



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 9, 2013

J. Mike Hutchings, Owner
Becky Novak, Administrator
Center for Independent Living
1411 Falls Avenue East, Suite 703
Twin Falls, ID 83301

Dear Mr. Hutchings and Ms. Novak:

Thank you for submitting the Plan of Correction for Center for Independent Living dated April 24, 2013, in response to the recertification survey conducted on April 2, 2013 through April 4, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Center for Independent Living a full three-year certificate effective from May 1, 2013, through April 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, 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 lovelanp@dhw.idaho.gov or (208) 239-6267.

Sincerely,

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

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disability Agency Certificate



Statement of Deficiencies

Developmental Disabilities Agency

Center for Independent Living
5CJL019

158 Blake St N
Twin Falls, ID 83301-5000
(208) 734-8973

Survey Type: Recertification

Entrance Date: 4/2/2013

Exit Date: 4/4/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Fredé Trenkle-MacAllister, Medical Program Specialist, DDA/ResHab Certification Program. This report was amended on April 18, 2013.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.658.01.b.iii</p> <p>658. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>01. Standards for Paraprofessionals Providing Developmental Therapy and IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 657 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) years of age must work under</p>	<p>Two of two paraprofessional records reviewed (Employees 10 and 11) lacked documentation that the agency ensured the professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary, give instructions, review progress, and provide training on the program(s) and procedures to be followed.</p>	<p>1. What corrective action(s) will be taken? Weekly supervision will cover all required areas by the qualified professional.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, during weekly supervision and ongoing.</p>	<p>2013-05-06</p>

the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-11)

b. Frequency of Supervision. The agency must ensure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-11)

iii. Provide training on the program(s) and procedures to be followed. (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16:03.21.500.01</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>01. Accessibility. Agencies designated under these rules must be responsive to the needs of persons receiving services and accessible to persons with disabilities as defined in Section 504 of the federal Rehabilitation Act, the Americans with Disabilities Act (ADA) Accessibility Guidelines, and the uniform federal accessibility standard. The DDA must submit a completed checklist to the Department to verify compliance with the ADA requirements. This checklist must be provided to the Department with the application for certification. (7-1-11)</p>	<p>The agency lacked evidence that the ADA checklist was used to verify the facility's compliance with ADA requirements.</p> <p>For example, the bathrooms designated as ADA (wheelchair accessible) bathrooms had hand rails, but they were positioned in the wrong locations. The bars must meet ADA requirements.</p>	<p>1. What corrective action(s) will be taken? The facilities will meet ADA compliance.</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, during facility walk-throughs, and ongoing.</p>	2013-05-05

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.f</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>03. Fire and Safety Standards. (7-1-11)</p> <p>f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)</p>	<p>The three facilities lacked evidence that hazardous/toxic materials were properly labeled and stored under lock and key.</p> <p>The agency corrected the deficiency during survey. The agency is required to address questions 2-4 on the Plan of Correction.</p>	<p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?</p> <p>All participant files will be reviewed for negative affects of the deficiency. The corrective action in taken during survey will remedy the deficiency.</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>The administrator or designee</p> <p>4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>The corrective actions will monitored in formal quarterly quality assurance reviews, during facility walk-throughs and ongoing.</p>	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.06.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>06. Housekeeping and Maintenance Services. (7-1-11)</p> <p>a. The interior and exterior of the center must be maintained in a clean, safe, and orderly manner and must be kept in good repair. (7-1-11)</p>	<p>The three facility locations lacked evidence the agency assured the interior and exterior of the center was maintained in a clean, safe, and orderly manner and kept in good repair.</p> <p>For example:</p> <ul style="list-style-type: none"> • The kitchens had clutter throughout them; • Sinks in the kitchen had excessive hard water stains; • The second location had large glass dishes and items stacked above the kitchen cabinets above the sink, which posed a potential hazard; • The second location had a cabinet below the kitchen sink with cobwebs in the cabinet where plasticware was stored; • The refrigerator was missing the door handle; • The vent above the stove had grease, dirt, and lint in the vent; • The toilet had dirt and urine behind it, etc.; • All three locations had therapy rooms that had large amounts of items stored in these areas, which posed a potential hazard (this is the same for the medication room). • Garbage bags of aluminum cans were stacked outside the ADC center. 	<ol style="list-style-type: none"> 1. What corrective action(s) will be taken? The facilities will be maintained pursuant to regulation. 2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews, during facility walk-throughs, and ongoing. 	2013-05-06
<p>16.03.21.601</p> <p>601. RECORD REQUIREMENTS.</p> <p>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)</p>	<p>One of four participant records reviewed lacked evidence that the participant record supported the individual's choices, interests, and needs that resulted in the type and amount of each service provided.</p>		

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)

For example, Participant 1's developmental assessment dated June 18, 2012, lacked documentation of recommendations of the type and amount of therapy. The agency hand wrote the type and amount on the assessment during the survey.

The agency corrected the deficiency during the course of the survey. The agency is required to address questions 2-4 on the Plan of Correction.

Also, see IDAPA 16.03.10.655:02.a.v.

2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken?

All participant files will be reviewed for negative affects of the deficiency. The corrective action in taken during survey remedy the deficiency.

3. Who will be responsible for implementing each corrective action?

The administrator or designee

4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules?

The corrective actions will monitored in formal quarterly quality assurance reviews, annual redeterminations, and ongoing.

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</p>	<p>Four of four participant records reviewed (Participants 1, 2, 3, and 4) lacked Program Implementation Plans (PIPs) that included the participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, or corresponding program documentation and monitoring records when intervention services were delivered to the participant.</p> <p>For example:</p> <p>For Participant 1's PIP objective "answer yes/no</p>		<p>2013-05-31</p>

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

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)

questions," the baseline was 49%. The Provider Status Review (PSR) baseline was 51%. For the PIP objective "will attend to a conversation," the baseline was 76% and the PSR baseline was 72%; these do not correspond with each other. In addition, the baselines did not appear to be accurate. For instance, the objective "allow staff to wash her hands" on the PSR stated 54% independently and for June 2012 data, it was documented at 75%. For the comments of the same month, it states she needed 15% physical assistance and refused to participate. It was unclear how the baseline was at 54% independence.

For Participant 2's PIP objective "will wash his hands," the baseline was 54%. The PSR baseline was 60%. For "will use napkin," the PIP objective baseline was 34% and the PSR was 29%. For "will wait turn," the PIP baseline was 56% and PSR was 58%. For "will ignore distraction," the PIP baseline was 35% and PSR was 27%. For "will state the day of week," the PIP baseline was 29% and PSR was 21%. For "will ask before helping others," the PIP baseline was 36% and PSR was 25%. For "will take bite size portions of food," the PIP baseline was 8% and the PSR baseline was 10%.

For Participant 3's PIP objective "will slow down when communicating," the baseline was 33%. The PSR baseline was 52%. For "will participate in group," the PIP baseline was 58% and the PSR was 74%. For "will greet a peer," the PIP baseline was 26% and the PSR baseline was 30%, etc.

Based upon agency documentation, the baselines for the objectives did not correlate for the Program Implementation Plan (PIP) and the Provider Status Review (PSR). As written, the programs were not measurable.

1. What corrective action(s) will be taken? PIPs will include all rule requirements. Baselines will be evaluated and reprobated for accuracy. PIPs will be modified as needed to ensure compliance.
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified, what corrective action will be taken? All participant files will be reviewed for negative affects of the deficiency. The corrective action in #1 will be remedy the deficiency.
3. Who will be responsible for implementing each corrective action? The administrator or designee
4. How will the corrective action(s) be monitored to ensure consistent compliance with IDAPA Rules? The corrective actions will monitored in formal quarterly quality assurance reviews; during observations; weekly supervision, annual redeterminations, and ongoing.

Also, see IDAPA 16.03.10:655.08.b-d.

Administrator/Provider Signature: <i>Becky Newsh</i>	Date: <i>4/24/2013</i>
Department PBC Approval Signature: <i>Kim Rowland-Schmidt</i>	Date: <i>5/8/13</i>

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