



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

May 21, 2014

Branden Smalley, Administrator
Progressive Behavior Systems
PO Box 714
Rupert, ID 83350-0714

Dear Mr. Smalley:

Thank you for submitting the Plan of Correction for Progressive Behavior Systems dated May 21, 2014, in response to the recertification survey concluded on April 27, 2014. The Department has reviewed and approved the Plan of Correction.

As a result, we have issued Progressive Behavior Systems one-year certificates for the Rupert and Twin Falls locations effective from June 1, 2014, through May 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 lovelanp@dhw.idaho.gov or (208) 239-6267.

Sincerely,

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

PLS/slm

Enclosures

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



Statement of Deficiencies

Developmental Disabilities Agency

Progressive Behavior Systems
5PBSYSTEM087

209 Shoup Ave W
Twin Falls, ID 83301-5023
(208) 733-3308

Survey Type: Recertification

Entrance Date: 4/25/2014

Exit Date: 4/27/2014

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; Kerrie Ann Hull, Medical Program Specialists, DDA/ResHab Certification Program; and Eric Brown, Manager, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.009.01 009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services have complied with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)	Two of 14 employee records reviewed lacked documentation the agency verified that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services had complied with IDAPA 16.05.06, "Criminal History and Background Checks." For example: Employee 11's date of hire (DOH) was 12/02/2013. The self-declaration was signed 12/03/2013, but the DHW fingerprinting was not completed until 01/02/2014, which was over the 21-day Criminal History rule requirements. Employee 14's DOH was 10/14/2013. This employee was not added to the agency on the Criminal History Clearance (CHC) database, and there was no local Idaho State Police check. On 04/23/2014, the agency completed the DHW application. This employee had been	The issue has been corrected as soon as the employee(s) completed their fingerprint appointment through Criminal History Unit (CHU). 1. Employee # 11 completed her background check on 12.19.13 and was cleared on 1.2.14. Employee # 14 completed her fingerprint appointment on 5.2.14. Agency is currently waiting upon clearance letter. 2. All employee files are being reviewed by Administrator and acting HR Manager. 3. Administrator and HR Manager. 4. The procedure for Criminal History Unit and Idaho State Police background check will be discussed and trained to all employee(s) and administration staff. 5. All managers will be met with on 5.9.14 about the procedure of the Criminal History.	2014-05-09

without a CHC for 6 months and 9 days.

REPEAT DEFICIENCY and FAILURE TO COMPLY with the agency's plan of correction from the survey of 04/11/2011. See IDAPA 16.03.21.300.03-04.

Rule Reference/Text	Findings	Plan of Correction	Date to be Reentered or Deleted
<p>16.03.21.125</p> <p>125. RENEWAL AND EXPIRATION OF THE CERTIFICATE.</p> <p>An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules.(7-1-11)</p>	<p>The agency lacked evidence that it requested a renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, per rule requirements.</p>	<p>The Administrator has created a calendar event that will alert a task to be completed 90 days before expiration of certification(s).</p> <ol style="list-style-type: none"> 1. There was nothing to correct this citation as it has passed. 2. This citation did not impact participants. 3. The Administrator is responsible for requesting the renewal of its certificate 90 days before the expiration of the certificate. 4. This will not reoccur as a task and event has been created within the Administrator's calendar. 5. Corrective action has been completed by adding a set date in the Administrator's calendar. 	<p>2014-05-08</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.01</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-11)</p>	<p>The agency lacked evidence that the administrator was accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program.</p> <p>For example, based upon the multiple citations, repeat citations, and failure to comply with the agency's Plan of Correction, the administrator had not ensured compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program.</p>	<p>Progressive Behavior Systems has hired a new Administrator that started 4.28.14.</p> <ol style="list-style-type: none"> 1. PBS hired a new Administrator that will be accountable for the overall operations of the agency. In addition will ensure that compliancy of rules is adhered to. 2. Administrator will provide quarterly quality assurance for services provided by PBS. In addition, the Administrator will meet with each Director to maintain quality assurance of his/her program. 3. Administrator, Clinical Supervisor(s), and LCSW. 4. Administrator will facilitate biweekly meetings for each location and communicate weekly with Directors, HR Manager, and Clinical Supervisors. 5. Administrator will be meeting with each Director, HR Manager, and Clinical Supervisor 5.1.14. 	<p>2014-05-01</p>

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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<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>One of five employee records reviewed lacked documentation that a clinical supervisor employed by the DDA provided 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, Employee 2 had signed off as her own clinical supervisor on Participant A's data from 09/2013-03/2014. She signed as the habilitative interventionist and the clinical supervisor for 03/28/2014, 03/21/2014, 03/14/14; 02/21/2014, etc.</p>	<ol style="list-style-type: none"> 1. Employee # 2: The services provided by the professional will be overseen by Administration or another qualified professional on a weekly basis. 2. Administration and Quality Assurance will review documentation on a weekly basis to review each participant(s) record(s). 3. Administration and Clinical Supervisor(s) will review documentation to ensure that each professional is not signing their own clinical records. 4. Administration and Quality Assurance will be reviewing documentation on a weekly basis. 5. Participant's data will be reviewed by 5.30.14 	<p>2014-05-30</p>
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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>One of two agency facilities lacked evidence that all hazardous or toxic substances were properly labeled and stored under lock and key.</p> <p>For example, the Twin Falls facility cleaning room contained bleach in a Clorox bottle. The bottle was left unlocked and was discovered during the facility walkthrough. There was a participant in the center receiving services at the time of the walkthrough.</p> <p>The deficiency was corrected during the course of the survey. The agency must answer questions 2-4 on the plan of correction.</p> <p>REPEAT DEFICIENCY and FAILURE TO COMPLY with the agency's Plan of Correction from the 04/11/2011 survey. See IDAPA 16.03.21.300.03-04.</p>	<p>2. Quality Assurance will complete a daily walkthrough to ensure that everything is labeled correctly and locked in the appropriate location.</p> <p>3. Clinical Supervisor(s) will be responsible to do a daily walkthrough to ensure the environment is safe and free of all hazardous and toxic substances.</p> <p>4. Clinical Supervisor and Quality Assurance will complete quality environmental inspection on a quarterly basis.</p>	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.h</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>h. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (7-1-11)</p>	<p>One of two agency facilities lacked evidence that there was a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone.</p> <p>For example, the telephones in the front reception area, the room the survey team was working in, and the front therapy room did not have emergency telephone numbers posted near them.</p>	<ol style="list-style-type: none"> 1. Location # 1: During survey, Clinical Supervisor posted emergency telephone numbers next to all landlines. 2. Quality Assurance will complete a daily walkthrough to ensure that emergency telephone numbers are posted as needed. 3. Quality Assurance and Clinical Supervisor(s) will ensure that all emergency telephone numbers are posted. 4. Quality Assurance and Clinical Supervisor will complete a quality environmental inspection on a quarterly basis to ensure emergency numbers are posted. 5. Each landline had new numbers posted after survey was completed. 	2014-04-23

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04</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</p>	<p>One of two agency facility evacuation plans posted throughout the center lacked evidence they complied with this section of rule.</p> <p>For example, the Twin Falls evacuation plan located in the staff supply room did not have any fire extinguisher locations identified on it. Also, an extra fire extinguisher was found in the</p>	<ol style="list-style-type: none"> 1. Location # 1: Staff supply room was provided a facility evacuation plan including the location of a fire extinguisher. 2. Quality Assurance and Clinical Supervisor will complete a quality environmental inspection to ensure that locations have updated evacuation plans and locations of fire extinguishers. 	2014-05-12

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)

staff supply room that was not identified on any of the evacuation plans.

3. Administration, Quality Assurance, and Clinical Supervisors will be responsible to ensure both locations have updated evacuations plans.
4. Quality Assurance and Clinical Supervisor will complete a quality environmental inspection on a quarterly basis to ensure facility evacuations plans are accurate and fire extinguishers are accurately labeled.
5. Clinical Supervisors and Quality Assurance will review both locations on 5.12.14 .

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.600 600. 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>One of six participant records reviewed lacked evidence the DDA maintained records for each participant the agency served. Each participant's record must include documentation of the participant's involvement in and response to the services provided.</p> <p>For example, Participant A's record lacked documentation of the response to the service provided. Habilitative Support monthly data collection sheets and monthly summary sheets did not indicate the participant's response to the service.</p>	<p>1. Participant A's monthly data and summary sheets have been signed as a response to services provided. 2. Clinical Supervisor and Quality Assurance will review all participants data and summary sheets to ensure participant documentation is provided. 3. Clinical Supervisor for both locations will implement and provide quality assurance to each participant record. 4. Clinical Supervisor will monitor participant's records on a monthly basis. 5. Clinical Supervisor and Quality Assurance will implement 6.06.14</p>	<p>2014-06-16</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.600.02.a.i 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) i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an</p>	<p>Two of four participant records reviewed lacked evidence that the local school district was the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B, for participants who were children enrolled in school. 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. The DDA participants' records must contain Individualized Education Plans (IEPs), including any recommendations for an extended school year.</p> <p>For example:</p> <p>Participant A's record lacked documentation of an IEP on file. The medical/social history stated that the participant is on an IEP. A generic form in the file indicated the participant was not on an IEP. The Department case manager informed the survey team that the child is on an IEP and this was confirmed by</p>	<p>2. Clinical Supervisor and Quality Assurance will review all participants files to ensure that an IEP is obtained. 3. Clinical Supervisor and Quality Assurance will request and obtain IEP's for participant's file. 4. Clinical Supervisor and Quality Assurance will monitor monthly to ensure that IEP's are obtained as needed.</p>	

extended school year. (7-1-11)	<p>the family.</p> <p>Participant B's documentation in the record stated the IEP was requested from the school on 4/18/2014 and 3/24/2014. The child had been accessing services since 12/2013. The IEP was requested one month before the survey. There was no IEP on file.</p> <p>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>REPEAT DEFICIENCY and FAILURE TO COMPLY with the agency's Plan of Correction for the 04/11/2011 survey. See IDAPA 16.03.21.300.03-04.</p>		
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Rule Reference/Text	Findings	Plan of Correction	Data to be Corrected
<p>16.03.21.601</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>Two of five participant records reviewed lacked documentation that the DDA maintained accurate, current, and complete participant and administrative records. 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.</p> <p>For example:</p> <p>Habilitative Intervention data collection sheets for Participant A lacked the date signed that accompanies the signature and credentials of the person providing the service.</p> <p>Habilitative Intervention data collection sheets for Participant B lacked the date of the service.</p>	<ol style="list-style-type: none"> 1. Clinical Supervisor will be providing training to all HI professional staff. Participant A and participant B data collection sheets have been corrected. 2. Clinical Supervisor and Quality Assurance will review all participant data collections sheets to ensure that signature and credentials are provided. 3. Clinical Supervisor will train and implement all HI professionals to sign and credential the participant data sheets. 4. Clinical Supervisor will monitor weekly data sheets to ensure that it is signed and dated by the professional. 5. Clinical Supervisor will train all HI professionals on 5.21.14 	2014-05-21

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.a</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>One of five participant records reviewed lacked documentation that each participant record contained an authorized plan of service as required for the participant.</p> <p>For example:</p> <p>Participant C's record lacked a complete plan of service as required for the participant on file. The plan was missing the costing page and signature page.</p> <p>The deficiency was corrected during the course of the survey. The agency is required to answer questions 2-4 on the Plan of Correction.</p>	<p>2. Clinical Supervisor will review all participant files to ensure that the complete plan of service is accounted for.</p> <p>3. Clinical Supervisor will be responsible to ensure that all plans of services are obtain.</p> <p>4. Clinical Supervisor will monitor all participant files on a quarterly basis.</p>	

a. Authorized plan of service as required for the participant. (7-1-11)

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 six participant records reviewed lacked documentation that the participant record contained: program implementation plans that included baseline statements and measurable objectives.</p> <p>For example, Participant B's program implementation plans (PIPs) did not include a measurable objective and baseline statement. The objective was not identified on the PIP, it only included an objective number. All the participant's PIPs only had a percentage with no baseline statement.</p>	<ol style="list-style-type: none"> 1. Participant B's programs have been fixed by the Clinical Supervisor that includes a measurable objective and a baseline statement. 2. Clinical Supervisor and Quality Assurance will review all participant PIP's to ensure that a measurable objectives and baseline statements are included. 3. Clinical Supervisor will implement quality assurance to participant's PIP's. 4. Clinical Supervisor and Quality Assurance will monitor participant's PIP's every six months according to the start and end date of the participant's plan. 5. Clinical Supervisor and Quality Assurance will review all participant records on 5.22.14. 	<p>2014-05-22</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.c</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>c. When a participant has had a psychological or psychiatric assessment, the results of the assessment must be maintained in the participant's record. (7-1-11)</p>	<p>One of six participant records reviewed lacked documentation that when the participant had a psychological or psychiatric assessment, the results of the assessment were maintained in the participant's record.</p> <p>For example, Participant 2's record stated he had not had a psychological evaluation, yet he was receiving mental health services at the time of the survey per the ICDE medical/social history and his individual service plan. Also, the medical/social history indicated an IQ of 64, which indicated that a psychological assessment had been done.</p>	<ol style="list-style-type: none"> 1. Clinical Supervisor has made contact with Participant 2's TSC and ancillary provider to obtain psychological evaluation. 2. Clinical Supervisor and Quality Assurance will provide a quarterly review to ensure that all assessments are accounted for. 3. Clinical Supervisor will provide oversight to the participant files. 4. Clinical Supervisor and Quality Assurance will provide quarterly QA on the participant's file. 5. Clinical Supervisor has requested the documentation and will make note of the communication provided. 	2014-05-15
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.01.d</p> <p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These</p>	<p>Three of six participant records reviewed lacked documentation that the profile sheets contained the identifying information reflecting the current status of the participants, including residence and living arrangement, contact</p>	<ol style="list-style-type: none"> 1. Participant B, C, D, and 1 have all been corrected by the appropriate Clinical Supervisor. 	2014-05-16

<p>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>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)</p>	<p>information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care.</p> <p>For example:</p> <p>Participant B had special diet restrictions per physician notes dated 01/29/2014 as limited sweets, sodium, fat, snacks, and balanced meals. The profile sheet indicated "N/A" under special dietary needs.</p> <p>Participant C's profile sheet stated "PDD/NOS." Documentation within the file (i.e., physician notes, psychological evaluation, and medical/social history) indicated Autism and Mental Retardation severity.</p> <p>Participant D's special dietary needs stated no apple or orange juice. The profile sheet did not indicate this information.</p> <p>Participant 1's profile sheet stated the participant was not prescribed any medications, yet the ICDE medical/social history indicated multiple medications and certified family home goals included medication management.</p>	<p>2. Clinical Supervisor(s) will review all participant's profile sheets to ensure that all required and updated information is accurate.</p> <p>3. Clinical Supervisor(s) for both locations on all participant's.</p> <p>4. Clinical Supervisor and Quality Assurance will review participant files and profile sheets will be reviewed on a quarterly basis.</p> <p>5. Clinical Supervisor updated participant B,C,D and 1 on 5.16.14.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.f</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components.</p>	<p>The agency lacked documentation that its quality assurance program included an annual review of its policy and procedure manual.</p>	<p>1. Administrator reviewed and updated the policy and procedure manual. Administrator included a document that provides a signature and date of review.</p>	<p>2014-05-01</p>

Each DDA's written quality assurance program must include: (7-1-11)
 f. An annual review of agency's policy and procedure manual to specify date and content of revisions made; and (7-1-11)

2. Administrator will review all policy and procedure manuals for quality assurance.
3. Administrator and Quality Assurance have reviewed, updated, and maintained the policy and procedure manual.
4. Administrator will review policy and procedure manual on a yearly basis or as needed.
5. 5.1.14

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.905.03.a</p> <p>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 that each person receiving services is informed of his rights in the following manner: (7-1-11) a. Upon initiation of services, the DDA must</p>	<p>One of six participant records reviewed lacked documentation that upon initiation of services, the DDA provided each participant and his parent or guardian, where applicable, with a packet of information which outlined rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms.</p> <p>For example, Participant D started services with the agency in May 2013. Documentation that the participant received notification of his rights were not signed until November 14, 2013, not</p>	<ol style="list-style-type: none"> 1. Participant D signed their rights on 11.14.13. 2. Upon the initial intake, the participant or guardian will sign and go over the intake packet with a PBS representative. 3. Clinical Supervisor, Quality Assurance, and/or Administrator will ensure that all participant files have completed intake packets that include participant rights. 	<p>2014-06-20</p>

provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-11)

upon initiation of services.

- 4. Quality Assurance will review participant files on a quarterly basis to ensure that the appropriate documentation is completed.
- 5. Quality Assurance and Clinical Supervisor will have reviewed by 6.20.14

Administrator/Provider Signature: *Branden Smalley*

Pam Loveland-Schmidt

Date: *5/21/14*

Department POC Approval Signature:

Date: 05/21/2014

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