



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

October 31, 2013

Nadean Smith, Administrator
Positive Connections, LLC
1373 Fillmore Street
Twin Falls, ID 83303

Dear Ms. Smith:

Thank you for submitting the Plan of Correction for Positive Connections, LLC dated October 31, 2013, in response to the recertification survey conducted on September 12, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result of the recertification survey findings, we previously issued Positive Connections, LLC a three-year certificate effective from October 23, 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 and 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

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

Positive Connections, LLC
5POSCON073

417 Shoup Ave W
Twin Falls, ID 83301
(208) 737-9999

Survey Type: Recertification

Entrance Date: 9/10/2013

Exit Date: 9/12/2013

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

<p>16.03.10.654.02.a.iv 654. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS. 02. Comprehensive Developmental Assessments. Assessments must be conducted by qualified professionals defined under Section 655 of these rules. (7-1-13) a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11) iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)</p>	<p>Two of two adult participant records reviewed (Participants 1 and 2) lacked evidence the comprehensive assessment identified the participant's current and relevant strengths, needs, and interests when these were applicable to the respective discipline.</p> <p>For example:</p> <p>Participant 1's comprehensive assessment did not include interests in all sections of comprehensive.</p> <p>Participant 2's comprehensive developmental assessment did not include interests.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below: 1. QA of all adult comprehensive assessment to include current interests, strength and needs. Have amended assessment to include interests in every category. 2. QA all adult files to include the interest in each section and amend. 3. Adult & Child Developmental Specialist 4. Will make sure to add the question of their specific interest after each section in the specific skills assessment. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	<p>11-1-2013</p>
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16.03.10.654.02.b
654. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS.
02. Comprehensive Developmental Assessments. Assessments must be conducted by qualified professionals defined under Section 655 of these rules. (7-1-13)
b. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-11)

One of two adult participant records reviewed (Participant 1) lacked documentation that the comprehensive assessment was signed and dated by the professional completing the assessment and included the appropriate professional credential or qualification of that person.

(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.)

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the questions listed below:
2. QA all adult files under the comprehensive assessment to check to see if it has been signed and dated by the DS.
3. Adult & Child Developmental Specialist
4. The assessment will be billed off of and the signature will need to be there for it to be able to be billed prior to filling.

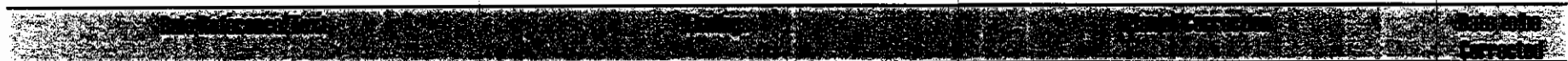
Date corrected: 10-22-13

<p>16.03.10.664.04.a</p> <p>664. CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS. 04. Reporting Requirements. The clinical supervisor must complete at a minimum, six-(6) month and annual provider status reviews for habilitative support services provided. These provider status reviews must be completed more frequently, when so required on the plan of service. (7-1-11)</p> <p>a. Documentation of the six- (6) month and annual reviews must be submitted to the plan monitor. (7-1-11)</p>	<p>One of two child participant records reviewed (Participant A) lacked documentation that the six- (6) month and annual reviews were submitted to the plan monitor.</p> <p>For example, Participant A's plan authorized for November 21, 2012, through November 20, 2013, had a provider status review due in June 2013. There was no documentation the review was provided to the plan monitor.</p> <p>Participant B's status review was not due.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Every child will have a fax cover sheet or e-mail confirmation that the 6 month or annual was submitted to plan developer. 2. We have created an excel spreadsheet with everyone due date and our computer will give a pop-up reminder one week before due for the 6 month and annual. Then the Clinical Supervisor will make sure the 6 month or annual gets faxed or e-mail to plan monitor and put confirmation in file. 3. Adult & Child Developmental Specialist, , Clinical Supervisor 4. We have created an excel spreadsheet with everyone due date and our computer will give a pop-up reminder one week before due for the 6 month and annual. Then the Clinical Supervisor will make sure the 6 month or annual gets faxed or e-mail to plan monitor and put confirmation in file. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. 	<p>10-21-13</p>
<p>16.03.10.683.01.a</p> <p>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS. All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be</p>	<p>One of two child participant records reviewed (Participant A) lacked evidence that family training was professional one-on-one (1 on 1) instruction to families to help them better meet the needs of the waiver participant receiving intervention services and that family training was limited to training in the implementation of</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Set up time with the family and the H.I. every week to make sure the training is following the outline of plan of service. If the family cancels and doesn't want to reschedule for the week, H.I. will 	<p>10-14-13</p>

recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section 663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)
 01. Family Training. Family training is professional one-on-one (1 on 1) instruction to families to help them better meet the needs of the waiver participant receiving intervention services. (7-1-11)
 a. Family training is limited to training in the implementation of intervention techniques as outlined in the plan of service. (7-1-11)

intervention techniques as outlined in the plan of service.
 For example, Participant A's plan authorized family training for 1.75 hours once monthly. The agency lacked documentation family training occurred for April and May 2013.

document this on a form and will be filed in their file under the H.I. & family training section.
 2. We have trained all staff and will train new staff that all family training hours identified on plan must be completed or documented why the family canceled. That it is up to our staff to complete all hours of all services listed on the plan.
 3. Adult & Child Developmental Specialist, Clinical Supervisor
 4. The daily data documentation page has it on there for them to list that the family canceled. C.S. checks data sheets to time sheets and plugs in all hours of service into a excel spreadsheet to see if they have completed all hours for the week or month of services listed on the plan.
 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.
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16.03.10.683.01.d.ii
 683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS.
 All children's DD waiver services must be identified on a plan of service developed by the family-centered planning team, including the plan developer, and must be recommended by a physician or other practitioner of the healing arts. In addition to the children's home and community based state plan option services described in Section

Based on record review of one child participant receiving Act Early services (Participant B), it was determined the agency lacked evidence that the parent or legal guardian was present and actively participated during the intervention service session for at least twenty percent (20%) of the intervention time provided to the child.

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:
 1. We reformatted the daily data sheet to include a check box that the child and parent or legal guardian was present and actively participating during the family training.
 2. It will be transferred on all forms that have to do with our daily data taking with the children. Staff will be trained on this.

10-28-13

663 of these rules, the following services are available for waiver eligible participants and are reimbursable services when provided in accordance with these rules: (7-1-11)

01. Family Training. Family training is professional one-on-one (1 on 1) instruction to families to help them better meet the needs of the waiver participant receiving intervention services. (7-1-11)

d. The parent or legal guardian of the waiver participant is required to participate in family training when the participant is receiving habilitative interventions. The following applies for each waiver program: (7-1-11)

ii. For participants enrolled in the Act Early Waiver, the parent or legal guardian will be required to be present and actively participate during the intervention service session for at least twenty percent (20%) of the intervention time provided to the child. (7-1-11)

3. Adult & Child Developmental Specialist, Clinical Supervisor
 4. Will be monitored when the C.S. checks the weekly billing off of the data sheets.
 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

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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

One of two child participant records reviewed (Participant B) lacked documentation that the program implementation plan was written, implemented, and submitted to the plan developer within fourteen (14) days after the first day of ongoing programming and was revised whenever the participant's needs changed. 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.

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:

1. Every child will have a fax cover sheet or e-mail confirmation that the plans were submitted to plan developer after 14 days.
2. Clinical Supervisor will make sure H.I. is in the office at the 14 day mark, add baseline, print plans, sign and faxed or e-mail to plan monitor and put confirmation in file. If there is some reason we can't print off plans on 14 day mark there will be documentation of the reason why the participant affected the baseline ending.

10-7-13

completed within this time frame, the participant's records must contain documented participant-based justification for the delay. (7-1-13)

Adult & Child Developmental Specialist, Clinical Supervisor
 4. Will email or fax plans and retrieving a confirmation after the 14 day mark.
 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.

Deficiency Area **Agency** **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)

One of two child participant records reviewed (Participant A) lacked evidence that the program implementation plan was completed by the habilitative interventionist.

 (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.)

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the questions listed below:
 2. Have added a H.I. signature line at bottom of page so they can sign the plans they have written.
 3. Adult & Child Developmental Specialist, Clinical Supervisor,
 4. Will make sure the H.I. is in office with clinical supervisor and both are signing the plans together.

Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.

16.03.10.684.03.c.v

**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)

v. Identification of the type of environment(s) and specific location(s) where services will be provided. (7-1-11)

One of two child participant records reviewed (Participant A) lacked documentation that the program implementation plan (PIP) identified the type of environment(s) and specific location(s) where services were to be provided.

For example, Participant A's PIP stated for environment "goal to be probed in the home and community," but did not address the specific location in community.

You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:

1. All the new plans have a section where it list specific location for service. Ex Location 1: Walmart
2. All plans were rewritten with this criteria on it and all staff have been trained on writing specific locations.
3. Adult & Child Developmental Supervisor, Clinical Supervisor
4. Clinical Supervisor review all the plans before signing it with the H.I. present.
5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

10-1-13

Findings/Deficiencies	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.684.03.c.x</p> <p>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>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)</p> <p>c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)</p> <p>x. The program implementation plan must be reviewed and approved by the clinical supervisor, as indicated by signature, credential, and date on the plan. (7-1-13)</p>	<p>Two of two child participant records reviewed (Participants A and B) lacked documentation that the program implementation plan (PIP) was reviewed and approved by the clinical supervisor, as indicated by signature, credential, and date on the plan.</p> <p>For example:</p> <p>Participant A's record lacked documentation that PIP's were reviewed and approved by the clinical supervisor.</p> <p>Participant B's record lacked documentation that PIP's were reviewed and approved by the clinical supervisor prior to implementation. The PIP's proposed start date was July 31, 2013, and the date signed was August 14, 2013.</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>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the questions listed below:</p> <ol style="list-style-type: none"> 2. Clinical Supervisor will sign the plans with the H. I. present before sending them to plan developer. Will make sure that the Start date is the same date as being signed after the 14 day baseline. 3. Adult & Child Developmental Supervisor, Clinical Supervisor 4. Clinical Supervisor will check the date when signing. 	<p>Corrected</p>
<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</p>	<p>The agency lacked documentation that the brief written summary of each conducted fire drill maintained on file indicated the names of participants and staff who participated.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Created a document that list the number of staff members and clients broken down into department sections, area for any occurred problems, resolutions, and signature of who filled it out. 	<p>9-29-13</p>

<p>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 participating, problems encountered, and corrective action(s) taken. (7-1-11)</p>		<p>2. We have a section for issues and resolutions on the form and will be filled out every time there is a fire drill; then placed in the fire drill binder.</p> <p>3. Nadean Smith, Executive Director</p> <p>4. Will utilize the form and have a fire drill every 3 months.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.</p>	
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<p>16.03.21.601.01.d</p>	<p>Findings</p>	<p>Plan of Correction</p>	<p>Date of Completion</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</p>	<p>Two of 4 participant records reviewed (Participants A and 2) lacked documentation that the profile sheet contained the identifying information about 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.</p> <p>For example:</p> <p>Participant A's profile sheet lacked allergy information. The plan for November 21, 2013, through November 20, 2013, stated he has pollen allergies, which was not addressed on the current profile sheet.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <p>1. Created a form that has include information about 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.</p> <p>2. QA all the files by looking for medications, allergies, physicians listed on plan and by Doctor and list those on the profile sheet.</p> <p>3. Developmental Supervisor, Clinical Supervisor</p> <p>4. We will use the corrected profile form and make sure that that all areas are documented correctly</p>	<p>10-28-13</p>

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)

Participant 2's profile sheet lacked the participant's physician and current medications.

and matched to the information on the plan.
 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages.

IDAPA Section/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.601.02</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>02. Status Review. Written documentation that identifies the participant's progress toward goals defined on his plan, and includes why</p>	<p>Two of four participant records reviewed (Participants 1 and 2) lacked a status review with written documentation that identified the participant's progress toward goals defined on his plan, and included why the participant continued to need the service.</p> <p>For example:</p> <p>Participant 1's status review identified within the comments section "will continue as is" or "continue to gain independence" although the participant had already met identified criteria for that objective.</p> <p>Participant 2's status review did not contain information as to why the participant had a continued need for the service when criteria were met.</p> <p>Also, see IDAPA 16.03.10.655.07.a.iv.</p>	<p>You may overwrite the instructions in this field. To assure your agency's plan is consistent with IDAPA rules, please address the 5 questions listed below:</p> <ol style="list-style-type: none"> 1. Will add to the comment section (Identifying the progress towards goals or lack of and why participant should continue). Will QA reviews to make sure they have meet the criteria for 3 consecutive months, then D.S. will do a probe before Discontinue goal to make sure they are independent. 2. The D.S. will add comments to that pertain to each goal the specific progress or why there is a lack of. 3. Developmental Supervisor. Clinical Supervisor 4. Will add to the comment section (Identifying the progress towards goals or lack of and why participant should continue). Will QA reviews to make sure they have meet the criteria for 3 consecutive months, then D.S. will do a probe befo 5. By what date will the corrective actions be completed? Enter this date in the column to the far right. 	<p>11-10-13</p>

the participant continues to need the service.
(7-1-11)

Administrator/Provider Signature: <i>Madison Smith, Positive Connections</i>	Date: <i>10-31-13</i>
Department POC Approval Signature: <i>Fam Loveland-Schmidt</i>	Date:

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