



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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October 16, 2013

Stephen Kowalski, Administrator  
Learning Garden Developmental Preschool  
412 East Mullan Avenue  
Post Falls, ID 83854-7641

Dear Mr. Kowalski:

Thank you for submitting the Plan of Correction for Learning Garden Developmental Preschool dated October 10, 2013, in response to the initial survey conducted on September 24, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Learning Garden Developmental Preschool 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) 799-4431.

Sincerely,

KIMBERLY D. COLE, LSW  
Medical Program Specialist  
DDA/ResHab Certification Program

KDC/slm

Enclosures

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



# Statement of Deficiencies

Developmental Disabilities Agency

Learning Garden Developmental Preschool  
DDA-4638

412 E Mullan Ave  
Post Falls, ID 83854-7641  
(208) 777-2629

Survey Type: Initial

Entrance Date: 9/23/2013

Exit Date: 9/24/2013

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

Deficiency ID	Findings	Plan of Correction	Date of Completion
<p>16.03.10.683.01</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 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)</p> <p>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)</p>	<p>Two of 2 participant records reviewed (Participants C and D) for authorized family training lacked evidence that the family training was professional one-on-one instruction to families per rule requirement.</p> <p>For example:</p> <p>Participants C and D's plans authorized family training for 1 hour, 1 time monthly. The family training was completed, but lacked evidence that the training was a professional one-on-one instruction to families per rule requirement.</p>	<p>1. What actions will be taken to correct the deficiency? LGDP has modified its data collection sheet to include the location and name of individuals present for the family training.</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 data sheets for all participants have been updated to include this information.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Monthly review by administrator.</p> <p>5. By what date will the corrective actions be completed? Corrective actions were completed on 9/25/13</p>	<p>2013-09-25</p>

Deficiency Code	Findings	Plan of Correction	Date of Completion
<p>16.03.10.683.01.b</p> <p><b>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS.</b>                      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 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)</p> <p><b>01. Family Training.</b> 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)</p> <p>b. Family training must be provided to the participant's parent or legal guardian when the participant is present. (7-1-11)</p>	<p>Two of 2 participant records reviewed (Participants C and D) for authorized family training lacked evidence that the family training was provided to the participant's parent or legal guardian when the participant was present.</p>	<p>1. What actions will be taken to correct the deficiency?</p> <p>LGDP has modified its data collection sheet to include the location and name(s) of individuals present for the family training.</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?</p> <p>The data sheets for all participants have been updated to include this information.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Monthly review by administrator.</p> <p>5. By what date will the corrective actions be completed? Corrective actions were completed on 9/25/13</p>	<p>2013-09-25</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Reported
<p>16.03.10.683.01.d</p> <p><b>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS.</b> 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 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)</p> <p>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)</p> <p>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)</p>	<p>Two of 2 participant records reviewed (Participants C and D) for authorized family training lacked evidence the parent or legal guardian of the waiver participant participated in family training when the participant was receiving habilitative intervention.</p>	<p>1. What actions will be taken to correct the deficiency? LGDP has modified its data collection sheet to include the location and name of individuals present for the family training.</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 data sheets for all participants have been updated to include this information.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Monthly review by administrator.</p> <p>5. By what date will the corrective actions be completed? Corrective actions were completed on 9/25/13.</p>	<p>2013-09-25</p>
<p>16.03.10.683.03</p> <p><b>683. CHILDREN'S WAIVER SERVICES: COVERAGE AND LIMITATIONS.</b> 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 4 participant records reviewed (Participant A) lacked documentation that the intervention assessment was completed prior to the delivery of the intervention service.</p> <p>Also, see IDAPA 16.03.21.601.f and IDAPA 16.03.10.655.05.a.</p>	<p>1. What actions will be taken to correct the deficiency? Assessments will be printed and signed the day of completion of the assessment.</p>	<p>2013-09-25</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)  
 03. **Habilitative Intervention Evaluation.** The purpose of the habilitative intervention evaluation is to guide the formation of developmentally-appropriate objectives and intervention strategies related to goals identified through the family-centered planning process. The habilitative interventionist must complete an evaluation prior to the initial provision of habilitative intervention services. The evaluation must include: (7-1-11)

For example, Participant A's assessment was completed on May 2, 2013. Habilitative Intervention services started on April 30, 2013, prior to the assessment.

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 agency has revised its policy so that the Administrator will review the assessment and implementation plans for signatures prior to implementation of services.

3. Who will be responsible for implementing each corrective action? Administrator

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? The Administrator will review new client files to ensure proper endorsement prior to scheduling a therapist to provide services.

5. By what date will the corrective actions be completed? 9/25/13.

Rule Reference/Text	Finding	Plan of Correction	Date Corrected
16.03.10.684.02.a.v 684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 02. General Requirements for Program Documentation. Children's waiver providers 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. For each participant the following program documentation is required: (7-1-11) a. Direct service provider information which	Four of 4 participant records reviewed (Participants A, B, C, and D) lacked documentation of the specific location of service.	1. What actions will be taken to correct the deficiency? LGDP has modified its data collection sheet to include the location and name of individuals present for the family training.  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 data sheets for all participants have been updated to include this information.	9/29/13

includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (7-1-11)

v. Specific place of service. (7-1-11)

3. Who will be responsible for implementing each corrective action? Administrator

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? File review by administrator.

5. By what date will the corrective actions be completed? Corrective actions were completed on 9/25/13.

ID	Finding	Plan of Correction	Closed Date
<p>16.03.10.684.03.b</p> <p><b>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</b></p> <p><b>03. Program Implementation Plan Requirements.</b> 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>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</p>	<p>Four of 4 participant records reviewed (Participants A, B, C, and D) lacked documentation that the program implementation plan was written, implemented, and submitted to the plan developer within 14 days after the first day of ongoing programming.</p> <p>See also IDAPA 16.0310.684.03.b.</p>	<p>1. What actions will be taken to correct the deficiency? LGDP has changed its policy to require that implementation plans will not be faxed to DHW but will instead be e-mailed to the specific case manager.</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? All existing clients have had their plans submitted to the plan developer. New clients will have documentation in the file to confirm submission of the plans within the 14 day window.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p>	<p>2013-09-25</p>

participant-based justification for the delay. (7-1-13)

. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? The Administrator will review the client file for documentation of submission of the plan to the plan developer prior to scheduling of the client for delivery of services.

5. By what date will the corrective actions be completed? 9/25/13

Findings/Text	Findings	Plan of Correction	Date Completed
<p>16.03.10.684.03.c</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) c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)</p>	<p>One of 4 participant records reviewed (Participant B) lacked evidence the program implementation plan (PIP) was completed by the Habilitative Interventionist (HI). See also IDAPA 16.03.21.601.01.b.</p> <p>For example, Participant B's PIP lacked evidence it was completed by the HI.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the plan of correction.)</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? All clients files have been reviewed and have been found to be in compliance.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? The Administrator will review new client files to ensure proper endorsement prior to scheduling a therapist to provide services.</p>	

Findings/Deficiency	Findings	Plan of Correction	Date to be completed
<p>16.03.10.684.03.c.x</p> <p><b>684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.</b></p> <p><b>03. Program Implementation Plan Requirements.</b> 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>Four of 4 participant records reviewed (Participants A, B, C, and D) lacked documentation that the PIP was reviewed and approved by the DDA clinical supervisor. See also IDAPA 16.03.21.601.01.b.</p> <p>For example:</p> <p>Participant A's PIP's included the HI professional's signature, but not the clinical supervisor's review and approval signature, credential, and date on the plan.</p> <p>Participant B's PIP's lacked HI and clinical supervisor signature.</p> <p>Participant C and D's HI PIP's lacked the clinical supervisor's signature, but the clinical supervisor's signature was on the Family Training. The clinical supervisor needs to sign all or have a statement at the end of the PIP's stating s/he has reviewed all PIP's and approved, then sign, credential, and date.</p> <p>(The agency corrected the deficiency during the course of the survey. The agency must 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 5 questions listed below:</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 Administrator will review client files to ensure proper endorsement prior to scheduling a therapist to provide services.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? The Administrator will perform a monthly review of the client files to ensure that all documents are endorsed with the appropriate credentials and date.</p>	

Rule Reference/Text	Findings	Plan of Correction	Date Rule 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, 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>The administrator (Employee 1) did not have a Criminal History and Background Check on file.</p> <p>The agency partially corrected the deficiency during the course of the survey by scheduling a fingerprinting appointment.</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. The agency administrator does not have direct access to the clients and as such the agency was unaware that he needed a criminal history check. The policy has been revised to include the Administrator as staff member required to complete a criminal history and background check.</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? No other staff, participants or systems were affected.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator through the hiring process.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Employee files will be reviewed upon hire and every quarter to ensure compliance.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	<p>2013-10-10</p>
<p>16.03.21.410.01</p> <p>410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.</p> <p>Each DDA must ensure that all training of staff</p>	<p>The contracted Clinical Supervisor (Employee 3) had not yet had her fire safety training. See also IDAPA 16.03.10.665.01.g.</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. What actions will be taken to correct the</p>	<p>Date Rule Corrected</p>

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)

(The agency partially corrected the deficiency during the course of the survey by scheduling a training date. The agency is required to address questions 2-4 on the plan of correction.)

deficiency?  
 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 other staff meet this requirement.  
 3. Who will be responsible for implementing each corrective action? Co-clinical Supervisor - Cathy Kowalski  
 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Administrator will review each staff file to ensure compliance with training requirements.  
 5. By what date will the corrective actions be completed? The Co-Clinical Supervisor received agency fire safety training on 9/25/13.

Plan Reference/Task	Deficiency	Plan of Correction	Date of Completion
16.03.21.510.05 510. HEALTH REQUIREMENTS. 05. Reporting Incidents as Mandatory Reporters. DDA's must notify appropriate authorities of any health- and safety-related incident they are obligated to report to adult or child protection authorities, or law enforcement as mandatory reporters as required in Section 910 of these rules. (7-1-11)	The agency's form for incident reports did not include reporting requirements to Child Protection or law enforcement.	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. What actions will be taken to correct the deficiency? LGDP has revised its forms to include this information on its incidence forms in addition to the existing personnel reporting policy. 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? A review of the systems has taken place with no other areas affected.	2013-09-25

		<p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Administrator will review new agency forms for compliance with IDAPA rules.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p>	
<p>16.03.21.510.06</p>	<p>Deficiency</p>	<p>Plan or Correction</p>	<p>Date to be Completed</p>
<p>510. HEALTH REQUIREMENTS. 06. Reporting Incidents to the Department. If a DDA reports a health- and safety-related incident to protective or legal authorities, they must also notify the Department of this incident within twenty-four (24) hours. (7-1-11)</p>	<p>The agency's policy and form did not include reporting of incidents to the Department within 24 hours.</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. What actions will be taken to correct the deficiency? LGDP has revised its forms to include this information on its incidence forms in addition to the existing personnel reporting policy.</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? A review of the systems has taken place with no other areas affected.</p> <p>3. Who will be responsible for implementing each corrective action? Administrator</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Administrator will review new agency forms for compliance with IDAPA rules.</p>	<p>2013-09-25</p>

5. By what date will the corrective actions be completed? Enter this date in the column to the far right.

Administrator/Provider Signature:

*Catherine Kwaale, MEd, DS, HI*

Date:

*10/10/13*

Department POC Approval Signature:

*Janet P. ...*

Date:

*10/10/13*

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