed.	

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(7-1-11)T		c. Step 3: Collection of all collaborative information including family medical history d. Step 4: Completion of family medical history e. Step 5: Intake with client -- DS as observer f. Step 6: Completion of Developmental evaluation g. Step 7: IPP meeting h. Step 8: Goal development i. Step 9: Begin services j. Step 9: Collect baseline on goals k. Step 10: Implement goals after 14 day from beginning of service. 2. Due to the type of deficiency, past errors can not be corrected. Prevention of future errors will be ensured by following Gritman DDA policy outlined above for client intake. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Gritman Program Supervisor will review due dates ensuring timely completion of all intake documentation. 5. Corrective actions will be completed by February 29, 2012

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-02-29 | **Administrator Initials:** Ken M

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.657.27	Collaboration/Consultation	1. Gritman DDA will correct the deficiency in collaboration using three methods.
657. DDA SERVICES: DDA PROVIDER QUALIFICATIONS AND DUTIES. 27. Requirements for Collaboration with Other Providers. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these	During review of agency documentation, it was determined that [Participant B]'s file did not have clear documentation that collaboration regarding communication skills being worked on were consistent between the Speech/Language Pathologist and the participant's IEP goals. This is a REPEAT DEFICIENCY previously documented during the survey conducted 12/1/2009.	a. Gritman DDA has created a new policy requiring updating of all clients' information from all know providers to better be able to coordinate care. i. Every six months Gritman DDA will update all reports, treatment plans, progress reports, and diagnostic information from other professionals and agencies. b. Gritman DDA will record all communication with other agencies and professionals. c. Gritman DDA will create a new policy of transdisciplinary teaming and role release. This policy will be executed with the use of: i. SBARR (situation, background, assessment, and response) reporting; ii. Sharing goals and objects to increase consistency; and

plans have been integrated into the DDA's plan of service for each participant. (7-1-11)		iii. Using written research based interventions included in PIP to increase consistency of goal and objective implementation. 2. Gritman DDA will identity and correct other deficiencies in collaboration by: a. creating a new policy requiring updating of all clients' information from all know providers to better be able to coordinate care. b. creating a new policy of transdisciplinary teaming and role release. This policy will be executed with the use of: 3. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Gritman Program Supervisor will review service plans to ensure collaboration is occurring bimonthly. 5. Corrective actions will be completed by the end of February 2012

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-02-29 | **Administrator Initials:** [illegible]

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.511.04.a 511. MEDICATION STANDARDS AND REQUIREMENTS. 04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-11) a. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program, a course approved by the Idaho State Board of Nursing, or other Department-approved training; (7-1-11)	Medication During review of the agency's documentation, it was determined that the agency staff assisting participants with medications were not certified according to this rule. The agency had a comprehensive system in place implemented and monitored by a nurse, but the staff had not completed the rule required training course.	1. Gritman DDA will correct the lack of assistance with medication certification by: a. Enrolling a minimum of half of all DDA staff in a assistance with mediation course offered through Lewis and Clark State College i. Course begins and ends on 1.7.2012 ii. Only staff, DDA and general) receiving certification will be allowed to assist with medication 2. Gritman DDA will create a new policy that all new DDA will be required to complete assistance with mediation course prior to administering medication. 3. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Gritman Program Supervisor will review service plans bimonthly to ensure usage of complete dates. 5. Corrective actions will be completed by the end of February 2012

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Scope and Severity: Widespread / No Actual Harm - Potential for More Than Minimal Harm | **Date to be Corrected:** 2012-02-29 | **Administrator Initials:** KM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.601.01.f 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) 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	Assessments Review of agency documenation revealed that the developmental evaluation completed for [Participant B] did not include the full date it was completed.	1. Gritman DDA will correct absence of complete date on developmental evaluations using two methods a. a. All template DDA documents will be corrected to contain a full date. b. Gritman DDA will create a new policy requiring full dates on all paperwork. 2. Gritman DDA will identify absences of complete dates on all other DDA paperwork by reviewing all Clients current documentation and correcting all incomplete dates 3. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Gritman Program Supervisor will review staff files monthly ensuring compliance with rule 16.03.21.511.04.a 5. Corrective actions will be completed by the end of February 2012

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dated by the respective evaluators. (7-1-11)

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | **Date to be Corrected:** 2012-02-29 | **Administrator Initials:** NM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.900.03.f	Service Delivery	1. Gritman DDA will correct deficiency in intervention using two methods. a. Gritman DDA will increase training on research based interventions b. Monthly training will also reflect areas of improvement found during observations 2. To identify deficiencies in intervention, developmental specialist will observer and provided feedback on intervention to staff at least once a month 3. Gritman Developmental Specialist and Program Supervisor will be responsible for all corrections 4. Gritman Program Supervisor will review service plans bimonthly to ensure usage of complete dates. 5. Corrective actions will be completed by the end of February 2012 Training will be ongoing.
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)	During observation of therapy services for [Participant B], it was observed that the intervention to promote communication was not provided consistently by the staff. At times a response by the participant prompted the staff to respond, and at other times the staff did not wait for a response from the participant before responding. This is a REPEAT DEFICIENCY previously documented during the survey conducted 12/1/2009.	

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		**Date to be Corrected:** 2012-02-29	**Administrator Initials:** RCM
Administrator Signature (confirms submission of POC):			**Date:** 2012-01-06
Team Leader Signature (signifies acceptance of POC):			**Date:** 1/9/12