

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

February 7, 2013

Amy Wright, Administrator A New Leaf, Inc. 2428 North Stokesberry Place Meridian, ID 83646-5035

Dear Ms. Wright:

Thank you for submitting the Plan of Correction for A New Leaf, Inc. dated January 31, 2013, in response to the recertification survey conducted from December 17, 2012, through December 21, 2012. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued A New Leaf, Inc. one-year certificates effective from February 1, 2013, through January 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.

Additionally, as we discussed, please find an extended residential habilitation agency certificate for your Nampa location that expires on the same date as your developmental disabilities agencies.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at 364-1828.

Sincerely,

FREDÉ TRENKLE-MACALLISTER

Medical Program Specialist

DDA/ResHab Certification Program

FTM/slm

Amy Wright, Administrator A New Leaf, Inc. Page 2 of 2

## Enclosures

- 1. Approved Plan of Correction
- 2. Renewed DDA Certificate for A New Leaf, Inc. Meridian 1
- 3. Renewed DDA Certificate for A New Leaf, Inc. Meridian 2 Adult Center
- 4. Renewed DDA Certificate for A New Leaf, Inc. Meridian 3 Child Center
- 5. Renewed DDA Certificate for A New Leaf, Inc. Nampa
- 6. Extended ResHab Certificate for A New Leaf, Inc. Nampa



## **Statement of Deficiencies**

Developmental Disabilities Agency

A New Leaf, Inc.

4ANEWLEAF142-1

2428 N Stokesberry PI

Meridian, ID 83646-5035

(208) 939-3888

Survey Type:

Recertification

Entrance Date:

12/17/2012

Exit Data:

12/21/2012

initial Comments:

Survey Team: Eric Brown, Supervisor, DDA/ResHab Certification Program; Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program; Sarah Czaja, Clinician, Family and Community Services; Heather Olsen, Developmental Specialist (Children), Family and Community Services.

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16.03.10.651.12.b  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) 12. Excluded Services. The following services are excluded for Medicaid payments: (7-1-11) b. Educational services; and (7-1-11)	Based on observations of child participants and review of agency documentation, it was determined that 1 of 7 child participants (Participant F) was receiving educational services excluded from Medicaid.  Participant F had objectives on counting 1 to 5, shapes, colors, and identifying numbers. The objectives were written educationally with no indication of the developmental function of these skills.  REPEAT DEFICIENCY from survey conducted on December 10, 2009.	These objectives were written by a newer DS. The DS has received training that objectives cannot be written educationally and must be written developmentally. The objectives have already been corrected. All DS's have received updated training about the need to avoid any educationally based objectives. The DS has been instructed to review her other plans to ensure all objectives are developmentally based. If any other objectives are identified, they will be corrected by the DS. Ongoing training for the DS's, especially new hires, will ensure compliance with developmentally based written programs.	2013-03-01 (Liti)

Developmental Disabilities Agency	A New Leaf, Inc.		12/21/2012
Ruis Réturnes/Taxe	Penting .	(Peter Banderhalle)	Cate to be
16.03.10.653.05.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. 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) b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating his participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided	Based on review of agency records, it was determined that 3 of 7 child participant's files (Participants A, C, and G) lacked documentation that the legal guardian was provided a copy of the completed Individual Program Plan (IPP).	We have identified that the legal guardian received the documentation, but due to the format of our IPP paperwork, it is easy for the legal guardian to miss the sign off in the upper right hand comer, when signing the plan. The DS has changed the format of the IPP so that the signature lines are next to each other to avoid future missed documentation. The DS is reviewing all IPP's to identify any missed documentation. The DS is responsible to contact each legal guardian to ensure we have proper documentation of them receiving the IPP. The new form should prevent any future missed documentation.	2013-03-01 JW

Developmental Disabilities Agency	A New Leaf, Inc.		12/21/201
under Subsection 652.02.b.ii. of these rules. (7-1-11)			
ALIG REGIONE 27 (GAL-	A Strings	<b>PANOT SICTURATO</b>	Brid to be Corrected
653. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES	Based on review of agency records, it was determined that 2 of 7 child participant's Individual Program Plans (Participants C and G) lacked the date of the planning meeting.	The DS's have received updated training on ensuring that all components of the IPP are completed and filled out. When meeting with the DS's, it has been identified that the planning meetings are occurring, there is just a lack of documentation on behalf of the DS's on the IPP of when the meetings took place. The DS will be responsible for ensuring that the date of the planning meeting is documented on all IPP's. To prevent future issues, all IPP's will be reviewed by the DS prior to implementing to ensure that the documentation is present.	2013-03-01
Paule Ruter dates) lexit	Heidings)	<b>A</b> eroparticients	Rate tirbe Lorrycleo
653 REQUIREMENTS FOR A DDA	Based on review of agency documentation, it was determined that 1 of 7 child participants' Individual Program Plans (Participant C) did not have a target date for completion of each objective.	The DS's have received updated training on ensuring that all components of the IPP are completed and filled out. The DS's will review all IPP's to ensure that the target dates are present	2013-03-01

Developmental Disabilities Agency	A New Leaf, Inc.		12/21/2012
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) ix. The target date for completion of each objective; (7-1-11)		and accurate. To prevent future issues, all IPP's will be reviewed by the DS prior to implementing to ensure that the documentation is present.	
16.03.10.655.02 655. 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)	Based on review of agency records, it was determined that 1 of 5 adult participant records (Participant 2) lacked a comprehensive assessment conducted by the DDA.  For example, Participant 2's comprehensive assessment was written by another agency.	This participant was started by a newer DS. This DS has received updated training that any assessment's received by another agency, must be reviewed and updated in order to be valid for our agency. The DS has also been trained that best practice and our agency policy is to write a new comprehensive assessment. The DS will review other files to ensure all files are compliant. Updated training will ensure future compliance by the DS in writing comprehensive assessments.	######################################

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determined that 1 of 5 adult participant 2) did not guide treatment. On guide treatment they were providing. The assessment to ensure that the ability to cross the street safely." The Individual Service Plan has a goal for looking both ways to cross the street.  determined that 1 of 5 adult participant 2) did not guide treatment 2's comprehensive assessment was completed by the participant's previous agency. The DS has also been trained that best practice and our agency policy is to write a new comprehensive assessment to ensure that the information is accurate and that the assessment recommended to discontinue the objective "look both ways to cross the street" and states, "She has the ability to cross the street safely." The Individual Service Plan has a goal for looking both ways to cross the street.

Build Ballerind 2/1823 (Applied to the Applied to t	Developmental Disabilities Agency	A New Leaf, Inc.		12/21/2012
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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 67 of these rules for the respective discipline or areas of service. (7-1-11)  a. Comprehensive Assessment must: (7-1-11)  i. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)	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-	determined that 1 of 5 adult participant comprehensive assessments (Participant 2) was not current and did not identify relevant needs.  The comprehensive assessment for Participant 2 was completed by the participant's previous agency. The participant transferred to this agency and, based on the goals identified by the planning team and documented on the ISP, the relevant needs had changed since the last	has received updated training that any assessment's received by another agency, must be reviewed and updated in order to be valid for our agency. The DS has also been trained that best practice and our agency policy is to write a new comprehensive assessment so that all goals and relevant needs are current. The DS will review other files to ensure all files are compliant. Updated training will ensure future compliance by	

Developmental Disabilities Agency	A New Leaf, inc.		12/21/2012
Rule Reference/Text	Rings.	Production 1	Detailorie Controlier
16.03.10.655.06.c  655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) c. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-11)	Based on review of agency records and discussion with the administrator and the clinical supervisors, it was determined that 5 of 5 adult participants' (Participants 1, 2, 3, 4, and 5) and 7 of 7 child participants' (Participants A, B, C, D, E, F, and G) skill assessments were not conducted by a qualified professional.  For example:  Some of the assessments were signed by the caregivers, and some assessments did not have any signatures.  Participant G's comprehensive assessment stated that the participant's mother had completed the skill assessment.  The survey team was told by the clinical supervisors that these assessments were sent home with the caregivers to complete.	The agency has always had the functional questions answered by a parent/guardian, or an individual who knew the participant best and then the professional DS reviewed the answers. When developing the plan, the DS would contact the parent/guardian and review over specific objectives, review SIB-R, review other professional written assessments, and observe functional levels through skill assessments when needed in determining current levels. After conversations with the team during survey, it has been identified that the DS's/professionals need to be present and verbally guide the completion of the functional assessment. All future functional assessments will be verbally administered by the respective professional. Updated training of all professionals should ensure future compliance.	2013-01-01
16.03.10.655.06.d 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) d. Determine a Participant's Skill Level. Be	Based on review of the agency's records, it was determined that 5 of 5 adult participants' (Participants 1, 2, 3, 4, and 5) and 7 of 7 child participants' (Participants A, B, C, D, E, F, and G) skill assessments did not determine the skill level within a specific domain.	As pointed out by the survey team, our current functional assessment identified need, but not level. In order to better streamline the process, the DS has changed the current functional assessment that we administer, so that it now identifies the current skill level. This will assist the DS's and Clinical Supervisor's in establishing baselines and	2013-01-01

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conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-11)	For example, the skill assessments were answered with a "Y" or "N." Survey staff were unable to determine skill levels with this methodology.	current levels of performance when writing objectives, without having to complete several other skill assessments. All future functional assessments given will establish the current level within the right domain at the time of the assessment. The new functional will ensure future compliance.	122112012
Rule: Refuserca / Lece	i Ringe	Them of Consention	
16.03.10.655.06.e 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 06. Requirements for Specific Skill Assessments. Specific skill assessments must: (7-1-11) e. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-11)	Based on review of agency records, it was determined that 5 of 5 adult participants' (Participants 1, 2, 3, 4, and 5) and 7 of 7 child participants' (Participants A, B, C, D, E, F, and G) skill assessments did not determine baselines.  For example:  All of the skill assessments identified the skill with either a "Y" or "N" and did not identify any level to assist with determining baselines.  For instance, Participant 3's skill assessment documented a "Y" by uses sign language, the	As pointed out by the survey team, our current functional assessment identified need, but not level in order to establish baselines. In order to better streamline the process, the DS has changed the current functional assessment that we administer, so that it now identifies the current skill level. This will assist the DS's and Clinical Supervisor's in establishing baselines and current levels of performance when writing objectives, without having to complete several other skill assessments. All future functional assessments given will establish the current level at the time of the assessment. The new functional will ensure future compliance. Professionals have also received updated training on compliance of	2013-01-01

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	words "her own" and a "Y" by uses a seat belt, and the statement, "Likes to put shoulder strap behind her back." These are objectives on the Program Implementation Plans (PIPs).  Participant 2's skill assessment was completed on December 13, 2012. Her plan start date was on November 2, 2012. The skill assessment was completed after the PIPs were developed by the agency.	completing assessment prior to developing PIP's.	
Rube Rothersones/1051	Chinas .	The Constant	Date to be
07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include 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	Issue #1)  Based on review of agency records, it was determined that 3 of 5 adult participants' reviews (Participants 1, 3, and 5) lacked the professional's dated initials when there were changes to specific implementation procedures.  Issue #2)  Based on review of agency records, it was determined that 1 of 5 adult participants' (Participant 3) and 2 of 7 child participants' (Participants F and G) reviews lacked revisions to daily activities or specific implementation procedures changes when a lack of progress was indicated.  For example:	All professionals have received updated training on completing PSR's and documenting. The areas specifically identified are not making timely changes when objectives are being met, or not being met. The other identified area is making changes, but not documenting enough details to explain why changes were made and by who. The DS's and Clinical Supervisor's will review all PSR's to identify objectives that need revised and to ensure documentation is adequate. Updated training for the professionals should ensure future compliance.	

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	Participant 3 had made no progress in six months on Objective #12. The objective was tracked at 0% for six six straight months with no indication of revisions made.  Participant G had regressed month-to-month. There was no documentation of changes or revisions.  Participant F consistently declined in progress in four areas. There was no documentation of changes or revisions.  REPEAT DEFICIENCY from survey conducted on December 10, 2009.		
16.03.10.655.07.a.iv 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include 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)	Based on review of agency records, it was determined that 2 of 5 adult participants' (Participants 3 and 5) and 1 of 7 child participants' (Participant G) reviews lacked documentation of changes in the plan or the need to continue the plan as written.  For example:  Participant 3 had an objective to "write name." Sometime during the six months, this plan had changed to "write mark." This was not documented in the status review; the continued need for services was written for "write name"	All professionals have received updated training on completing PSR's and documenting. The areas specifically identified are not making timely changes when objectives are being met, or not being met. The other identified area is making changes, but not documenting enough details to explain why changes were made and by who. The DS's and Clinical Supervisor's will review all PSR's to identify objectives that need revised and to ensure documentation is adequate. Updated training for the professionals should ensure future compliance	2013-03-01
iv. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and the reason(s) why he continues to need services. (7-1-11)	and did not indicate there had been changes made to the objective.  Participant 5's review lacked the reason(s) why there was a continued need for services.  Participant G's review had general comments on the need for services, but no indication why 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 steps staff needed to take to have the 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) d. Written Instructions to Staff, These

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

instructions may include curriculum.

toward the stated objective. (7-1-11)

had changed from "write name" to "write mark." The written instructions to staff identified the participant "write name," but there were no written instructions to staff for the objective to "write mark."

directions match the objectives. Updated training of the professionals should ensure future compliance.

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400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.

Each DDA is accountable for all operations. policy, procedures, and service elements of the agency. (7-1-11)

- 03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: (7-1-
- b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or months.

Based on review of agency documentation and discussions with the administrator and the agency's clinical supervisors, it was determined the agency lacked observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis by the clinical supervisor.

For example:

Staff who provided direct services to adult participants lacked observation and review conducted by the clinical supervisor for 4 of 12 It was discussed at survey that the observations and supervision are occurring, but the supervisor's were lacking in documentation. Updated training has been given on documenting a minimum of monthly observations and to re-establish a spreadsheet for documenting observations that can be checked quarterly by the Administrator. The spreadsheet will assist supervisor's in ensuring observations are completed on a monthly basis. A new DS was allowing the trainer to complete observations for a short time period. When administrator became aware, the DS was trained that only the professional can complete the observations. Updated training and the review of

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more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)	Staff who provided direct services to participants in Nampa and to children in Meridian had documented observations conducted by a DDA trainer. The DDA trainer was not qualified to be the clinical supervisor.	the spreadsheets should ensure future compliance.	
16.03.21.410.01.a  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) a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)	Based on review of agency personnel files, it was determined that 3 of 14 direct care staff (Employees 2, 12, and 15) lacked annual fire and safety training.  For example, the fire safety training for Employees 2, 12, and 15 was conducted on June 29, 2011. There was no documentation of fire safety trainings in the next 18 months.	The three identified staff had moved to a new location. The DS at the new location was not aware of the specific training needing to be annual. The DS has had updated training and is now fully aware of the annual requirement. In order to prevent staff from missing the annual requirement, required training will be offered twice a year. Increasing times offered and training the DS's on requirements will ensure future compliance.	

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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 14 direct care staff (Employee 13) was not CPR/First Aid certified within 90 days of hire.	The agency has typically ran their CPR/First Aid training quarterly, but as we discovered through survey we had a staff miss the 90 day requirement by a week. To ensure staff receive their training prior to the 90 days, we have added an extra training so that our trainings will ensure staff are compliant. This extra training will ensure compliance for all staff.	2013-01-01

Developmental Disabilities Agency	A New Leaf, inc.		12/21/2012
apply when an agency is providing center-based services. (7-1-11) 03. Fire and Safety Standards. (7-1-11) f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)	being provided in both locations.  The Children's Center in Meridian had a jug of Lysol under the kitchen cabinet that was not locked.  The center in Nampa had a storage room containing cleaning supplies that was unlocked.  REPEAT DEFICIENCY from the survey conducted on November 30, 2009.  (This deficiency was corrected during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	dismissed that cleaning company and is now using a new team. The new team has been trained on our need to have all cleaning supplies under lock and key. Administration will continue walk throughs to ensure compliance.	
Conte Reference/Jest	Armage (A.	of an orbitractary	Danking of Correction
16.03.21.500.04  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)  04. Evacuation Plans. 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)	Based on review of the agency's centers, it was determined that the three centers in Meridian lacked the locations of all fire extinguishers on the evacuation plans.  (This deficiency was corrected during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	During this survey it was identified that our evacuation plans didn't have all fire extinguishers identified, only the closest. All plans were corrected at the time of survey. All centers will be checked to ensure all extinguishers are identified. Administrator will ensure that if at any time in the future the evacuation plans are changed, that all extinguishers are identified.	2012-12-19 (All)

Developmental Disabilities Agency	A New Leaf, Inc.		12/21/2012
16.03.21.600.02.a.ii 600. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's s record must include documentation of the participant's involvement in and response to the services provided. (7-1-11) 02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11) a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11) ii. The DDA must document that it has provided	Based on review of agency records, it was determined that 1 of 7 child participant records (Participant C) lacked documentation that the DDA had provided a current copy of the child's plan of services to the school.	Updated training has been provided to the DS's and Clinical Supervisor's to ensure that they keep documentation proof of faxing or mailing the IPP to the schools. If the child doesn't attend traditional school, then the file will be documented accordingly. The DS's and Clinical Supervisor's will review all files to ensure there is documentation of IPP being sent to the school. Updated training	2013-03-01

Developmental Disabilities Agency	A New Leaf, Inc.		12/21/2012
Title Enteress/Text  16.03.21.601  601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These	Based on review of agency records, it was determined that 3 of 7 child participant records (Participants D, F, and G) lacked the therapist's name, signature, and/or date.  For example:	DS's and Clinical Supervisor's have received updated training that they need to increase training for professionals on signing, writing credentials, and dating all documents. DS's and Clinical Supervisor's will review all participant files	12/21/2012  Define to his  Contracted  2013-03-01
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)	Participant D's records lacked signatures and credentials.  Participant F's records lacked the therapist's signature, credentials, and date.	to identify any missing documentation, so that the proper therapists can sign off. Updated training and file reviews should ensure future compliance.	

Developmental Disabilities Agency	A New Leaf, Inc.		12/21/2012
O2. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)	daily activities or specific implementation procedures made when a lack of progress was indicated.  For example:  Participant 3 had made no progress in six months on Objective #12. This objective was tracked at 0% for six straight months with no indication that revisions were made.  Participant G had regressed month-to-month. There was no documentation of changes or revisions.  Participant F consistently declined in progress in four areas. There was no documentation of changes or revisions.	identify any objectives that need adjusted and or documentation as to why there was a lack of or decrease in progress. Updated training provided to supervisors should ensure future compliance.	
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905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-11) 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document	Based on review of the agency's facilities, it was determined that the Children's Administration Center in Meridian did not have the list of rights contained in IDAPA 16.03.21 prominently posted. (The agency corrected this deficiency during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.)	they get pulled down by participants. During the survey, the rights were replaced. In the future	2012-12-19

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that each person receiving services is informed of his rights in the following manner: (7-1-11) b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-11)		
Administrator/Provider Signature:	S.Wright	late January 31, 2013
Department POC Approval Signature: Jude '90	whh-Madellist	Batu: 2/6/13

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