



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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July 29, 2013

Kathi Hirschi, Administrator  
Affiliates Incorporated DBA The Adventure Center  
265 Gladstone Street  
Idaho Falls, ID 83401-2511

Dear Ms. Hirschi:

Thank you for submitting the Plan of Correction for Affiliates Incorporated DBA The Adventure Center dated July , in response to the recertification survey concluded on May 30, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Affiliates Incorporated DBA The Adventure Center three-year certificates for the Gladstone and Lincoln locations effective from September 1, 2013, through August 31, 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 while accommodating us through the survey process. If you have any questions, you can reach me at (208) 239-6267.

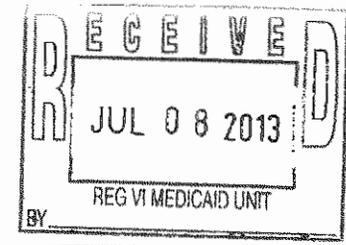
Sincerely,

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

PLS/slm

Enclosures

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



# Statement of Deficiencies

Developmental Disabilities Agency

Affiliates Incorporated DBA The Adventure Center  
DDA-3548

775 Lincoln Dr  
Idaho Falls, ID 83401-4920

Survey Type: Recertification

Entrance Date: 5/28/2013

Exit Date: 5/30/2013

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Supervisor, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.651.12.c 651. DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts. The following therapy services are reimbursable when provided in accordance with these rules. (7-1-11) 12. Excluded Services. The following services are excluded for Medicaid payments: (7-1-11) c. Recreational services. (7-1-11)	Review of agency documentation revealed that the agency scheduled recreational activities for participants receiving developmental therapy services on a regular basis. Activities specifically identified on the activity schedule included bowling and swimming.	1. What actions will be taken to correct the deficiency? Recreational activities will not be rendered during developmental therapy. 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? The corrective action cited will affect services for all participants. 3. Who will be responsible for implementing each corrective action? The administrator or designee 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? The professional will supervise weekly and observe therapy monthly to ensure no recreational	2013-06-17

		<p>services are provided. All staff have been retrained on the disallowance of recreational services.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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)</p>	<p>Review of agency documentation revealed that the agency did not comply with IDAPA 16.05.06 when completing the criminal history background check for Employee 8. This employee's situation required the agency to complete a state-only background check through the Idaho State Police Bureau of Criminal Identification.</p> <p>This state-only background check for Employee 8 was submitted to Idaho State Police during the survey.</p>	<p>1. What actions will be taken to correct the deficiency? All staff files will be reviewed for criminal history clearances that comply with regulation. Staff found to be deficient will be terminated from employment.</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? The corrective action will remedy the deficient standard for all participants.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p>	<p>2013-06-17</p>

		<p>All staff will be required to complete the DHW criminal history check upon employment. No State Police check will be considered valid by the agency. QAs of employee files will occur quarterly at the minimum.</p>	
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.02 601. 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</p>	<p>Three of 4 participant records reviewed (Participants 1, 2, and 3) lacked written documentation that identified the participants' progress toward goals defined on their plans, and included why the participant continued to need the service.</p> <p>For example:</p> <p>Participant 1's Provider Status Review dated December 14, 2012, did not address why the participant continued to need the service. This is the same for Participants 2 and 3.</p> <p>Participant 1's Provider Status Review states, "Last couple weeks of April just got enough data to establish baselines. He had another addendum in July and started attending TAC every day." This did not address why he</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. Status reviews will include summaries of participants' progress. Professionals will also be retrained on the expectations.</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? The corrective actions will remedy the deficient practice for all participants.</p> <p>3. Who will be responsible for implementing each corrective action? The administrator or designee</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p>	<p>2013-06-17</p>

participant confidentiality under these rules. (7-1-11)  
02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why the participant continues to need the service. (7-1-11)

continued to need services.

The agency will conduct quarterly quality assurance reviews to verify the content of the status reviews. The completion of the review will also be measured as a condition of employment.

<b>Administrator/Provider Signature:</b> <i>Katli Hirschei</i>	<b>Date:</b> <i>7/3/13</i>
<b>Department POC Approval Signature:</b> <i>Pam Lowell-Schmidt</i>	<b>Date:</b> <i>7/15/13</i>

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