



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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February 5, 2013

Russ McCoy, Executive Director
Developmental Options, Inc.
415 South Arthur Avenue
Pocatello, ID 83204-3303

Dear Mr. McCoy:

Thank you for submitting the Plan of Correction for Developmental Options, Inc. dated January 28, 2013, in response to the recertification survey conducted on December 19, 2012. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Developmental Options, Inc. a full certificate effective from January 1, 2013, through December 31, 2015, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience and 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
lovelanp@dhw.idaho.gov

Enclosures

1. Approved Plan of Correction
2. Renewed Residential Habilitation Agency Certificate



Statement of Deficiencies

Residential Habilitation Agency

Developmental Options, Inc.
RHA-371

415 S Arthur Ave
Pocatello, ID 83204-3303
(208) 233-6833

Survey Type: Recertification

Entrance Date: 12/18/2012

Exit Date: 12/19/2012

Initial Comments: Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, Division of Licensing and Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.704.02.b</p> <p>704. ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07)</p> <p>b. The plan of service developed by the plan developer and the person-centered planning team must specify which services are required by the participant. The plan of service must contain all elements required by Subsection 704.01 of these rules and a copy of the most current plan of service must be maintained in the participant's home and must be available to all service providers and the Department. (3-19-07)</p>	<p>Two of four participant records reviewed (Participants 3 and 4) lacked documentation that the plans of service contained all elements required by Subsection 704.01 of these rules and a copy of the most current plans of service were maintained in the participants' homes and were available to all service providers and the Department.</p> <p>For example, Participants 3 and 4's home binders lacked authorized plans by the Department. Per the QIDP, the homes did not receive a copy of the authorized Individual Service Plan.</p> <p>Also, see IDAPA 16.03.10.704.02.a.v</p>	<p>Corrective action: A current copy of each participant's Plan will be placed in a designated folder, in the appropriate home.</p> <p>Who will be affected: This procedure will be applied in all Residential Habilitation homes operated by Developmental Options.</p> <p>Person responsible for corrective action: The Residential Habilitation Program Coordinator.</p> <p>How will it be monitored: Monthly Q&A by the Residential Habilitation Program Coordinator and quarterly by the Residential Habilitation Program Director.</p>	2013-03-20

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.705.01.e</p> <p>705. ADULT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07)</p> <p>01. Residential Habilitation – Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, “ Rules Governing Residential Habilitation Agencies,” and must supervise the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (10-1-12)T</p> <p>e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (3-19-07)</p>	<p>One of six employee records reviewed (Employee 6) lacked documentation that the agency provided on-going training specific to the needs of the participant as needed.</p>	<p>Corrective action: All training will be consistent at all locations where Developmental Options offers Residential Habilitation Services. All documentation and training certificates will be filed in the Administrative Office Employee Files, located in Pocatello, Idaho. A new form has been developed that follows the Employee File Sections in IDAPA, and this will be completed and placed in all Employee Files.</p> <p>Who will be affected: This will be applied to all Employee Files.</p> <p>Person responsible for corrective action: The Residential Habilitation Program Coordinator.</p> <p>How will it be monitored: Monthly Q&A by the Residential Habilitation Program Coordinator and quarterly by the Residential Habilitation Program Director.</p>	<p>2013-03-20</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.302.02</p> <p>302. SERVICE PROVISION PROCEDURES. 02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)</p>	<p>Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked documentation that each participant had an implementation plan that included goals and objectives specific to his plan of service residential habilitation program.</p> <p>For example:</p> <p>Participant 1's authorized goals on his Individual Service Plan (ISP) included: "eating & drinking," "dressing & undressing," "toothbrushing," "shaving," "Fine Motor Skills," and "Receptive communication." The Program Implementation Plan's (PIP) goals included: "turning head," "washing & deodorant," and "eye contact & vocalization to maintain his neck strength," which did not correlate with the authorized goals on his plan.</p> <p>Participant 2's authorized goals on his ISP included meal planning, preparation, and cleanup. The PIP had a cooking and baking goal, which did not appear to correlate with the authorized goal/objective.</p> <p>Participant 3's PIPs included goals to "learn about her finances," "make weekly & long term financial goals for purchases," and "menu planning," which were not addressed on her ISP.</p> <p>Participant 4's PIPs did not correlate with the goals on the ISP; see "raising hands and arms motor skills."</p> <p>IN ADDITION, these participants appeared to have many objectives that addressed neck muscles, hand-over-hand assistance due to muscular degeneration and lack of hand strength, etc. They did not appear to have</p>	<p>Corrective action: All PIPS will follow Goals and Objectives outlined in the Functional Assessment and all PIPS will be specific to each participants plan of service (ISP). The PIPS will reflect the changes as requested: doctor's orders stating need for positioning, a licensed professional giving instructions, and/or training for required positioning, and monitoring will be from an OT, PT, or RN license. All PIPS will reflect the Goals & Objectives in the Functional Assessment and ISP and all will be measurable.</p> <p>Who will be affected: This will be applied to all participant programs.</p> <p>Person responsible for the corrective action: The Residential Habilitation Program Coordinator.</p> <p>How will it be monitored: Monthly Q&A by the Residential Habilitation Program Coordinator and quarterly by the Residential Habilitation Program Director.</p>	<p>2013-03-20</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.01</p> <p>400. PARTICIPANT RECORDS. 01. Participant Records. Each agency must have and maintain a written policy outlining the required content of participant records, criteria for completeness, and methodology to be used to ensure current and accurate records. An individual record must be maintained for each participant and retained for a period of three (3) years following the participant's termination of services. 16.04.17.400.01 (3-20-04) All entries made into a participant record must be dated and signed in ink.</p>	<p>physical therapy or occupational therapy assessments to address these areas. Paraprofessionals appeared to be conducting exercises with these individuals with no documentation that the staff were working within the scope of his/her license.</p> <p>Two of four participant records reviewed (Participants 1 and 2) lacked documentation that all entries made into participant records were dated and signed in ink.</p> <p>For example: The data sheet in Participant 1's home record for the objective "turn head" lacked a signature for December 16, 2012. The "communication" data sheet in Participant 2's home record lacked signatures for December 9 and December 15, 2012, and the "dressing" data sheet for December 9, 2012, to December 12, 2012, had initials, but no signatures.</p>	<p>Corrective action: All PIPS, charting, daily information, and any form of data sheet will be initialed, dated, and signed in ink by all staff, on all shifts. The month and year will be inserted on the PIPS before they are distributed for use by the staff. A weekly check for compliance will be conducted by supervisory staff.</p> <p>Who will be affected: This procedure will be applied to all participant records.</p> <p>Person responsible for corrective action: The Residential Habilitation Program Coordinator.</p> <p>How will it be monitored: Weekly Q&A by the Lead Worker, monthly by the Residential Habilitation Program Coordinator, and quarterly by the Residential Habilitation Director.</p>	<p>2013-03-20</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.k</p> <p>400. PARTICIPANT RECORDS.</p> <p>02. Required Information. Records must include at least the following information: (3-20-04)</p> <p>k. Habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program. (3-20-04)</p>	<p>Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked written documentation of participants' needs, desires, goals and measurable objectives, including documentation of planning, ongoing evaluation, data-based progress and participant satisfaction of the program developed, implemented, and provided by the agency specific to the plan of service.</p> <p>IDAPA 16.04.17.011.01: Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment.</p> <p>For example:</p> <p>Participant 1 had the following objective: "He has limited verbal and requires physical hand over hand assistance due to muscular degeneration and lack of hand strength. Goal is 65% 12 consecutive months. Response time after initial touch/sign 3-5 seconds." As written, this objective was not measurable. As written, the objective "Turning his head/Gross Motor: mobility DR Requests adequate intake of liquids independent liquid intake, 8-10 ounces every 2 hours, to the best of his ability" was not measurable. Some objectives lacked baselines, such as turning head, from December 2011 PIPs and December 2012. Another objective stated, "hand to mouth coordination, adequate intake of liquids, independent feeding, to the best of his ability." As written, this objective was not measurable and did not address a skill to be taught.</p>	<p>Corrective action: This data will be included in the Participant Overview Section, in the Functional Assessment, and in the Monthly Status Review Summary. The top section of the PIP will be redesigned to include more detail regarding the skills to be acquired, progress towards Goals & Objectives, measurable objectives, level of support for skill, and level of achievement set by end date. The way the Goals & Objectives are measured will be more consistent, and the level of support will be more standardized across employees and locations.</p> <p>Who will be affected: This procedure will be applied to all participant programs and records.</p> <p>Person responsible for corrective action: The Residential Habilitation Program Coordinator.</p> <p>How will it be monitored: Monthly Q&A by the Residential Habilitation Program Coordinator and quarterly by the Residential Habilitation Program Director.</p>	<p>2013-03-20</p>

	<p>Participant 2's PIPs included two objectives that appeared to be duplicates, just worded differently: "DLS Self care" which addressed taking a shower and dressing/undressing; and the other goal was for dressing/ undressing.</p> <p>Participant 3's PIP for "laundry & household chores" stated for the objective: "Can follow modeling, verbal requests and direction. She may need hand over hand assistance. Leave squares blank and complete data only once per week when she does bedroom cleaning or laundry. Goal is 85% over 12 consecutive months. Response time after initial touch/sign 3-5 seconds." There was no documentation that stated she required "signing;" the assessment stated, "She has some garbling to her speech but she does verbally communicate."</p> <p>Participant 4 had the following objective: "85% in raising hand and arm motor skills-he is non-verbal unless motivated to speak. He requires hand over hand assistance due to muscular degeneration and lack of hand strength. Goal is 85% of trials over 12 consecutive months. Response time and after initial prompt is 3-5 seconds." The objective appeared to have multiple objectives to track, was not measurable as written, and did not address a specific skill to be acquired.</p>		
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.400.02.n 400. PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) n. Daily record of the date, time, duration, and type of service provided. (7-1-95)</p>	<p>Two of four participant records reviewed (Participants 1 and 2) lacked documentation of the daily record of the date, time, duration, and type of service provided.</p> <p>For example:</p> <p>Participant 1's record lacked documentation of the month that data was completed for the goals (it appeared to be September 2012 through</p>	<p>Corrective action: The dates will be on each monthly PIP before distribution to staff. New PIPS are being created with objectives and goals that are measurable. Steps on the PIPS will be more defined, the PIP will address a specific skill to be acquired, and the current skill level of the participant will be listed. Behavioral data will be included in the format.</p>	<p>2013-03-20</p>

	<p>December 12, 2012).</p> <p>Participant 2's record lacked documentation of the month that data was completed. It appeared as if the staff were to hand write the month, but this had not been done for many months worth of data.</p>	<p>Who will be affected: This will be applied to all participant programs and records.</p> <p>Person responsible for corrective action: The Residential Habilitation Program Coordinator.</p> <p>How will it be monitored: Monthly by the Residential Habilitation Program Coordinator and quarterly by the Residential Habilitation Program Director.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.405.01</p> <p>405. TREATMENT OF PARTICIPANTS. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: (3-20-04)</p> <p>01. Interventions. Positive behavior interventions must be used prior to and in conjunction with, the implementation of any restrictive intervention. (3-20-04)</p>	<p>The agency lacked documentation that positive behavior intervention was used prior to and in conjunction with the implementation of any restrictive intervention.</p> <p>For example:</p> <p>Participant 2's ISP addressed behaviors and the neurological report addressed behaviors also, but there was no documentation that a behavior program had been addressed. In addition, the PC/QIDP stated that the staff had been directed to not wear jewelry and to wear caps on their head so the participant would not pull their hair. There was no documentation of this instruction.</p> <p>Participant 3's ISP addressed behaviors such as</p>	<p>Corrective action - Participant #2:</p> <p>In April, 2012, following an OSHA Complaint Investigation, we were required to implement procedures to protect staff; no procedure was implemented that would restrict the participants in any way. Staff are currently required to wear head gear for protection as we implement Positive Behavioral Supports to help the participant gain the skills necessary to interact with the staff without grabbing their hair and causing injury. The use of head gear will be gradually decreased as the participant gains the appropriate social skills.</p> <p>Corrective action - Participant #3:</p> <p>Staff have been instructed to respect the Developmental Options Participant Rights Policy which prohibits the use of withholding privileges.</p>	<p>2012-04-18</p>

"wetting her pants," and the psychological assessment addressed "will wet her pants to get attention;" the PIPs addressed toileting. In the ABC reports, it stated that on multiple occasions she lost privileges due to her wetting her pants, but there was no behavior plan that addressed positive behavior interventions, only "punishment."

In addition, training for staff regarding Participants 5 and 6 on February 18, 2012, March 8, 2012, and May 10, 2012, stated, "Please remember participants are not to purchase sodas, candy and other junk foods on the weekends. A dinner must be prepared with staff, from the menu, every day... and bedtimes are to be kept and they need to be up at 8:00am every day and an earlier bedtime 10 pm sun-thurs [sic] and 11 pm Friday and Saturday nights will be mandatory." The agency was utilizing restrictive programming that did not address positive behavior interventions and did not meet rule requirements. Per the Program Coordinator, the agency has changed the training, but there was no documentation that the process had been changed.

(REPEAT DEFICIENCY from the investigation survey of November 23, 2011)

Staff have also been instructed in how to use non-restrictive interventions and Positive Behavioral Supports.

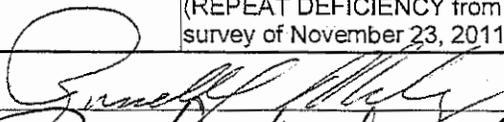
Corrective action - Participant #5 & #6:
The sited Daily Routine was discontinued in the November, 2011. Following that a new Daily Routine was implemented with participant input and based on Positive "Behaviorl Supports, redirection, offering choices, and use of rewards from an Inventory of Choices.

Who is affected: This was applied to all participant programs and records. All participant records will be reviewed to ensure that no restrictive interventions are in place.

Person responsible for corrective action: The Residential Habilitation Program Coordinator.

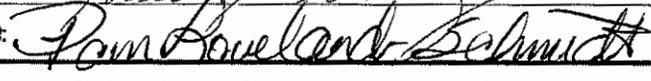
How will it be monitored: Monthly by the Residential Habilitation Program Coordinator and quarterly by the Residential Habilitation Program Director.

Administrator/Provider Signature:



Date: 2013-01-28

Department POC Approval Signature:



Date: 2/4/13

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