



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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February 11, 2013

Robynn Howell, President  
Royal Journeys, LLC  
111 East Main Street  
Rigby, ID 83442

Dear Ms. Howell:

Thank you for submitting the plan of correction for Royal Journeys, LLC dated February 11, 2013, in response to the recertification survey conducted from December 3, 2012, through December 7, 2012. The Department has reviewed and accepted the plan of correction.

As a result, we have issued Royal Journeys, LLC one-year certificates effective from April 1, 2013, through March 31, 2014, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates are issued on the basis of substantial compliance and are contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at (208) 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, ADULT & CHILD DS  
Medical Program Specialist  
DDA/ResHab Certification Program

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disabilities Agency Certificates (Ammon II, Fremont, Main, Main 2, Rexburg)



# Statement of Deficiencies

Developmental Disabilities Agency

Royal Journeys  
7JOURNEYS102-1

111 E Main St  
Rigby, ID 83442-1417  
(208) 745-1334

Survey Type: Recertification

Entrance Date: 12/3/2012

Exit Date: 12/7/2012

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification; Eric Brown, Program Supervisor, Licensing and Certification; Fredé Trenkle-MacAllister, Medical Program Specialist, Licensing and Certification; and Mark Schwartzenberger, Clinician, Family and Community Services.

| Rule Reference/Text  | Findings  | Plan of Correction   | Date to be Corrected |
|--|---|--|----------------------|
| 16.03.10.651.12.c<br>651. DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11)<br>12. Excluded Services. The following services are excluded for Medicaid payments: (7-1-11)<br>c. Recreational services. (7-1-11) | One of 19 participant records reviewed (Participant B) lacked evidence that the agency's quality assurance program ensured that DDA services provided to participants were not recreational in nature.<br><br>For example:<br><br>Participant B's Objective #2 addressed the environments to provide services as "Rexburg Rapids," and "The Craze."<br><br>In addition, surveyors confirmed with the owner of The Craze that the agency takes groups of participants from the agency to this location to play laser tag during times that the business is not open to the public.<br><br>Also, see IDAPA 16.03.10.013.23. | 1. What corrective action(s) will be taken?<br>The agency will ensure that all activities facilitated have therapeutic functions and meet participants' needs and are not recreational in nature or in implementation. No activities will be allowed that are not justified in plans of services supported as needs.<br>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br>The agency addresses the deficiency as though all participants are affected. The retraining of all employees will rectify the deficiency.<br>3. Who will be responsible for implementing each corrective action?<br>The administrator or designee. | 2012-12-12           |

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing, in quality assurance reviews, monthly observations weekly supervision, and during annual performance appraisals.

| Rule Reference/Text   | Findings  | Plan of Correction  | Date to be Corrected |
|---|---|---|----------------------|
| <p>16.03.10.653.01</p> <p>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.</p> <p>01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-11)</p> | <p>One of four child records reviewed (Participant E) lacked documentation that the agency determined eligibility in accordance with Section 66-402, Idaho Code, prior to the delivery of any DDA services.</p> <p>For example, Participant E's record lacked documentation that the agency determined eligibility prior to the delivery of DDA services. The documentation utilized included a psychological assessment dated May 10, 2012, which listed a Sum of Scaled Score (FSIQ of 74) and Composite Score (FSIQ of 81). The Composite Score FSIQ should have been utilized, and the score of 81 does not meet eligibility criteria for DD.</p> | <p>1. What corrective action(s) will be taken? Documentation of the proper eligibility documentation is filed in participant's record and retraining has occurred on eligibility.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? This is the only participant affected. The retraining of employees on eligibility documentation will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing and in quality assurance reviews.</p> | <p>2012-12-12</p>    |

| Citation Reference/Text  | FINDINGS   | PLAN OF CORRECTION   | DATE OF CORRECTION |
|--|--|--|--------------------|
| <p>16.03.10.653.05.e.i</p> <p><b>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.</b></p> <p>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)</p> <p>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)</p> <p>i. The participant's name and medical diagnosis; (7-1-11)</p> | <p>One of four child participant records reviewed (Participant B) lacked documentation that the Individual Program Plan (IPP) included the participant's name and medical diagnosis.</p> <p>For example, Participant B's IPP listed a diagnosis of Fetal Alcohol Syndrome, which is not a qualifying diagnosis for DD eligibility (the medical documentation listed cerebral palsy).</p> | <p>1. What corrective action(s) will be taken?<br/>Documentation of the diagnosis is filed in the participant's record, on the IPP and retraining has occurred on completing the IPP.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, annual performance appraisals, and in quality assurance reviews.</p> | <p>2013-01-15</p>  |

| Data Reference/Text  | Findings   | Plan of Correction  | Date to be Corrected |
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| <p>16.03.10.653.05.e.vii</p> <p>653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IDI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>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)</p> <p>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)</p> <p>vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-11)</p> | <p>Two of four participant records reviewed (Participants A and B) lacked documentation that the Individual Program Plan (IPP) included a list of measurable, behaviorally-stated objectives, which corresponded to the list of priority needs.</p> <p>For example:</p> <p>Participant A's objectives indicate the participant "will complete task independently," but did not define criteria for achieving independence.</p> <p>Participant B's objectives did not identify criterion that demonstrated skill achievement (e.g., "will share with others with an indirect prompt for three consecutive months..."). As written, these objectives lacked measurability.</p> | <p>1. What corrective action(s) will be taken? Documentation of the objectives is filed in the participant's record, on the IPP and retraining has occurred on completing the IPP.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency addresses the deficiency as though all participants are affected. The retraining of all employees will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing, annual performance appraisals, and in quality assurance reviews.</p> | <p>2013-02-06</p>    |
| <p>16.03.10.655.02.a.iii</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted</p>   | <p>Nine of 19 participant records reviewed (Participants 1, 3, 4, 9, 10, 11, 12, 13, and F) lacked evidence that assessments guided treatment.</p>   |   | <p>2013-02-28</p>    |

by qualified professionals defined under Section 857 of these rules for the respective discipline or areas of service. (7-1-11)  
 a. Comprehensive Assessments. A comprehensive assessment must (7-1-11)  
 iii. Guide treatment; (7-1-11)

For example:  
 Participant 1's original skill assessment baselines did not correlate with the baselines on the Program Implementation Plan (PIP) baselines. For instance, July and August 2012 baselines for Objective 5 were documented as 12%, and the PIP indicated 33%. In addition, the needs addressed in the developmental assessment did not correlate with all the objectives listed on the Individual Service Plan (ISP) and the PIPs. For instance the ISP authorized a goal to "count dimes," while the developmental assessment and PIP addressed a goal/objective to "determine the value of coins." Also, there were three goals/objectives with PIPs that were not on the authorized plan. This did not guide therapy.  
 Participant 3's developmental assessment listed the deficit areas "very limited to negligible" as stated on the SIBR, but did not guide therapy.  
 Participant 4's developmental assessment listed the deficit areas as stated on the SIBR, but did not guide therapy.  
 Participant 9's developmental assessment did not address developmental needs that were identified on the ISP.  
 Participant 10's developmental assessment only addressed 6 out of 11 goals identified on the plan.  
 Participant 11's developmental assessment (2009) and developmental assessment review only addressed 3 out of 7 goals. The review did not provide any updated information on any of the needs.  
 Participant 12's assessments did not correlate. For instance, the skill assessment showed that

1. What corrective action(s) will be taken?  
Retraining of professionals completing the assessment will be provided and all assessments will be screened for compliance. If necessary, updates to the assessments will be completed formally.
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?  
The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all assessments will rectify the deficiency.
3. Who will be responsible for implementing each corrective action?  
The administrator or designee.
4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?  
The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.

the participant could do some skills, and the comprehensive developmental assessment documented that the participant could not do the same skills.

Participant 13's developmental assessment addressed 2 out of 7 objectives identified on plan.

Participant F's SIB-R (dated July 16, 2012) had a Receptive Language score of 9 months. Objective 1, "will complete a two-step task with a direct prompt," under instructional step #4 stated, "Explain that for most people using steps to finish a task is common and a good practice to get in to. Explain that most people make lists and do steps throughout the day." This did not appear to address the participant's current receptive language skill level and did not guide treatment as written.

| Rule Reference/Text  | Findings   | Plan of Correction  | Date to be Corrected |
|--|--|---|----------------------|
| <p>16.03.10.655.03.e</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11)</p> <p>e. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (3-29-12)</p> | <p>One of 19 participant records reviewed (Participant 2) lacked documentation that assessments were completed or obtained prior to the delivery of therapy in each type of service.</p> <p>For example, Participant 2's developmental assessments dated April 1, 2012, stated he had a physical therapy (PT) regimen of exercises that were to be completed each day at Royal Journeys prescribed by the physical therapist. The PT section in the record documented, "Does not receive PT, a PT assessment is not needed." The agency provided the PT assessment on December 6, 2012, during survey.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the assessment will be provided and all assessments will be screened for compliance and will be henceforth completed prior to service delivery. If necessary, updates to the assessments will be completed formally.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all assessments will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> | <p>2013-02-28</p>    |

REPEAT DEFICIENCY from the survey of February 18, 2010.

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.

| Rule Reference/Text   | Findings   | Plan of Correction  | Date to be Completed |
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| <p>16.03.10.655.05.g.i</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>05. Types of Comprehensive Assessments. (7-1-11)</p> <p>g. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-11)</p> <p>i. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-11)</p> | <p>One of 4 child participant records reviewed (Participant B) lacked a medical/social history that included the age of onset of the disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information.</p> <p>For example, Participant B's medical/social history completed on September 28, 2012, did not address the medical diagnosis of cerebral palsy based on the medical evaluation completed on September 20, 2012. The medical/social history listed only Developmental Delay and Fetal Alcohol Syndrome as diagnoses</p> | <p>1. What corrective action(s) will be taken? Retraining of professionals completing the assessment will be provided and all assessments will be screened for compliance. If necessary, updates to the assessments will be completed formally.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all assessments will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-12</p>    |

| Rule Reference/Text  | Findings   | Plan of Correction   | Date of Correction |
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| <p>16.03.10.655.06.a</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11)</p> <p>a. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-11)</p> | <p>Nine of 19 participant records reviewed (Participants 1, 3, 4, 9, 10, 11, 12, 13, and F) lacked documentation that skill assessments further assessed areas of limitation or deficit identified on comprehensive assessments.</p> <p>For example, see the examples listed in the citation issued for IDAPA 16.03.10.655.02.a.iii.</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the assessment will be provided and all assessments will be screened for compliance. If necessary, updates to the assessments will be completed formally by professionals.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all assessments will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-28</p>  |

| Data Reference/Text  | Findings   | Plan of Correction  | Date to be Corrected |
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| <p>16.03.10.655.06.c</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>06. Requirements for Specific Skill Assessments. Specific skill assessments must (7-1-11)</p> <p>c. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-11)</p> | <p>One out of 19 participant records reviewed (Participant 11) lacked documentation that the specific skill assessment was conducted by qualified professionals for the respective disciplines as defined in this chapter.</p> <p>For example, Participant 11's skill assessment was completed by the caregiver (a certified family home provider), not by the developmental specialist.</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the assessment will be provided and all assessments will be screened for compliance. If necessary, updates to the assessments will be completed formally.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all assessments will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-12</p>    |
| <p>16.03.10.655.07.a.iii</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include</p>   | <p>Four of 19 participant records reviewed (Participants F, 2, 4, and 6) lacked documentation of review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional.</p>   |   | <p>2013-02-28</p>    |

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)

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)

For example:

Participant F's Objective #5, "will brush her teeth," had been implemented one time (on October 19, 2012) from the period between October 5, 2012, and November 2, 2012. The frequency did not provide sufficient progress data to accurately assess the participant's progress.

Participant 2's Provider Status Review (PSR) lacked documentation of progress for the objectives "will recite his address," and "will learn 1 peer's name a week." For instance, Objective 1 had a baseline of 60%. For 4 months, he was below the baseline and the comments stated he had stayed relatively the same, and that his worker will continue to work with him to understand.

For Participant 4's objective "will identify the names and values of different coins and bills," the baseline was 71% on the PSR. For 6 months, the data documented she was below baseline, i.e., for July 2011, 0%; for August 2011, 30%; for September 2011, 38%; for October 2011, 4%; for November 2011, 60%; and for December 2011, 23%. Another objective, "will follow regiment," lacked documentation for several months; the comments stated, "Was not addressed this month." There was not a current PIP for this objective, and there was no documentation as to why this objective was no longer addressed.

Participant 6's objectives met criteria for multiple programs for 6 consecutive months, but they were not revised at the 3-month mark.

REPEAT DEFICIENCY from the survey of February 18, 2010.

1. What corrective action(s) will be taken?  
Retraining of professionals completing the reviews will be provided and all reviews will be screened for compliance. If necessary, updates to the reviews will be completed formally. All rule requirements associated with the completion of the reviews will be included.

2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?  
The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all reviews will rectify the deficiency.

3. Who will be responsible for implementing each corrective action?  
The administrator or designee.

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?  
The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.

| Case Reference Text  | Findings  | Plan of Corrections   | Date to be Corrected |
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| <p>16.03.10.655.08</p> <p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>08. DDA Program Implementation Plan Requirements. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements: (7-1-11)</p> | <p>Eleven of 19 participant records reviewed (Participants 1, 2, 3, 4, 6, 9, 10, 11, 12, 13, and F) lacked evidence that for each participant, the DDA developed a Program Implementation Plan (PIP) for each DDA objective included on the participant's required plan of service. All PIPs must relate to a goal or objective on the participant's plan of service.</p> <p>For example:</p> <p>For Participant 1's PIPs "will obtain assistance," "knowledge of coins," "make a choice on her own within a group," "demonstrate skills of respecting others personal property," "complete a task in a timely manner in a group," "demonstrate the ability to control her temper," "establish and maintain qualities of appropriate social relationships," the PIP addressed an objective to "will complete a task" and the Individual Service Plan (ISP) did not address "will complete a task," "will learn to follow directions," "will improve ability to complete 3 step tasks," or "will learn to make a simple purchase." The goals/objectives on the ISP did not relate to the objectives on the PIP.</p> <p>Participant 2's ISP authorized developmental therapy (group) in the facility for 1.5 hours per week and the objectives were: "will recite his address," "will learn 1 peer's name each week," and "will complete a two-step request." The PIPs were "will recite his address," "will learn 1 peer's name a week," and "will complete a two-step request in order without repeatedly questioning the instructions," for center- and community-based therapy. The ISP did not include objectives for the community, but the ISP authorized community/center.</p> <p>Participant 3's ISP authorized "will learn to</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the PIPs will be provided and all PIPs will be screened for compliance. If necessary, updates to the PIPs will be completed formally with addendums to the plan of service. All rule requirements associated with the completion of the PIPs will be included.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all PIPs will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-28</p>    |

maintain social boundaries," "will learn to stay on topic," "will decrease repeating herself," "will stop interrupting others," "will learn to make a choice between activities," "will increase on task abilities." The PIPs were "will stay on topic;" "will not repeat herself when asking questions;" "when given a choice of activities, will make a choice;" "will stay on task;" "will compromise and participate in an activity;" "will follow directions;" "will complete a three-step task;" "will make simple purchases;" "will maintain appropriate social boundaries;" and "will not interrupt others." The goals/objectives on the ISP were not related to the goals on the PIPs.

Participant 4's ISP objectives were "will choose an activity," "will speak in a softer voice," "will complete a three-step task," "will use appropriate social amenities," "will communicate with others," "demonstrate appropriate boundaries," "will demonstrate manners in social setting," "will identify names and values of coins and bills," and "will use the correct amount of change when shopping." The PIPs were "will complete a three-step task;" "will use the appropriate social amenities at appropriate times;" "will demonstrate appropriate boundaries;" "will identify names and values with different denomination of coins and bills;" and "while shopping, will use the correct amount of change with physical assistance." The goals/objectives on the ISP were not related to the goals on the PIP.

The same pattern was identified for the other participant records reviewed.

| Data Reference/Text  | Findings  | Plan of Correction | Date to be Corrected |
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| 16.03.10.655.08.b<br>655. DDA SERVICES: PROCEDURAL REQUIREMENTS. | Three of 19 participant records reviewed (Participants 1, 11, and 13) lacked documentation that baseline statements |                    | 2013-02-28           |

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| <p>08. DDA Program Implementation Plan Requirements. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements: (7-1-11)</p> <p>b. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-11)</p> | <p>addressing the participants' skill levels and abilities related to the specific skills to be learned.</p> <p>For example:</p> <p>Participant 1's baselines did not correlate with the baselines on the Program Implementation Plan (PIP). For instance, the July/August 2012 baseline for Objective 5 was documented at 12%, while the PIP documented 38%.</p> <p>Participant 11's baselines did not address a specific skill.</p> <p>Participant 13's baseline did not include the specific skill that data measured.</p> | <ol style="list-style-type: none"> <li>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the baselines will be provided and all baselines will be screened for compliance. If necessary, baseline probes will be completed formally with data. All rule requirements associated with the completion of the baselines will be included.</li> <li>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all baselines will rectify the deficiency.</li> <li>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</li> <li>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual, orientation training, redeterminations, and in quality assurance reviews.</li> </ol> |  |
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| Rule Reference/Text  | Findings  | Plan of Correction | Date To be Completed |
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| <p>16.03.10.655.08.d</p> <p>655.DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>08. DDA Program Implementation Plan Requirements. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of</p> | <p>Ten of 19 participant record reviewed (Participants A, 1, 2, 3, 4, 9, 10, 11, 12, 13) lacked documentation that the Program Implementation Plan (PIP) instructions included curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement, and data collection, including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress</p> |                    | <p>2013-02-28</p>    |

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| <p>service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements: (7-1-11)</p> <p>d. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement, and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-11)</p> | <p>toward the stated objective.</p> <p>For example:</p> <p>Participant A's monthly progress report on Objective 1 identified that the individual was not demonstrating progress and that different approaches would be utilized; however, these "different approaches" were not identified in the PIP. There was no documentation this objective had been revised as necessary.</p> <p>in the written instructions for Participants 1, 2, 3, 4, 9, 10, 11, 12, and 13's PIPs, reinforcement suggestions stated, "Words of encouragement and appreciation may be used. Give high five when he/she does an exceptionally good job. Give him/her a choice of preferred activities (i.e., game, coloring, puzzle, pack, craft, or spend time with a peer of their choice)." These reinforcement suggestions were not individualized and not based upon interests addressed in the developmental assessment. For instance, Participant 2's developmental assessment stated he enjoys going to the store, ice cream, etc., which did not correlate with the reinforcers listed on the PIP.</p> <p>In addition, the objectives were very vague and did not give the staff specific skills to work on. They were written very generally and did not address the individuals' specific strengths, needs, and interests addressed in the assessment.</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the PIPs will be provided and all PIPs will be screened for compliance. If necessary, updates to the PIPs will be completed formally with addendums to the plan of service. All rule requirements associated with the completion of the PIPs will be included.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all PIPs will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> |  |
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| <p>16.03.21.500.01</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-</p> | <p>The agency lacked evidence it assured the needs of persons receiving services were met per Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act (ADA) Accessibility Guidelines, and the Uniform</p> |                    | <p>2012-12-06</p>    |

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| <p>based services. (7-1-11)<br/>                 01. Accessibility. Agencies designated under these rules must be responsive to the needs of persons receiving services and accessible to persons with disabilities as defined in Section 504 of the federal Rehabilitation Act, the Americans with Disabilities Act (ADA) Accessibility Guidelines, and the uniform federal accessibility standard. The DDA must submit a completed checklist to the Department to verify compliance with the ADA requirements. This checklist must be provided to the Department with the application for certification. (7-1-11)</p> | <p>Federal Accessibility standard.<br/>                 For example, the Rexburg facility lacked a grab-bar behind the toilet per ADA requirements. See page 14 of the ADA checklist.<br/>                 (The agency corrected the deficiency during the course of the survey. The agency is required to address questions 2-4 on the Plan of Correction.)</p> | <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>                 The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all facilities will rectify the deficiency.<br/>                 3. Who will be responsible for implementing each corrective action?<br/>                 The administrator or designee.<br/>                 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>                 The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, and in quality assurance reviews.</p> |  |
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| <p>16.03.21.500.03.c<br/>                 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)<br/>                 03. Fire and Safety Standards. (7-1-11)<br/>                 c. On the premises where natural or man-made hazards are present, suitable fences, guards, or railings must be provided to protect participants; (7-1-11)</p> | <p>The agency lacked evidence that, on the premises where man-made hazards are present, suitable fences, guards, or railings were provided to protect participants.<br/>                 For example, the Rexburg facility had an electrical plug in the floor next to a table, which was raised up and had electricity going to the plug-in. This posed a trip hazard.<br/>                 (The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)</p> | <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>                 The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all facilities will rectify the deficiency.<br/>                 3. Who will be responsible for implementing each corrective action?<br/>                 The administrator or designee.<br/>                 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>                 The corrective action will be monitored ongoing, monthly observations, weekly supervision, and in</p> | <p>2012-12-06</p>    |

quality assurance reviews.

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| <p>16.03.21.500.04</p> <p><b>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</b><br/>                     The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p><b>04. Evacuation Plans.</b> Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)</p> | <p>The agency lacked rule-compliant evacuation plans posted throughout a center.</p> <p>For example, the Ammon facility lacked evacuation plans identifying the location of all fire extinguishers.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)</p> | <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>                     The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all facilities will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>                     The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>                     The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, and in quality assurance reviews.</p> | <p>2012-12-06</p>    |

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| <p>16.03.21.511.02.d</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>02. Handling of Participant's Medication. (7-1-11)</p> <p>d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-11)</p> | <p>The agency lacked evidence it assured that medications no longer being used by a participant were not retained by the agency or agency staff for longer than thirty (30) calendar days</p> <p>For example, the Rexburg facility had medications in bottles that stated the medications had expired.</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of staff assisting with medications will be provided and all medications will be monitored. No medications that are expired will be allowed in the facilities.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all medications will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews, during medication assistance</p> | 2012-12-06           |

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| <p>16.03.21.601.01.b</p> <p>601. RECORD REQUIREMENTS.</p> <p>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</p> | <p>One of 19 participant records reviewed (Participant 12) lacked documentation that the Program Implementation Plans (PIPs) included measurable objectives.</p> <p>For example, Participant 12's PIPs had many objectives that were vague and not measurable as written, e.g., "demonstrate community safety</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the PIPs will be provided and all PIPs will be screened for compliance. If necessary, updates to the PIPs will be completed formally with addendums to the plan of service. All rule requirements associated with the completion of the PIPs will be included.</p> | 2013-02-28           |

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| <p>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>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)</p> | <p>skills independently."</p> | <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all PIPs will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> |
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| <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>Two of 13 participant records reviewed (Participants B and E) lacked documentation of rule-compliant participant profile sheets.</p> <p>For example:</p> <p>Participant B's profile sheet listed the diagnosis as Developmental Delay-Fetal Alcohol Effects and did not address cerebral palsy from the most recent medical evaluation dated September 20, 2012.</p> <p>Participant E's profile sheet identified mental retardation as the diagnosis; however, documentation utilized did not demonstrate this diagnosis.</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the profiles and updates will be completed. All rule requirements associated with the completion of the profiles will be included.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all profiles will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> | <p>2013-02-12</p>    |

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)

The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.

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| <p>16.03.21.601.01.f</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>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</p> | <p>Two of 19 participant records reviewed (Participants A and B) lacked documentation of evaluations completed or obtained by the agency prior to the delivery of the intervention service that included narrative reports signed with credentials and dated by the respective evaluators.</p> <p>For example:</p> <p>Participant A's SIB-R (dated September 20, 2012) completed by Employee 6 lacked credentials.</p> <p>Participant B's SIB-R (dated October 1, 2012) completed by Employee 6 lacked credentials.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)</p> | <p>1. What corrective action(s) will be taken?<br/>                     Retraining of professionals completing the assessment will be provided and all assessments will be screened for compliance. If necessary, updates to the assessments will be completed formally to include credentials and dates.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>                     The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all assessments will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>                     The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>                     The corrective action will be monitored ongoing, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-12</p>    |

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

| Rule Reference/Text  | Findings   | Plan of Correction  | Date of Completion |
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| <p>16.03.21.900.01.d</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. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>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)</p> | <p>Based on observation and review of one of 19 participant records (Participant B), it was determined the agency lacked evidence its 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.</p> <p>For example, Participant B's Objective 10, "will brush teeth," identified the service environment as Individual Center-based/Community-based (home/Journey's facility). This was also observed in the center during survey. It was observed that 20 or more child participants had their own toothpaste to conduct tooth brushing skill training in the center. The center-based implementation of this skill is not the natural setting where a child would typically utilize this skill.</p> <p>REPEAT DEFICIENCY from the survey of February 18, 2010.</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the PIPs will be provided and all PIPs will be screened for compliance in the utilization of the natural setting in rendering the services. If necessary, updates to the PIPs will be completed formally with addendums to the plan of service. All rule requirements associated with the completion of the PIPs will be included.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all PIPs will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-28</p>  |

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| <p>16.03.21.915.05</p> <p><b>915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR.</b></p> <p>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)</p> <p>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)</p> | <p>Based on observation and review of four of 19 participant records (Participants F, 4, 10, and 11), it was determined the agency lacked documentation that for intervention services, it ensured that programs to assist participants with managing maladaptive behavior included the teaching of alternative adaptive skills to replace the maladaptive behavior.</p> <p>For example:</p> <p>Participant F was observed in the home working with Employee 15. During the observation, the child was having some behaviors, lay down on the floor, and would not get up. The employee attempted to redirect her and was having difficulty with that, so the staff attempted to get her up by holding the child by her arm and attempting to get her to stand by pulling her up by her arm. Teaching of alternative adaptive skills to replace the inappropriate behavior was not utilized during programming.</p> <p>Participant 4's objective "will demonstrate manners in a social setting," did not address teaching a replacement skill for inappropriate behaviors, it only directed staff to observe her while working on the objective, and to record. In addition, for refusals it directed to record an "R," but did not address how to move beyond the refusal by teaching a replacement behavior.</p> <p>Participant 10 and 11's med/social histories and SIB-Rs addressed behaviors that were not incorporated into the plan to address teaching a replacement skill for inappropriate behavior.</p> <p>Participant 13 was observed in the center. The Developmental Specialist reported the participant drops to the floor often and does not get up. Two staff were observed physically</p> | <p>1. What corrective action(s) will be taken?<br/>Retraining of professionals completing the PIPs will be provided and all PIPs will be screened for compliance in the utilization of the alternative adaptive skills to replace maladaptive behaviors in rendering the services. If necessary, updates to the PIPs will be completed formally with addendums to the plan of service. All rule requirements associated with the completion of the PIPs will be included. All direct care staff will be trained.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?<br/>The agency addresses the deficiency as though all participants are affected. The retraining of all employees and screening of all PIPs will rectify the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?<br/>The administrator or designee.</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?<br/>The corrective action will be monitored ongoing, monthly observations, weekly supervision, annual performance appraisals, during annual redeterminations, and in quality assurance reviews.</p> | <p>2013-02-28</p>    |

attempting to pick him up. At one point, one staff lifted him up by his belt loop on the back of his pants.

Also, see IDAPA 16.03.21.915.11.a-d.

Administrator/Provider Signature: *Robyn Howell*      Date: *2-11-13*  
Department POC Approval Signature: *Kimberly Schmitt*      Date: *2/11/13*

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