IDAHO DEPARTMENT OF HEALTH & WELFARE

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

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE (208) 364-1959
FAX (208) 287-1164

January 14, 2013

Jeanne Weber, Administrator
Hope Developmental Center
3110 East Cleveland Boulevard, Suite B7
Caldwell, ID 86305-0721

Dear Ms. Weber:

Thank you for submitting the Plan of Correction for Hope Developmental Center dated January 7, 2013. The DDA/ResHab Certification Program has reviewed and accepted the Plan of Correction in response to the recertification survey conducted from December 11, 2012, through December 14, 2012. As a result, we have issued your agency a full three-year certificate effective from January 29, 2013 through January 31, 2016.

According to IDAPA 16.03.21.125.02, this certificate is contingent upon the correction of deficiencies. The supporting documentation that should result from implementing your Plan of Correction will be reviewed during your next survey. Please ensure your agency's quality assurance processes continue to implement and monitor rule compliance.

Thank you for your assistance throughout the survey process.

Sincerely,

Fredé Trenkle-MacAllister

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

FTM/slm

Enclosures

1. Renewed Three-year Developmental Disabilities Agency Certificate
2. Approved Plan of Correction

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Developmental Disabilities Agency

Hope Developmental Center
3HOPE007

3110 E Cleveland Blvd Ste B7
Caldwell, ID 83605-0721
(208) 459-8558

Survey Type: Recertification

Entrance Date: 12/11/2012
Exit Date: 12/14/2012

Initial Comments: Survey Team: Eric Brown, Supervisor, DDA/ResHab Certification Program; Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.655.02.a.iv 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)	Based on review of agency records, it was determined that 1 of 4 participant records (Participant 2) lacked needs on the comprehensive assessment that were identified on the Scales of Independent Behavior-Revised (SIB-R) and Medical Social Evaluation. These evaluations identified self-injurious behaviors, yelling, and threatening others. The General Maladaptive Index score on the SIB-R was -17.	1. DS will complete a revised comprehensive assessment for Participant 2 incorporating information from all relevant documents (SIB-R and Medical/Social). DS will review all current evaluations and incorporate relevant information when updating or creating new comprehensive assessments. 2. As comprehensive assessments are reviewed prior to the annual PCP meeting this year (about three months before redetermination date), DS will revise/update comprehensive assessments to include information from all relevant evaluations; for participants who have already had their annul PCP meeting, DS will review documents and correct deficiencies if any (annual ISP starting 11/12, 12/12, 1/13, 2/13, 3/13). 3. DS writing the comprehensive assessment. 4. DS's supervisor will review comprehensive assessment requirements with DS and will check that revised comprehensive assessments are	2013-03-01

		completed correctly. 5. Participant 2 by February 1, 2013 and all other participants by July 1, 2013.	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.10.655.03.a 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) a. To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis. (3-29-12)	Based on review of agency records, it was determined that 1 of 4 participant records (Participant 3) lacked a current skill assessment. The skill assessment in the record was last completed in 2008, which is not considered current based on the lack of review or an update to the skill assessment.	1. DS will update Participant 3's Skill Assessment. 2. DS will update and revise participants' skill assessments this year when preparing for annual PCP meeting; for participants who have already had their annul PCP meeting, DS will review documents and correct deficiencies if any (annual ISP starting 11/12, 12/12, 1/13, 2/13, 3/13). 3. DS responsible for the individual participant. 4. DS's supervisor will review record requirements with DS and check that Skill Assessments are updated according to Rule timetable. 5. Participant 3 by February 1, 2013 and all other participants by July 1, 2013.	2013-02-01

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.655.06.a 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) a. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-11)	Based on review of agency records, it was determined 2 of 4 participant records (Participants 3 and 4) lacked skill assessments that assessed areas of limitation or deficits identified on the comprehensive assessment. For example: Participant 2's skill assessment had "N/A" (Not relevant to Individual situation, per the code on the assessment) marked on 3 skills that were identified in the comprehensive assessment. Participant 3's skill assessment had the " Capacity for Independent Living," "Time and Punctuality," and "Time and Calendar" sections left blank. These topics were addressed in the comprehensive assessment.	1. DS will review comprehensive assessment and skill assessment for Participants 3 and 4 and make sure that deficit/need areas are correctly documented. 2. Comprehensive assessments and skill assessments for each participant this year will be reviewed and updated accordingly when preparing for the annual PCP meeting; for participants who have already had their annul PCP meeting, DS will review documents and correct deficiencies if any (annual ISP starting 11/12, 12/12, 1/13, 2/13, 3/13). 3. DS responsible for the individual participant. 4. DS's supervisor will review record requirements with DS and check that comprehensive assessments and skill assessments are updated according to Rule timetable. 5. Participants 3 and 4 by February 1, 2013 and all other participants by July 1, 2013.	2013-02-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.655.06.b 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) b. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-11)	Based on review of agency records, it was determined that 2 of 4 participant records reviewed (Participants 3 and 4) did not have accurate information related to a goal identified on the ISP for the skill assessment. For example: Participant 3's record had three goals on the ISP	1. DS will review skill assessment for Participants 3 and 4 and make sure current goal information is correctly assessed and documented. 2. DS will update and revise participants' skill assessments this year when preparing for annual PCP meeting; for participants who have already had their annul PCP meeting, DS will review documents and correct deficiencies if any (annual	

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	that were identified on the skills assessment with "N/A" (No relevant to Individual Situation, per the code on the assessment) marked. Participant 4's skill assessment was marked with a #1 (does it by self without needing a reminder, per the code on the assessment) on the skill of making and maintaining eye contact; however, this was a goal identified on the ISP.	ISP starting 11/12, 12/12, 1/13, 2/13, 3/13). 3. DS responsible for the individual participant. 4. DS's supervisor will review record requirements with DS and check that comprehensive assessments and skill assessments are updated according to Rule timetable. 5. Participants 3 and 4 by February 1, 2013 and all other participants by July 1, 2013.	
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.10.655.08.d 655.DDA SERVICES: PROCEDURAL REQUIREMENTS. 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	Based on review of agency records, it was determined that 4 of 4 participant records (Participants 1, 2, 3, and 4) had identified "physical assistance" on the implementation plans and written instructions to staff. There was no description for what physical assistance was defined as for each participant.	1. DS reviewed every participant program implementation plan and revised every reference to "Physical Assistance" to the specific intervention (shadowing or hand-over-hand). 2. DS supervisor reviewed written instruction requirements with DS to ensure future compliance. 3. DS writing the program implementation plan. 4. DS's supervisor will review written instruction requirements with DS and make spot checks of program implementation plans to ensure compliance. 5. All program implementation plans have been reviewed and corrected as applicable.	2013-01-07

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) 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)			
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.10.655.08.g 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 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) g. Results of the Psychological or Psychiatric	Based on review of agency records, it was determined that 1 of 4 participant records reviewed (Participant 4) documented a psychological assessment that identified inappropriate behaviors, but these behaviors were not used when developing objectives.	1. DS will incorporate results of current psychological evaluation into the program implementation plans of Participant 4, as applicable. 2. DS will review all participants' psychological evaluations and include relevant behavior on program implementation plans. 3. DS responsible for the individual participant. 4. DS will review written instruction requirements with DS and make spot checks of program implementation plans to ensure compliance. 5. Participants 4 by February 1, 2013 and all other participants by July 1, 2013	2013-03-01

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Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to ensure therapies provided in the DDA accommodate the participant's mental health needs and to ensure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-11)			
Rule Reference/Text	**Findings**	**Plan of Correction**	**Date to be Corrected**
16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)	Based on review of agency personnel files, it was determined that 1 of 11 employees (Employee 6) did not maintain a current CPR certification. The staff member was hired in March 2012 with a current CPR certification. This certification lapsed on April 20, 2012. The staff did not recertify until August 23, 2012.	1. Currently, all staff CPR/FA certificates are current. 2. As CPR/FA certificates come due, Program Director will arrange for training for relevant staff. 3. Program Director. 4. Program Director will monitor staff records. 5. Currently, all staff CPR/FA certificates are current.	2013-01-07

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.02 601. 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) 02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)	Based on review of agency records, it was determined that 2 of 4 participant records reviewed (Participants 1 and 3) contained status reviews that did not address why the participants continued to need services. REPEAT DEFICIENCY from the survey of January 4, 2010.	1. DS will correct the status reviews of Participants 1 and 3 regarding documenting continued need for the service. 2. DS will review and make sure documentation is complete on status reviews when they are printed out at participants' six- and 12-month review dates. 3. DS responsible to the individual participant. 4. DS's supervisor will review status review requirements with DS and make periodic spot checks of status review to ensure compliance. 5. Participants 1 and 3 by February 1, 2013 and all other participants by July 1, 2013.	2013-02-01

Administrator/Provider Signature:	Jeanne Weber, MSW, Program Director	Date:	2013-01-07
Department PDC Approval Signature:	Frude Franklin-McAllister	Date:	1/10/13

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

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