



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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March 7, 2014

C. Jared White, BA, Administrator  
A New Hope  
19 B Mountain Drive  
Pocatello, ID 83204-4724

Dear Mr. White:

Thank you for submitting the Plan of Correction for A New Hope dated March 7, 2014, in response to the initial survey conducted on January 9, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result of the initial survey, we previously issued A New Hope full certificates effective from January 22, 2014, through January 31, 2015, 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 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS  
Medical Program Specialist  
DDA/ResHab Certification Program

PLS/slm

Enclosure

1. Approved Plan of Correction



# Statement of Deficiencies

*Developmental Disabilities Agency*

A New Hope  
DDA-5052

707 North 7th Avenue, Suite F  
Pocatello, ID 83201  
(208) 904-1950

**Survey Type:** Initial

**Entrance Date:** 1/7/2014

**Exit Date:** 1/9/2014

**Initial Comments:** Surveyor: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03.b</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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: (7-1-11)</p> <p>b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>	<p>Two of six employee records reviewed (Employees 3 and 5) lacked documentation that the Clinical Supervisor conducted an observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrated the necessary skills to correctly provide the DDA services.</p> <p>For example:</p> <p>The agency's records for Employee 3 lacked documentation of the date the observation was completed; it was indeterminate when the supervision was completed.</p> <p>The agency's records for Employee 5 lacked documentation of supervision for November 2013. For the observation conducted on December 28, 2013, the Clinical Supervisor did not sign stating he completed the observation.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. Clinical Supervisor will report all observations to the Administrator as they are completed each week. Clinical Supervisor will keep a checklist of employees for the month and mark off when they observation is complete. Administrator will review the observations at least weekly.</p> <p>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Clinical Supervisor will keep a current list of all employees providing direct service and mark off when the observations are completed for the month.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator will oversee Clinical Supervisor and t</p>	<p>2014-03-01</p>

		<p>Administrator will oversee Clinical Supervisor and they will ensure all direct care employees are observed once a month.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Clinical supervisor will report to the administrator at least weekly on the observations. Clinical supervisor will also check signatures and dates of observation ensuring they are correct.</p> <p>5. By what date will the corrective actions be completed?</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.600.02.a.i</p> <p>600. 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)</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11)</p> <p>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)</p> <p>i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>	<p>One of 2 child participant records reviewed (Participant 1) lacked documentation that it contained an Individualized Education Plan (IEP), including any recommendations for an extended school year.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. When HI worker is doing the assessment with the parent, HI worker will request from the parent a copy of the IEP. If parent prefers, HI worker will have the parent fill out a release of information for the agency to contact the school to obtain the IEP.</p> <p>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Clinical Supervisor will review each file to ensure there is a current IEP. Clinical supervisor will contact each parent of the participants that have a missing IEP to either get a copy from the parent or have them sign a release of information so the agency may contact the school to obtain the IEP.</p> <p>3. Who will be responsible for implementing each corrective action? Clinical Supervisor.</p> <p>4. How will the corrective actions be monitored to</p>	<p>2014-03-01</p>

		<p>ensure the problem is corrected and does not recur?                  Clinical Supervisor will review client records at least quarterly to ensure IEP's are current. When it has been noted a new IEP is needed, clinical supervisor will review the client record weekly until the document has been obtained.                  5. By what date will the corrective actions be completed?</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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 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 a current copy of the child's plan of service to the child's school. (7-1-11)</p>	<p>Two of 2 child participant records reviewed (Participants 1 and 2) lacked documentation that the DDA provided a current copy of the child's plan of service to the child's school.                   For example, Participants 1 and 2's records had no documentation that the plans or Program Implementation Plans were provided to the children's schools.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report.                  Clinical Supervisor will make a copy of each clients PIP and deliver it to the school the child attends. Clinical supervisor will document this in writing in each client record.                  2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?                  Clinical Supervisor will QA each client record at least quarterly. When a deficiency is found in the client file, the clinical supervisor will continue to review that client's record weekly until the proper documentation has been completed.                  3. Who will be responsible for implementing each corrective action?                  Clinical Supervisor.                  4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?                  As overseen by the Administrator. The clinical supervisor will review each clients record at least quarterly to ensure all records are current.</p>	<p>2014-03-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.b</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>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>One of 2 participant records reviewed (Participant 1) lacked documentation that the Program Implementation Plans (PIPs) included the 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 were delivered to the participant.</p> <p>For example, Participant 1's PIPs included service environment for home and center, which was not authorized on the plan and the agency was not authorized to provide services in the center. The agency was authorized to provide home and community services only.</p>	<p>1. 1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. Clinical supervisor will review each clients PIP to ensure all parts of the PIP are included and corresponding to the clients plan of service, including service environments.</p> <p>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Clinical Supervisor will review each clients PIP and QA to ensure all components are included, current and match the POS.</p> <p>3. Who will be responsible for implementing each corrective action? Clinical Supervisor.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? As overseen by the Administrator. The Clinical supervisor will review each clients file at least quarterly to ensure all records are following the current POS.</p> <p>5. By what date will the corrective actions be completed?</p>	<p>2014-03-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<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 and dated by the respective evaluators. (7-1-11)</p>	<p>One of 2 participant records reviewed (Participant 1) lacked documentation that the completed habilitative intervention evaluation included the results, test scores, and narrative reports signed with credentials and dated by the respective evaluators.</p> <p>For example, Participant 1's intervention evaluation lacked the respective evaluator's signature, credentials, and date signed.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. Clinical Supervisor will review each client record, including evaluations to ensure all components are included and signatures have been obtained.</p> <p>2. What will the agency do to identify any other participants, staff or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Clinical supervisor will review all clients records, including the evaluations to ensure all components are included and signatures have been obtained.</p> <p>3. Who will be responsible for implementing each corrective action? Clinical supervisor.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? As overseen by the Administrator. The Clinical supervisor will review each clients record at least quarterly to ensure the evaluation has all components and required signatures.</p> <p>5. By what date will the corrective actions be completed?</p>	<p>2014-03-01</p>

<p>Administrator/Provider Signature: <i>[Signature]</i></p>	<p><i>[Signature]</i> 3/7/14</p>	<p>Date: 2014-02-11</p>
<p>Department POC Approval Signature:</p>	<p><i>[Signature]</i></p>	<p>Date: 03/07/2014</p>

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