



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 2, 2013

Brad Jensen, Administrator
High Valley Developmental Services
4806 Southside Boulevard
Nampa, ID 83686

Dear Mr. Jensen:

Thank you for submitting the Plan of Correction for High Valley Developmental Services dated September 12, 2013, in response to the recertification survey concluded on August 2, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result of the recertification, we issued High Valley Developmental Services three-year certificates effective from September 1, 2013, through August 31, 2016, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, these certificates were issued on the basis of substantial compliance and are 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 364-1828.

Sincerely,

BOBBI HAMILTON, BS, BCaBA
Medical Program Specialist
DDA/ResHab Certification Program

BH/slm

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

High Valley Developmental Services
3HIVALYDS112-5

9 Wall St
Nampa, ID 83686
(208) 468-0494

Survey Type: Recertification

Entrance Date: 7/30/2013

Exit Date: 8/2/2013

Initial Comments: Survey Team: Bobbi Hamilton, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Manager, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.654.04.b 654. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS. 04. DDA 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) b. DDAs must also submit provider status reviews to the plan monitor in accordance with Sections 507 through 515 of these rules. (7-1-13)	Review of agency documentation revealed that the files for Participants 2 and 6 did not contain documentation that the provider status reviews were sent to the participants' plan monitors.	<p>1) A procedural system has been implemented in which documentation will be placed in each participant's permanent file showing that the provider status reviews were sent or given to each participant's plan monitor. All Developmental Specialists and Developmental Specialist Assistants have been in-serviced on this procedural requirement.</p> <p>2) A complete review of all participants' permanent records will be conducted to ensure that all such records are in compliance. If further instances of noncompliance are found, the DS responsible will correct the deficiency.</p> <p>3) Quality Assurance Specialist; Developmental Specialists; Developmental Specialist Assistants</p> <p>4) To ensure that the problem does not recur, quality assurance reviews of active participants'</p>	2013-10-15

		<p>permanent records will be conducted on a regular ongoing basis.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.b.i-iii 656.GENERAL STAFFING REQUIREMENTS. 01. Standards for Paraprofessionals Providing Developmental Therapy. When a paraprofessional provides developmental therapy, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Disabilities Agencies (DDA),” Section 410 and must meet the qualifications under Section 655 of these rules. A paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. For paraprofessionals to provide developmental therapy in a DDA, the agency must adhere to the following standards: (7-1-13) 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) i. Give instructions; (7-1-11)</p>	<p>Based on review of agency records, it was determined that 8 of 11 employee files (Employees 2, 5, 6, 7, 8, 9, 10, and 11) did not have consistent documentation of weekly supervision in which the paraprofessionals received instructions, had their progress reviewed, and received training on the programs and procedures to be followed.</p>	<p>1) Though paraprofessionals did receive weekly supervision, it was not clearly documented that they received instructions, had their progress reviewed, and received training on the programs and procedures to be followed during this weekly supervision. A system for documentation of these required supervisory components has been developed and will be implemented agency-wide by September 30, 2013. All DS have been in-serviced on changes to documentation requirements pertinent to this rule. 2) Once documentation requirements for weekly supervision of paraprofessionals has been implemented (by September 30, 2013), such documentation will be reviewed on a regular and ongoing basis. If future non-compliance with this rule is found, the DS will be in-serviced again on this rule and potentially face administrative discipline. 3) Program Director/Quality Assurance Specialist; Developmental Specialists</p>	<p>2013-09-30</p>

<p>ii. Review progress; and (7-1-11) iii. Provide training on the program(s) and procedures to be followed. (7-1-11)</p>		<p>4) To ensure that the problem does not recur, QA reviews of weekly supervision will be conducted on a regular and ongoing basis as part of the QA process.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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<p>16.03.10.656.01.c 656.GENERAL STAFFING REQUIREMENTS. 01. Standards for Paraprofessionals Providing Developmental Therapy. When a paraprofessional provides developmental therapy, 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 655 of these rules. A paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. For paraprofessionals to provide developmental therapy in a DDA, the agency must adhere to the following standards: (7-1-13) c. Professional Observation. The agency must ensure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to ensure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly</p>	<p>Based on review of agency records, it was determined that 2 of 11 employee files (Employees 2 and 11) lacked documentation of monthly observations by a professional in 2013 to ensure the paraprofessionals had been trained on the programs and demonstrated the necessary skills to correctly implement the programs.</p>	<p>1) All DS's and CS's (clinical supervisors) have been in-serviced on the importance that all staff providing direct service to participants be observed by a professional on a monthly basis to ensure that they have been trained on the programs and demonstrate the necessary skills to correctly implement the programs. 2) A regularly scheduled and on-going review of documentation of monthly observations will be conducted to identify any non-compliance with this rule. If future non-compliance with this rule is found, the DS will be in-serviced again on this rule and potentially face administrative discipline, up to suspension of employment. 3) Quality Assurance Specialist/Program Director 4) To assure that the problem does not recur, QA reviews of the monthly observation documentation will be conducted on a regular and ongoing basis.</p>	<p>2013-09-11</p>
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implement the program(s). (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.02.c</p> <p>665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.</p> <p>All providers of HCBS state plan option services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)</p> <p>02. Habilitative Support Staff. Habilitative supports must be provided by an agency certified as a DDA with staff who are capable of supervising the direct services provided. Providers of habilitative supports must meet the following minimum qualifications: (7-1-11)</p> <p>c. Have received instructions in the needs of the participant who will be provided the service; (7-1-11)</p>	<p>Based on review of agency records, it was determined that 4 of 11 employee files (Employees 5, 7, 8, and 9) lacked documentation that the employees received instructions on the needs of the participants who were to be provided the service.</p>	<ol style="list-style-type: none"> 1) All professionals have been trained on this rule and understand that all HS Staff must receive instructions in the needs of the participant who will be provided the service of HS. Further, a procedure for documenting has been developed and will be implemented agency-wide by September 30, 2013. All professionals have been in-serviced on changes to documentation requirements pertinent to this rule. 2) Once the changes have been fully implemented (by September 30, 2013) the agency will conduct regular and ongoing reviews of documentation as part of the QA process to identify any potential noncompliance with this rule. If future noncompliance is found, the Clinical Supervisor responsible for the permanent record will be in-serviced again on this requirement by their supervisor, and would potentially be subject to administrative disciplinary action. 3) Program Director/Quality Assurance Specialist; Clinical Supervisors 4) To ensure that the problem does not recur, QA reviews of this procedural requirement will be conducted on a regular and ongoing basis as part of the Quality Assurance process. 	<p>2013-09-30</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.665.02.e.i-ii</p> <p>665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.</p> <p>All providers of HCBS state plan option services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)</p> <p>02. Habilitative Support Staff. Habilitative supports must be provided by an agency certified as a DDA with staff who are capable of supervising the direct services provided. Providers of habilitative supports must meet the following minimum qualifications: (7-1-11)</p> <p>e. Must have six (6) months supervised experience working with children with developmental disabilities. This can be achieved in the following ways: (7-1-11)</p> <p>i. Have previous work experience gained through paid employment, university practicum experience, or internship; or (7-1-11)</p> <p>ii. Have on-the-job supervised experience gained through employment at a DDA with increased supervision. Experience is gained by completing at least six (6) hours of job shadowing prior to the delivery of direct support services, and a minimum of weekly face-to-face supervision with the clinical supervisor for a period of six (6) months while delivering services. (7-1-11)</p>	<p>Based on review of agency records, it was determined that 1 of 11 employee files (Employee 5) lacked documentation that the employee had six (6) months of supervised work experience working with children with developmental disabilities. The agency did not document on-the-job supervised experience gained though employment at the DDA with increased supervision for a period of six (6) months while the employee was delivering services.</p>	<p>1)CS (Clinical Supervisors) have been trained in the requirements related to the staff qualifications for HS. Systems for documented compliance will be fully implemented by 9-30-13. Changes include required documentation for HS staff showing a minimum of six months supervised experience working with children and, in the absence of such experience, documentation of hours of job shadowing prior to delivery of services and increased, face-to-face supervision with the CS.</p> <p>2) A review of records of all staff providing HS has been conducted to identify noncompliance with this rule. New documentation requirements have been developed and will be fully implemented agency-wide by 9-30-13. Any HS staff not having the prior experience component, will receive the increased supervision to commence immediately upon completion of training.</p> <p>3) Program Director; HRO; Hiring Management; Clinical Supervisors</p> <p>4)Hiring Managers will notify the CS responsible of any staff hired who do not meet the required experience. This will occur before employment so that the CS, may provide the required supervision. Additionally, HRO will conduct regular and ongoing audits of HS personnel files to assess the qualifications. Further, on a regular and ongoing basis, the Program director will review records to assure increased supervision component of rule as part of the QA process.</p>	<p>2013-09-30</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.009.01</p> <p>009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.</p> <p>01. Verification of Compliance. The agency must verify that all employees, subcontractors,</p>	<p>Based on review of agency records, it was determined that 1 of 11 employee files (Employee 5) did not meet the Criminal History and Background Check rule requirements.</p>	<p>1) HRO and Site supervisors will be in-serviced on the requirements for Criminal History and Background Checks. Additionally, a check off sheet (based on the requirements in rule) will be developed and provided to all Site Supervisors and</p>	<p>2013-09-30</p>

<p>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>For example, Employee 5's date of hire was February 26, 2013. The employee had a previous Criminal History and Background Check that was completed on April 12, 2012. The employee did not have documentation of an Idaho State Police check.</p>	<p>for use in following the steps required by rule in screening potential new hires. Employee #5 is in process of being brought to compliance with rule. 2) A review of all employees' personnel files will be conducted to ensure that all Criminal History and Background Checks are in compliance with rule. In the event that any such files are found not to be in compliance with rule, Administration will determine what action will need to be taken, depending on the issue(s) identified. This could include suspension of employment if deemed necessary to ensure the safety of the Participants. 3) Human Resources Officer; Administrator 4) To ensure that the new systems are being followed and adhered to, and that the cited deficiency does not recur, the Human Resources Officer will conduct personnel file reviews on a regular and ongoing basis as a part of the Quality Assurance process. If any files are found not to be in compliance with the Criminal History and Background Check requirements, as defined in IDAPA 16.05.06, the Hiring Manager responsible for implementing the new systems will be in-serviced again and potentially face administrative discipline. 5) All components of correction will be completed and fully implemented by September 30, 2013.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11) 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of</p>	<p>Based on review of agency records, it was determined that 3 of 11 employee files (Employees 6, 7, and 10) lacked documentation of maintenance of current CPR and First Aid Certifications. For example: Employee 6 did not maintain CPR and First Aid certifications from March 2013 through June</p>	<p>1) All employees are now current with CPR/First Aid certification as required in rule (16.03.21.410.01.b). To ensure that no further lapses in re-certification occur, a new tracking system for personnel files is in development and will be implemented by September 30, 2013.</p>	<p>2013-09-30</p>

<p>formal training each calendar year. Each agency staff providing services to participants must: (7-1-11) 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>27, 2013. Employee 7 did not maintain CPR and First Aid certifications from October 2012 through January 19, 2013. Employee 10 did not maintain CPR and First Aid certifications from April 2013 through June 25, 2013.</p>	<p>2) All personnel files have been reviewed to ensure that all direct-service employees are in compliance with this rule. 3) Human Resources Officer 4) Using the newly developed tracking system, all personnel files will be reviewed on a regular and ongoing basis, as part of the Quality Assurance process to ensure the problem does not recur. 5) Will be completed and fully implemented by September 30, 2013</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.03.a 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 03. Fire and Safety Standards. (7-1-11) a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner</p>	<p>Based on review of agency documentation, it was determined that the agency did not have documentation to verify that an annual inspection by the local fire authority had been completed in 2012 for Location #6.</p>	<p>1) All agency locations are currently in compliance with this rule. To ensure that no further lapses in annual fire inspections occur, a revised tracking system is in development and will be implemented by September 30, 2013.</p>	<p>2013-09-30</p>

or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)

2) All agency locations are currently in compliance. All site supervisors will be in-serviced once more on this requirement. If future noncompliance is found, the responsible Site Supervisor will be retrained and potentially face administrative discipline.
 3) Administrator; Site Supervisors
 4) To ensure the problem does not recur, a new tracking system for facility standards is in development and will be used on a regular and ongoing basis as part of the Quality Assurance review process. Included in the tracking system will be a check of annual fire inspections.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11) 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>Review of agency documentation revealed that the facility evacuation plans for 7 of the agency's 8 locations did not contain all of the required information listed in this rule. (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.)</p>	<p>1) All High Valley Developmental Centers evacuation plans have been reviewed by Administration and are now current and accurate. A revised facility standards tracking system is in development and will be completed and fully implemented by September 30, 2013. 2) All agency locations have been brought into compliance with this rule. 3) Administrator 4) To ensure the problem does not recur, High Valley will add a check of evacuation plans to the facility standards tracking sheet, currently in development. This form will become part of the Quality Assurance process which is conducted on a</p>	<p>2013-09-30</p>

		<p>regular and ongoing basis. 5) Will be completed and fully implemented by September 30, 2013</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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<p>16.03.21.500.04.a-b</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>b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, participants and staff</p>	<p>Review of agency documentation revealed that the fire drill summaries utilized for each agency location did not contain all of the required information listed in this rule.</p>	<p>1) Going forward, all High Valley Developmental Centers will complete fire drills according to rule in which all components of rule will be adhered to. A revised facility standards tracking system is in development and will be completed and fully implemented by September 30, 2013. Additionally, all Site Supervisors will be in-serviced on the required components of fire drills</p> <p>2) Once completed, the revised facility standards tracking system will be implemented as part of the regular and ongoing Quality Assurance process. Included in the system will be a check of required documentation for fire drills. If any future noncompliance is found, the responsible Site Supervisor will be retrained and potentially face administrative discipline.</p> <p>3) Administrator; Site Supervisors</p> <p>4) The revised facility standards monitoring system will be added to the Quality Assurance process which is conducted on a regular and ongoing basis. Included in the system will be a check of documentation for fire drills to ensure compliance with rule.</p>	<p>2013-09-30</p>
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participating, problems encountered, and corrective action(s) taken. (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.501.01 501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: (7-1-11) 01. Preventative Maintenance Program. Establish a preventive maintenance program for each agency-owned or leased vehicle, including vehicle inspections and other regular maintenance to ensure participant safety. (7-1-11)</p>	<p>Based on review of the agency's policies and procedures, it was determined that they did not include a preventative maintenance program for each agency-owned vehicle.</p>	<p>1) A preventative maintenance system is under development and will be added to the facility standards portion of the Quality Assurance process. Upon completion, the preventative maintenance documentation will be routinely checked for compliance with rule. 2) Once completed, the revised facility standards monitoring system will be implemented as part of the regular and ongoing Quality Assurance process. Included in the system will be a check of the preventative maintenance documentation. If any future noncompliance is found, the responsible Site Supervisor will be retrained and potentially face administrative discipline. 3) Administrator; Site Supervisors 4) The revised facility standards tracking system will be added to the Quality Assurance process which is conducted on a regular and ongoing basis. Included in the system will be a check of the required preventative maintenance documentation.</p>	<p>2013-09-30</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.511.02.a</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>02. Handling of Participant's Medication. (7-1-11)</p> <p>a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-11)</p>	<p>Based on review of participant medications at Location #2, it was determined that the prescription information on the medication container for Participant 2 was not accurate relative to the dose currently being taken.</p> <p>(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.)</p>	<p>2) A complete review of all Participant medications is in process to ensure compliance with rule. Such a review will be added to the Quality Assurance process and will be conducted on a regular and ongoing basis. If any further deficiencies are found during this review process, corrective measures will be taken immediately. All direct-service and supervising staff are in process of being in-serviced on this deficiency and on the importance of medication-related requirements.</p> <p>3) Quality Assurance Specialist and delegated managerial staff</p> <p>4) A review of medications has been added to the Quality Assurance process and will be conducted on a regular and ongoing basis. If any errors are found during such reviews, corrective measures will be taken immediately</p>	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.600.02.a.ii</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>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>Review of agency documentation revealed that Participants 1 and 3's files did not contain documentation that the agency sent a copy of the participant's plan of service to the participant's school.</p>	<p>1) All CS and DS have been in-serviced on the requirements of this rule which states that for all participants, ages three to twenty-one who are enrolled in school, the DDA must document that it has provided a current copy of the child's plan of service to the child's school. A system to document this requirement has been developed and implemented and will be completed, agency-wide, by 10-15-13.</p> <p>2) A complete review of all child participants' permanent records will be conducted to ensure that all such records are in compliance with this rule. If further instances of noncompliance with this rule are found, the Clinical Supervisor responsible for the record(s) in question will be notified and instructed to immediately correct the deficiency.</p> <p>3) Quality Assurance Specialist/Program Director, Clinical Supervisors</p> <p>4) Permanent records of child participants will be reviewed on a regular and ongoing basis as part of the Quality Assurance process to ensure that this problem does not recur.</p>	<p>2013-10-15</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.c</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance</p>	<p>Based on review of the agency's policies and procedures, it was determined the Quality Assurance policy lacked a system to ensure the correction of problems identified within a specified period of time.</p>	<p>1) High Valley has updated the Quality Assurance Policy to include guidelines for corrective action to ensure that problems identified through the QA process are corrected within a specified period of time. The specified timelines for correction</p>	<p>2013-09-09</p>

<p>program. (7-1-11) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) c. A system to ensure the correction of problems identified within a specified period of time; (7-1-11)</p>		<p>are as follows: Participant QA – 30 days; Personnel Files QA – 15 days; and Facility Standards QA – 15 days. Additionally, all staff responsible for completing QA reviews have been advised of this addition to the QA Policy. Furthermore, forms used during the QA reviews will specify the deadlines for correction. 2) Administrator will monitor the QA process to ensure compliance. 3) Administrator made corrections to policy. 4) To ensure that the policy is adhered to, the Administrator will monitor the Quality Assurance process.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.e 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) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11) e. An annual review of the agency's code of</p>	<p>Based on review of the agency's policies and procedures, it was determined that the agency did not conduct an annual review of the code of ethics, identify violations, and implement an internal plan of correction for 2010, 2011, and 2012.</p>	<p>1) The Ethics Policy and Procedure has been updated to include an annual Administrative review of all unethical practices that occurred during the calendar year. Additionally, an annual review of the code of ethics will be conducted by the Administrator and will be presented to all professional, administrative and managerial staff for review and discussion. As any ethical violations occur, the same team members will be gathered to discuss the violation(s) at hand</p>	<p>2013-10-15</p>

<p>ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>		<p>and to create an internal plan of correction. Further, all administrative, professional and managerial staff will be in-serviced on this added policy and procedure. 2) A complete review of records will be conducted and any ethical violations identified will be reviewed and addressed in the manner outlined above. 3) Administrator 4) Administrator will monitor to see that policy is adhered to.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.f 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) 02. Quality Assurance Program Components. 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)</p>	<p>Based on review of the agency's policies and procedures, it was determined that the agency did not conduct an annual review of the Policy and Procedure manual to specify the date and content of revisions made for 2010, 2011, and 2012.</p>	<p>1) The High Valley Policy and Procedure has been updated with dates of implementation and content of revisions for all Policies and Procedures. Additionally, an annual review of Policy and Procedure (P&P) will be conducted as a part of the Quality Assurance process. Further, as any additions to, or deletions from, P&P are made, changes will be documented to reflect the date of change and revision of content. As a part of the Quality Assurance Program, High Valley will create an annual check-off sheet to ensure that all P&P are reviewed and updated. 2) A complete review of Policy and Procedure has been conducted and updated with dates of implementation and content of revisions for all Policies and Procedures.</p>	<p>2013-09-12</p>

3) Administrator
4) An annual review of Policy and Procedure will be added to the Quality Assurance process to ensure the problem does not recur.

Administrator/Provider Signature:



Date: 2013-09-12

Department POC Approval Signature:



Date: 10/2/2013

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