



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE (208) 364-1959  
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April 2, 2014

Corey Makizuru, Administrator  
Gem State Developmental Center  
818 Northwest 15<sup>th</sup> Street  
Meridian, ID 83642

Dear Mr. Makizuru:

Thank you for submitting the Plan of Correction for Gem State Developmental Center dated March 31, 2014, in response to the recertification survey concluded on March 13, 2014. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Gem State Developmental Center full certificates effective from May 1, 2014, through April 30, 2017, 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 364-1906 or [browne@dhw.idaho.gov](mailto:browne@dhw.idaho.gov).

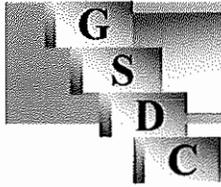
Sincerely,

ERIC D. BROWN  
Manager  
DDA/ResHab Certification Program

EDB/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disabilities Agency Certificates



# GEM STATE DEVELOPMENTAL CENTER

EXCEPTIONAL SERVICE FOR EXTRAORDINARY PEOPLE

818 NW 15th Street  
Meridian, Idaho 83642  
(208) 888-5566

980 NW 15th Street  
Meridian, Idaho 83642  
(208) 888-5566

157 Caldwell Blvd  
Nampa, Idaho 83651  
(208) 466-9661

2016 Bingham Dr.  
Nampa, Idaho 83651  
(208) 466-3838

Eric Brown, Program Manager  
IDHW State Licensing and Certification  
3232 Elder Street  
Boise, Idaho 83705

March 31, 2014

Dear Eric:

RECEIVED

APR 01 2014

DIV OF LIC & CERT

Enclosed is Gem State Developmental Center's Plan for Correction. In our Plan of Correction, we have addressed each finding that required corrections, accordingly. We have corrected those findings and practices and found that the findings were not widespread cases.

We anticipate full implementation and compliance of all developmental disabilities agency regulations by May 1, 2014. In doing so, we're confident that we'll maintain our compliance history, program integrity, and continue to meet all regulatory standards and substantial compliance to sustain our three (3) year licensing certification.

Thank you for your assistance and success towards cultivating a positive and professional working relationship with fellow experts in the developmental disabilities field. If you have any questions or need further information, please contact me at (208) 888-5566, extension 104.

Sincerely Yours,

A handwritten signature in cursive script that reads "Corey T. Makizuru".

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Corey T. Makizuru  
Administrator

cc. GSDC Board of Directors



# Statement of Deficiencies

Developmental Disabilities Agency

Gem State Developmental Center  
4GEM014-1

818 NW 15th St  
Meridian, ID 83642  
(208) 888-5566

Survey Type: Recertification

Entrance Date: 3/11/2014

Exit Date: 3/13/2014

Initial Comments: Division of Licensing and Certification Survey Team: Eric Brown, Program Manager; and Kerrie Ann Hull, Medical Program Specialist.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)</p> <p>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)</p> <p>b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>Review of agency documentation revealed that 3 out of 8 staff records lapsed in CPR and First Aid certification. Review of agency documentation revealed that 1 out of 8 staff records indicated that staff was not CPR and First Aid certified within ninety (90) days of hire.</p> <p>For example:</p> <p>Employee #4's record indicated a gap in CPR/First Aid certification from 02/04/2012 to 06/06/2012.</p> <p>Employee #7's record indicated a gap in CPR/First Aid certification from 02/04/2012 to 06/06/2012.</p> <p>Employee #8 had a gap in CPR/First Aid Certification from 10/15/2012 to 11/28/2012.</p> <p>Employee #6 was not certified within 90 days of start date (started on 05/11/2012; certified on</p>	<p>Effective 03-17-14, GSDC will ensure that staff who provide DDA services is certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter.</p> <p>1. Regarding employee #4, #7, and #8, there was a lapse of CPR and first aid of four, four, and one and ½ months, respectively. Employees #4, #7, and #8 have been employed by GSDC for a combined total of 18½ years. Employees #4 and #8 are professionals. Employee #7 is a paraprofessional. All have maintained their current certification throughout their tenure with the agency with the exception of the recent findings.</p> <p>Employee #6 is a part-time paraprofessional. Due to extenuating circumstances, employee #6 was unable to complete CPR and first aid training within 90 days of start date. Nonetheless, employee #6 received her CPR and first aid certification on the eighty-seventh (87th) business</p>	2014-05-01

	09/13/2012).	<p>days or one hundred and twenty-fifth (125th) calendar days after her start date.</p> <p>2. GSDC has reviewed and verified that all thirty-seven (37) employees who provide DDA services are currently certified in CPR and first aid.</p> <p>3. The Senior Developmental Specialist and Senior Secretary will be responsible for ensuring and implementing corrective action.</p> <p>4. The Senior Secretary will review case records on a yearly basis to ensure IDAPA 16.03.21.410.01.b. requirement continues to be met. Prior to May 1, 2014, the agency will establish an electronic monitoring and notification system to track and alert the Administrator, Senior Developmental Specialist and Senior Secretary regarding subsequently certification and expiration dates, accordingly. Senior Developmental Specialist will schedule and oversee training completion.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.a</p> <p>500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.</p> <p>The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)</p> <p>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)</p> <p>a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-11)</p>	<p>Review of agency documentation revealed that 4 out of 4 facilities did not conduct all required quarterly fire drills.</p> <p>For example:</p> <p>Facility #1 was missing the first quarter 2013 fire drill.</p> <p>Facility#2 was missing the second quarter 2011 fire drill.</p> <p>Facility #3 was missing the third quarter 2012 and third quarter 2011 fire drills.</p> <p>Facility #4 was missing the third quarter 2012 and first quarter 2012 fire drills.</p>	<p>Effective 03-17-14, GSDC will ensure that fire drills are conducted at least once per quarter rather than multiple times during a quarterly period.</p> <p>1. Regarding the review of all four treatment facilities, each facility conducted at least four (4) fire drills during 2011, 2012, and 2013.</p> <p>2. Licensing and certification team thoroughly reviewed all fire drill records for 2011, 2012, and 2013.</p> <p>3. The Senior Developmental Specialist and Clinical Supervisors will be responsible for ensuring and implementing corrective action.</p>	2014-05-01

		<p>4. Prior to May 1, 2014, the agency will establish an electronic monitoring and notification system to track and alert the Senior Developmental Specialist and Clinical Supervisors (prior to the end of each quarter) regarding completing subsequently fire drill within such time period, accordingly. Therefore, fire drills will be conducted at least quarterly.</p> <p>The Senior Developmental Specialist will review record on a quarterly basis to ensure IDAPA 16.03.21.500.04.a. requirement continues to be met.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p><b>601. RECORD REQUIREMENTS.</b> 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>Review of agency documentation revealed that 2 out of 8 participant profile sheets lacked identifying information reflecting the current status of the participant.</p> <p>For example:</p> <p>Participant #4's profile sheet did not include an allergy to Risperdal as indicated on doctor notes from 12/12/2013.</p> <p>Participant D had an additional diagnosis of developmental delay as indicated throughout various assessments in the file; however, the diagnoses was not included on the participant's profile sheet.</p>	<p>Effective 03-17-14, GSDC will ensure that each participant record contain a profile sheet reflecting the current status of the participant, including ... allergies and diagnoses.</p> <p>1. Regarding participant #4, her profile sheet was updating on 03-13-14 to include an allergy to Risperdal as indicated on the physician notes from 12-12-2013. Participant D's profile sheet was updating on 03-13-14 to include developmental delay diagnosis as indicated on the physician notes from 04-30-2013. In IDHW Plan of Service, dated 04-15-13, developmental delay is not diagnosed. Participant D is a 6 years, 11 months old. In the past, licensing and certification teams have indicated that developmental delay diagnosis after age five years is not an underlying medical condition.</p> <p>2. Prior to 05-01-14, Clinical Supervisors and agency's Licensed Social Worker will review Medical, Social and Developmental Assessment and Medical Records and ensure that pertinent</p>	<p>2014-04-11</p>

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)

information is placed on the agency's electronic management system where profile sheets are managed. Any updated profiles will be placed in permanent records.

3. The Licensed Social Worker and Clinical Supervisors will be responsible for ensuring and implementing corrective action.
4. Effective 03-17-14, Clinical Supervisors and agency's Licensed Social Worker will review all incoming Medical, Social and Developmental Assessment Summaries and Medical Records and ensure that pertinent information is placed on the agency's electronic management system where profile sheets are managed and to ensure IDAPA 16.03.21.601.01.d. requirement continues to be met.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.e</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</p>	<p>Review of agency documentation revealed that 2 out of 8 participant files lacked a current medical/social history that reflected the current status of the participant.</p> <p>For example:</p> <p>Participant #3's medical/social history was last updated on 02/09/2012 and did not reflect the current status of the participant to include current medications and current living arrangement. During survey, the agency was able to obtain 2013 and 2014 updated medical/social histories. **Corrected during survey.</p> <p>Participant #4 did not have a current medical/social history on file. Participant #4's last medical/social history was dated 11/01/2012, which did not reflect the current status of the participant. During survey, the agency was able to obtain a 2013 updated medical/social history. **Corrected during</p>	<p>Effective 03-17-14, GSDC will ensure that each participant record contain pertinent and current medical, social, and developmental information and assessments from the Department of Health and Welfare (DHW) and/or its designee, e.g. Idaho Center for Disabilities Evaluation (ICDE).</p> <ol style="list-style-type: none"> <li>2. Prior to 05-01-14, Clinical Supervisors and agency's Licensed Social Worker will review all respective adult participants' records to ensure that files contain current medical, social, and developmental information and assessments. If information is missing, Clinical Supervisor will request for information and obtain, accordingly. In the past, obtaining all information from the ICDE has been a problem. Nonetheless, GSDC will make every effort to obtain.</li> <li>3. The Licensed Social Worker and Clinical Supervisors will be responsible for ensuring and implementing corrective action.</li> </ol>	<p>2014-05-01</p>

<p>information: e. Medical, social, and developmental information and assessments that reflect the current status of the participant.</p>	<p>survey. 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>4. Effective 03-17-14, Clinical Supervisors and agency's Licensed Social Worker will periodically review participant's records to ensure IDAPA 16.03.21.601.01.e. requirement continues to be met.  If information is missing, Clinical Supervisor will obtain the information from the case manager (if one exists) or from the maker of the documents, e. g. Department of Health and Welfare (DHW) or Idaho Center for Disabilities Evaluation (ICDE).</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.f 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) 01. General Records Requirements. Each</p>	<p>Review of agency documentation revealed that 1 out of 8 participant files had an intervention evaluation on file that lacked the signature, credentials, and/or date of the respective evaluator.  For example, Participant A's Habilitative Intervention Functional Assessment lacked the signature of the evaluator and the date of sign-off.</p>	<p>Effective 03-17-14, GSDC will ensure that every Habilitative Intervention Functional Assessment includes the signature of the evaluator and date of sign-off.  1. On 03-13-14, Clinical Supervisor met, reviewed, and instructed all habilitative interventionists to include signature of the evaluator and date of sign-off on every Habilitative Intervention Functional Assessment that they complete.  2. On 03-17-14, Clinical Supervisor and Administrator reviewed all children's records to ensure that all Habilitative Intervention Functional Assessments included signature of the evaluator and date of sign-off. All Habilitative Intervention Functional Assessments met regulatory requirement.</p>	<p>2014-03-17</p>

participant record must contain the following information: (7-1-11)  
 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)

3. The Clinical Supervisor will be responsible for ensuring and implementing corrective action.  
 4. Effective 03-17-14, Clinical Supervisor will review all completed participant's Habilitative Intervention Functional Assessment to ensure IDAPA 16.03.21.601.01.f. requirement continues to be met.  
 If information (signature of the evaluator and date of sign-off) is missing, Clinical Supervisor will contact Habilitative Interventionist for correction, provide additional training and guidance to ensure requirement continues to be met.

Administrator/Provider Signature:

*Cory J. Zafine*

Date: 2014-03-31

Department POC Approval Signature:

*E. D. [Signature]*

Date: 4/2/14

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