IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 2, 2013

Sondra McMindes, Owner
Children's Therapy Place
6855 West Fairview Avenue
Boise, ID 83704

Dear Mrs. McMindes:

Thank you for submitting the Plan of Correction for Children's Therapy Place dated September 27, 2013, in response to the recertification survey concluded on September 5, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Children's Therapy Place a three-year certificate effective from November 1, 2013, through October 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 364-1828.

Sincerely,

Bobbi Hamilton

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

BH/slm

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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Statement of Deficiencies

Developmental Disabilities Agency

Children's Therapy Place
4CTP153

6855 W Fairview Ave
Boise, ID 83704
(208) 323-8888

Survey Type: Recertification

Entrance Date: 9/3/2013

Exit Date: 9/5/2013

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
16.03.10.664.02.b 664. CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS. 02. Habilitative Supports Documentation. In addition to the general requirements listed in Subsection 664.01 of this rule, the following must be completed: (7-1-11) b. The clinical supervisor reviews the summary on a monthly basis and when recommendations for changes to the type and amount of support are identified, submits the recommendations to the plan developer. (7-1-11)	Based on review of agency records, it was determined that 2 of 4 participant files (Participants 1 and 2) lacked documentation that the Clinical Supervisor reviewed the Habilitative Support summary on a monthly basis. (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.)	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? All documentation will be reviewed to confirm IDAPA compliance. If corrective actions are necessary, documents will be modified to meet IDAPA rules. 3. Who will be responsible for implementing each corrective action? Administrator and Clinical Supervisors. 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? At minimum, monthly Quality Assurance review of all completed documentation.	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.684.03.b 684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13) b. The program implementation plan must be written, implemented, and submitted to the plan developer within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the program implementation plan is not completed within this time frame, the participant 's records must contain documented participant-based justification for the delay. (7-1-13)	Based on review of agency records, it was determined that within 1 of 4 participant files (Participant 3), the participant's Habilitative Intervention Implementation Plans were not submitted to the plan developer within fourteen (14) days. For example: Participant 3 began Habilitative Intervention on October 9, 2012. It was documented that the participant's Implementation Plans were submitted to the plan developer on October 31, 2012, which was 22 days after the first day of ongoing programming.	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. Agency QA staff will provide due dates for HI Implementation Plans one month in advance to responsible personnel. QA staff will follow-up weekly to confirm timely completion. 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?Agency QA staff will provide due dates of all documentation one month in advance to responsible personnel. QA staff will follow-up weekly to confirm timely completion. 3. Who will be responsible for implementing each corrective action? QA staff, Clinical Supervisors and Administrator 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Agency QA log updated daily. 5. By what date will the corrective actions be completed?	2013-09-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.684.03.c 684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. (7-1-13) c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)	Based on review of agency records, it was determined that within 2 of 4 participant files (Participant 3 and 4) the Implementation Plans were not completed by the Habilitative Interventionist.	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. The Habilitative Interventionist providing the services will complete and sign the Implementation Plan with review by the Clinical Supervisor. 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? IDAPA rules will be reviewed to confirm the correct personnel are completing documentation. If corrective actions are necessary, documents will be modified to meet IDAPA rules. 3. Who will be responsible for implementing each corrective action? Administrator, Clinical Supervisors, HI's 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QA staff will review Implementation Plans for signatures by HI and CS. 5. By what date will the corrective actions be completed?	2013-10-01

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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 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)	Based on review of agency records, it was determined that 1 of 7 employees (Employee 2) did not maintain First Aid certification. For example: Employee 2 did not maintain First Aid certification from May 14, 2013, through June 17, 2013.	1. What actions will be taken to correct the deficiency? Internal audit. All staff are required to maintain First Aid certification throughout employment and provide proof of certification. 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? Internal audit revealed no additional lapses in First Aid cert. 3. Who will be responsible for implementing each corrective action? Human Resources and Administrator 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? A database to track expiration dates of all required documents and certifications has been established and will be updated and maintained on a weekly basis to ensure that all staff provide the required documentation before expiration dates. 5. By what date will the corrective actions be completed?	2013-09-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.410.01.b.i 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 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) i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)	Based on review of agency records, it was determined that for 1 of 7 employees (Employee 2), the agency did not ensure that CPR- and First Aid-trained staff were present when DDA services were being provided. For example, during the time period from May 14, 2013, through June 17, 2013, Employee 2 did not maintain her First Aid certification. During this time period, the employee provided DDA services and it was identified that there were no other certified staff present during that time.	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. Employees who fail to obtain or maintain current CPR and First Aid are required to provide all DDA services at CTP center and ensure the presence of CPR/First Aid certified staff. 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? An internal audit was conducted. No lapses in certification were identified. No other services were provided without certified staff present. 3. Who will be responsible for implementing each corrective action? Human Resources and Administrator. 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? A database with document/certification expiration dates will be maintained weekly to ensure all staff have current certifications 5. By what date will the corrective actions be completed?	2013-09-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.510.03 510. HEALTH REQUIREMENTS. 03. Employees. Each employee who has direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (7-1-11)	Based on review of agency records, it was determined that 2 of 7 employees (Employees 1 and 5) did not have documentation to ensure that each staff was free from communicable diseases. (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.)	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? An internal audit was completed. All employee files were found to contain documentation that employees are free from communicable diseases. All employees are required to sign a Communicable Disease Disclaimer (which includes an agreement to report any subsequent communicable disease diagnosis) to be kept in his/her employee file. 3. Who will be responsible for implementing each corrective action? Human Resources staff and Administrator 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? The Communicable Disease Disclaimer and appropriate training are included in the agency New-Hire Orientation. A new employee will not be considered eligible to provide DDA services until the document is completed and has been received and acknowledged by the HR staff or Administrator.	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601 601. 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)	Based on review of agency records, it was determined that 4 of 4 participant files (Participants 1, 2, 3, and 4) lacked documentation within the participant records that signatures were accompanied with credentials and the date signed. (REPEAT DEFICNEICY from 2012 survey.)	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. Staff training will be conducted to ensure that all signatures are accompanied with credentials and date signed. 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? QA will be performed on all documentation to ensure that signatures are accompanied with credentials and date signed. 3. Who will be responsible for implementing each corrective action? QA staff and Administrator 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QA staff will review all documentation to confirm signatures, credentials and date. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.	2013-09-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.01.b 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11) 01. General Records Requirements. Each 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)	Based on review of agency records, it was determined that in 1 of 4 participant files (Participant 3), the participant's Implementation Plans did not include a measurable objective. For example, Participant 3's file included an Implementation Plan for an objective that identified the participant was to decrease hair pulling and would replace with an appropriate method of gaining attention. The term " appropriate" can be defined in many ways and can be observed/measured differently by employees. Within the Implementation Plan, it was not identified what the "appropriate" method of gaining attention would be for this objective.	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. Staff training will be conducted to ensure Implementation Plan objectives are measurable. 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? Internal audit of Implementation Plans will be conducted to ensure all objectives include a measurable objective. 3. Who will be responsible for implementing each corrective action? QA staff and Administrator 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QA staff will monitor all documentation completed to ensure all Implementation Plans include a measurable objective. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.	2013-09-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.601.01.d 601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11) 01. General Records Requirements. Each participant record must contain the following information: (7-1-11) 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)	Based on review of agency records, it was determined that 1 of 4 participant files (Participant 1) lacked documentation that the Profile Sheet contained information regarding the client's allergies. (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.)	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? Agency will conduct an internal audit of all profile sheets and files. Any allergies documented in the medical records/ history and/or Plan of Service will be added to the client profile sheet. 3. Who will be responsible for implementing each corrective action? QA staff and Administrator 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QA audits will ensure that allergies are documented on the profile sheet.	

Administrator/Provider Signature: Sandra McMinds **Date:** 9/27/13

Department POC Approval Signature: Bobbi Hamilton **Date:** 10/2/13

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