



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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May 20, 2014

Trinity Nicholson, Administrator  
Panhandle Special Needs, Inc.  
1424 North Boyer Avenue  
Sandpoint, ID 83864-2218

Dear Ms. Nicholson:

Thank you for submitting the Plan of Correction for Panhandle Special Needs, Inc. dated May 12, 2014, in response to the recertification survey concluded on September 26, 2013. The Department has reviewed and approved the Plan of Correction.

As a result of the recertification survey, we previously issued Panhandle Special Needs, Inc. a one-year certificate effective from November 1, 2013, through October 31, 2014, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate was issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at (208) 799-4431 or [colek@dhw.idaho.gov](mailto:colek@dhw.idaho.gov).

Sincerely,

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

KDC/slm

Enclosure

1. Approved Plan of Correction



# Statement of Deficiencies

*Developmental Disabilities Agency*

Panhandle Special Needs, Inc.  
1PSNI065

1424 N Boyer Ave  
Sandpoint, ID 83864-2218  
(208) 263-7022

**Survey Type:** Recertification

**Entrance Date:** 9/24/2013

**Exit Date:** 9/26/2013

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

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.651 651. DEVELOPMENTAL THERAPY: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental therapy must be recommended by a physician or other practitioner of the healing arts. (7-1-13)	Two of two participant records reviewed (Participants C and D) lacked documentation that developmental therapy was recommended by a physician or other practitioner of the healing arts.  For example:  Participant 3's medical assessment was dated July 24, 2012, but there was no current assessment and no documentation that developmental therapy was recommended by a physician or other practitioner.  Participant 4's medical assessment was dated July 11, 2012, but there was no current assessment and no documentation that developmental therapy was recommended by a physician or other practitioner.	Recommendations for developmental therapy will be obtained for all clients using Panhandle Special Needs "Physician's Referral Form" on or before program plan initiation date. (see attachment #1)  All clients will need a signed referral form as we have been incorrectly using the physician's care eval for that purpose  The developmental specialist clerical support staff will be responsible for distribution and collection of referrals and this item will be added to PSNI's client file review checklist currently in use.  Assessment dates will be tracked using PSNI's "Assessment Tracking Form" which will be reviewed monthly by Developmental Specialists (see attachment #2)	2014-01-09

		<p>PSNI will no longer obtain medical assessments at the time of plan renewal but will use our tracking form to obtain them based on signature date.</p> <p>Participant #4's current medical assessment dated 8-22-13 has been obtained and placed in file (see attachment#4)</p> <p>All files have been reviewed and are in the process of correction</p> <p>QA personnel will review client files 2x/yr to ensure referrals and current assessments are present</p>	
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<b>Rule Reference/Text</b>	<b>Findings</b>	<b>Plan of Correction</b>	<b>Date to be Corrected</b>
<p>16.03.10.651.01.e</p> <p>651. DEVELOPMENTAL THERAPY: COVERAGE REQUIREMENTS AND LIMITATIONS. Developmental therapy must be recommended by a physician or other practitioner of the healing arts. (7-1-13)</p> <p>01. Requirements to Deliver Developmental Therapy. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. Participants living in a certified family home must not receive home-based developmental therapy in a certified family home. Developmental therapy includes individual developmental therapy and group developmental therapy. Developmental therapy must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on an assessment completed prior to the delivery of developmental therapy. (7-1-13)</p> <p>e. Staff-to-Participant Ratio. When group</p>	<p>Based upon observation and discussion with administration, it was determined that the agency was not in compliance with rule requiring that community-based services occurred in integrated, inclusive settings and with no more than three participants per qualified staff at each session.</p> <p>For example, Participant 3 was one of four observed with Employee 5. In addition, per discussion with administration, the agency had two community groups that had four participants with one staff at the time of the survey.</p>	<p>PSNI administrator and rehab coordinator will monitor staff schedules to ensure community based therapy does not exceed 3:1</p> <p>The two community based services that had been scheduled as 4:1 were corrected on 10-1-13</p> <p>DDA program administrator and DDA Rehab coordinator will review all permanent schedules changes prior to implementation and will monitor all daily changes as they are orchestrated each morning</p> <p>Quality assurance committee will review all staff schedules quarterly to ensure on-going compliance with the 3:1 ratio</p>	<p>2013-10-01</p>

developmental therapy is center-based, there must be a minimum of one (1) qualified staff, who may be a paraprofessional or a Developmental Specialist, providing direct services for every twelve (12) participants. The community-based services must occur in integrated, inclusive settings and with no more than three (3) participants per qualified staff at each session. Additional staff must be added, as necessary, to meet the needs of each individual served. (7-1-13)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.654.04.a.iii</p> <p>654. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS.</p> <p>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)</p> <p>a. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-11)</p> <p>iii. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-11)</p>	<p>One of 4 participant records reviewed (Participant 2) lacked documentation that the change in the program included date and initials of qualified professional.</p> <p>For example, Participant 2 had a program that had been discontinued. The documentation of the discontinuation was not dated or initialed.</p>	<p>After reviewing participant #2's program book only one program had been changed and the date and initials of the qualified professional who made the change was documented on the Program Continuation Sheet (see attachment #5)</p> <p>No correction date needed</p> <p>To be removed?</p>	

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.654.05.d</p> <p>654. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS.</p> <p>05. DDA Program Implementation Plan Requirements. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented 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 participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements: (7-1-11)</p> <p>d. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement, and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-11)</p>	<p>Four of 4 participant records reviewed (Participants 1, 2, 3, and 4) lacked documentation that the program implementation plan (PIP) instructions were individualized and revised as necessary to promote participant progress toward the stated objective.</p> <p>For example, Participants 1, 2, 3, and 4's PIP's had the same type and frequency of reinforcement, which were "reinforcement should be given throughout the session based on the individual need." Under the Specific Reinforcement section, it stated, "None-see reinforcement plan," which was the same as all the other participants and not individualized or revised as necessary.</p>	<p>Developmental Specialists will individualize all reinforcement plans and place in client program books.</p> <p>Reinforcement plans will be updated as needed and reviewed annually by developmental specialist (see attachments #6)</p> <p>All files have been reviewed and are in the process of correction</p> <p>Survey Sample corrected 10-23-13</p>	<p>2014-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.b.i-iii</p> <p>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)</p> <p>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)</p> <p>i. Give instructions; (7-1-11)</p> <p>ii. Review progress; and (7-1-11)</p> <p>iii. Provide training on the program(s) and procedures to be followed. (7-1-11)</p>	<p>Three of 3 paraprofessional records reviewed (Employees 6, 7, and 8) lacked documentation the agency ensured that a professional conducted rule-compliant supervision on a weekly basis or more often if necessary.</p> <p>For example:</p> <p>Employees 6, 7, and 8)'s records included documentation that weekly meetings were completed, but there was no documentation that the weekly meetings met rule requirements. There was no documentation that the supervision included for all paraprofessionals: instructions, review of progress, and training on the programs and procedures to be followed.</p>	<p>Weekly staff meeting form has been revised by program administrator to specifically target training time each week in the following areas:</p> <p>Specific Program Trainings (general review of the expectations of how staff will run specific types of programs - housekeeping, volunteer, budgeting etc.</p> <p>Specific Client Training regarding individual programs and their progress</p> <p>Best Practice Training (optimal independence, promoting inclusion and enhancing social image)</p> <p>Each week during 1 hr staff meeting program administrator and developmental specialists will address topics in each of the areas identified on the meeting form as they pertain to day to day business - meeting notes will be taken by trained staff or developmental specialists only (see attachment #7)</p> <p>Quality assurance committee will review staff meeting notes quarterly to ensure compliance</p>	<p>2013-10-01</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.10.656.01.c</p> <p>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</p>	<p>Based upon record review, it was determined that the monthly observation tool used by the agency did not address observation of correctly implementing programs. It only identified using correct techniques and did not provide information to describe or provide information/training for correctly implementing</p>	<p>DDA program administrator and developmental specialist will revise current monthly observation form to better evaluate employees ability to correctly implement client training programs and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well. .</p>	<p>2014-01-09</p>

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 implement the program(s). (7-1-11)

programs.

Developmental specialists will continue to complete formal observations monthly or more often as needed

On-going training in this area will also be given by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)

Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement

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, 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>Two of eight employee records reviewed (Employees 4 and 8) lacked verification that the employees had completed a criminal history clearance (CHC) per rule requirements.</p> <p>For example:</p> <p>Employee 4 was hired on October 6, 2008, and completed job shadowing from October 6, 2008, through October 10, 2008. Employee 4 did not clear the CHC until October 28, 2008. There was no record of an application date or a notarized self-declaration form.</p> <p>Employee 8 was hired on July 1, 2013, and</p>	<p>PSNI's background check policy has been revised to include obtaining notarized self-declaration form prior to beginning work before clearance letter has been obtained (see attachment #8)</p> <p>This item has also been added to our employee intake checklist completed on all new employees at time of hire and to our employee file review checklist</p> <p>Department administrators will complete checklists on all new employees at time of hire</p>	<p>2013-10-07</p>

	<p>completed job shadowing from July 1, 2013, through July 12, 2013. The criminal history application was not submitted until July 9, 2013, nine days after the employee started working with participants. The CHC fingerprints were completed on August 1, 2013, a month after the employee started working with participants, which is out of compliance with CHC rules.</p>	<p>QA personnel will review employee files 2x/yr to ensure checklists are completed and all file components are present</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 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</p>	<p>Five of eight employee records reviewed (Employees 1, 3, 4, 5, and 6) lacked documentation that the employee had completed CPR and First Aid certification within 90 days of hire and maintained current certifications thereafter.  For example:  Employees 1, 3, 4, and 5 had CPR and First Aid certifications that expired in May 2011. There were not renewed until February 13, 2013.  Employee 6 had CPR and First Aid</p>	<p>This problem was identified by our agency in Feb. 2013 and corrected immediately  First Aid/CPR expiration dates for all employees, including new hires, are now identified on PSNI's facility outlook calendar (computer generated) which is linked to all of our department managers, our safety committee and our quality assurance committee</p>	<p>2013-02-04</p>

<p>certification thereafter; and (7-1-11)</p>	<p>certifications expire in April 2012. They were not renewed until February 15, 2013.</p>	<p>In addition this information is also tracked on our safety calendar (hard copy) in the event of technological problems which is reviewed by the safety committee 1x/month</p> <p>A specific member of the safety committee is assigned the job of scheduling recertification when notified by the outlook calendar and safety calendar 4 months prior to expiration</p> <p>QA personnel will review training logs 2x/yr to ensure compliance</p>	
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<p><b>Rule Reference/Text</b></p>	<p><b>Findings</b></p>	<p><b>Plan of Correction</b></p>	<p><b>Date to be Corrected</b></p>
<p>16.03.21.410.01.c 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) c. Be trained to meet any special health or medical requirements of the participants they serve. (7-1-11)</p>	<p>Eight of eight employee records included training/meeting logs that did not include training to meet any special health or medical requirements of the participants they served.</p> <p>For example:</p> <p>Participant 2 has a diagnosis of deafness. There was no evidence of training to employees on the best communication techniques or safety issues relating to this diagnosis.</p> <p>Participant 3 has a diagnosis of epilepsy/seizure disorder. Although there was information on how to work with and document seizure issues in participant's file, there was no information showing that employees who worked with her were trained on this or any other information regarding meeting this need.</p>	<p>All employees are trained on the special health and medical needs of all PSNI clients during their first month of hire (intensely trained during their observation week or what we call their "shadow" week) and that training will now be specifically documented on the individual staff training log.</p> <p>To address the missing documentation of this training for old employees all staff will re-read each individual client file which will then be documented in the client file itself and added to their training log.</p> <p>DDA program administrator and developmental specialists will be responsible for documenting all training provided</p> <p>The following QA will monitor compliance:</p>	<p>2014-01-09</p>

	<p>There was information made available to the survey team of individuals not in this sample that had other medical needs, but there was no clear training regarding ensuring their health and medical requirements were met, such as for choking/aspiration.</p>	<p>QA personnel will review client files 2x/yr to ensure files are read by all staff</p> <p>QA personnel will review training logs 2x/yr to ensure that training on health and medical needs has been completed</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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<p>16.03.21.410.02.d</p> <p>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)</p> <p>02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: (7-1-11)</p> <p>d. Adequate observation, review, and monitoring of staff, volunteer, and participant performance to promote the achievement of participant goals and objectives; (7-1-11)</p>	<p>Based on review of files and observation feedback, it was identified that there was a lack of training in adequate observation, review, and monitoring of staff and participant performance to promote the achievement of participant goals and objectives.</p> <p>For example, there was no training documented to staff on ensuring that services promoted the achievement of participant goals and objectives and how that would be observed, reviewed, and monitored.</p>	<p>DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to promote the achievement of participant goals and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well. .</p> <p>Developmental specialists will continue to complete formal observations monthly or more often as needed</p> <p>On-going training in this area will also be given by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)</p> <p>Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement</p>	<p>2014-01-09</p>
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04</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>Based upon inspection of the facility, it was determined that the evacuation plans lacked a key to clearly indicate the location of all fire extinguishers.</p>	<p>Floor plan was updated to include pictures of all fire extinguishers and exits and posted throughout the building (see attachment #9)</p>	<p>2013-10-01</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.04.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>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>Fire drill records did not contain documentation if or what problems occurred, or what corrective actions may need to take place. The form did not identify this as a requirement, therefore not clearly addressing it.</p>	<p>PSNI's fire drill form has been revised to include a specific section for recording areas of concern and corrective actions (see attachment #10)</p> <p>PSNI's safety committee will record fire drills on our safety calendar which is reviewed monthly by the committee</p> <p>A specific member of the safety committee will continue to be assigned the job of conducting monthly fire drills</p> <p>The QA committee will continue to review fire drill forms annually to ensure on-going compliance</p>	<p>2013-10-21</p>

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<p>16.03.21.510.03</p> <p>510. HEALTH REQUIREMENTS.</p> <p>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)</p>	<p>Seven of eight employee records reviewed (Employees 1, 2, 3, 4, 5, 6, and 7) lacked evidence that the agency followed its policies and procedures to ensure employees were free of communicable disease and infected skin lesions while on duty.</p> <p>For example:</p> <p>Employees 1, 2, 3, 4, 5, 6, and 7's records</p>	<p>This problem was identified by our agency in Feb. 2013 and corrected immediately</p> <p>Annual Staff training day (which includes the review and sign off of the communicable disease policy) is now identified on PSNI's facility outlook calendar (computer generated) which is linked to all of our department managers, our safety committee and our quality assurance committee</p>	<p>2013-02-04</p>

	<p>included a document that stated "Agency P&amp;P for communicable disease; accident prevention/safety/confidentiality/ ethics/ and handbook will be reviewed and signed annually." The employee records were lacking reviews and signatures for 2012. The records lacked evidence the agency was following its own policy and the QA process did not appear to identify this during record review.</p>	<p>In addition this information is also tracked on our safety calendar (hard copy) in the event of technological problems which is reviewed by the safety committee 1x/month</p> <p>A specific member of the safety committee is assigned the job of scheduling the annual staff training day when notified by the outlook calendar and safety calendar in Feb. of each year</p> <p>QA personnel files will review employee files 2x/yr to ensure compliance</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.511.02.c</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>02. Handling of Participant’s Medication. (7-1-11)</p> <p>c. The agency is responsible to safeguard the participant's medications while the participant is at the agency or in the community. (7-1-11)</p>	<p>Based upon record review, it was determined that the agency had a policy and procedure as required in IDAPA 16.03.21.511.03 for self-administration of medication. However, with this there should have been a policy and procedure for safeguarding the participant's medications while the participant was at the agency or in the community, which the agency lacked. The policy and procedure should have also addressed parts a and b of this rule, that medications used during services must also have had a written or verbal order from the</p>	<p>PSNI's self-administration of medications policy has been revised (see attachment #11) to include that medications used during services must ...</p> <ol style="list-style-type: none"> <li>1. Have a written or verbal order from a physician</li> <li>2. Be in the original pharmacy dispensed container or over the counter container and</li> <li>3. Be kept in a locked container or directly on the person</li> </ol>	<p>2013-10-25</p>

	<p>physician and must be in the original pharmacy dispensed container or original over-the-counter container.</p> <p>There were no identified participants taking medication at the time of survey.</p>	<p>At least two specific members of the safety committee will be assigned the task of locking up medications brought to PSNI by clients and retrieving them for clients when needed.</p> <p>Two clients will be affected by this change</p> <p>Health and Safety committee will be responsible for monitoring this activity</p>	
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<p>16.03.21.520.03</p> <p>520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES.</p> <p>The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11)</p> <p>03. Service Group Size. The community-based services must occur in integrated, inclusive settings and with no more than three (3) participants per qualified staff at each session. (7-1-11)</p>	<p>Based on observation of one of four participants receiving services in the community-based setting, it was determined the agency lacked evidence that services were integrated and inclusive with no more than three (3) participants per qualified staff.</p> <p>For example, Participant 4 was observed in the community at the local animal shelter with three other participants and one qualified staff. Further, they were in a room without interaction and involvement with animal shelter staff or volunteers.</p>	<p>DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to ensure that services are integrated and inclusive and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well.</p> <p>On-going training will also be provide to all staff in this area by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)</p>	<p>2014-01-09</p>

		<p>Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement</p>	
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<p>16.03.21.520.04</p> <p>520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11)</p> <p>04. Image Enhancement. The community-based services must enhance each participant's social image and personal competencies. (7-1-11)</p>	<p>Based on observation of one of four participants receiving services in the community-based setting (Participant 4) , it was determined that the agency lacked evidence the community-based setting enhanced each participant's social image and personal competencies.</p> <p>For example, Participant 4 was observed with three other participants petting cats in separate rooms in the animal shelter. Animal shelter staff and volunteers were doing activities the participant could have assisted with, which would have enhanced the participant's social image and personal competencies, such as</p>	<p>DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to ensure that services are enhancing social image and personal competencies and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well.</p> <p>On-going training will also be provide to all staff in this area by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)</p>	<p>2014-01-09</p>

	<p>feeding/watering, cleaning up, providing treats, or sorting donated items.</p>	<p>Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.520.05                      520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES.                      The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-11)                      05. Promote Inclusion. The community-based services must promote the participant's inclusion in the natural community. (7-1-11)</p>	<p>Based on observation of one of four participants receiving services in the community (Participant 4), it was determined the agency lacked evidence its services promoted inclusion in the natural community.</p> <p>For example, Participant 4 was observed at the animal shelter and was in a room separated from the staff and volunteers of the animal shelter. Because the participant was separated from the natural community in the animal shelter, services did not promote inclusion.</p>	<p>DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to ensure that services are promoting inclusion in the natural community and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well.</p> <p>On-going training will also be provide to all staff in this area by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)</p> <p>Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement</p>	<p>2014-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>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)</p>	<p>Four of four participant records (Participants 1, 2, 3, and 4) lacked documentation of clearly documented time and duration developmental therapy was provided.</p>	<p>Start and stop time of therapy has been added to our program documentation sheet (see attachment #12)</p> <p>All client program books will be affected by this change</p> <p>Data review specialist will ensure this component is being completed during weekly data sign-off</p>	<p>2013-11-30</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.01.b</p> <p>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)</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-11)</p>	<p>The agency's quality assurance program did not have a method to ensure that there was sufficient staff and material resources available to meet the needs of each person served.</p>	<p>Using PSNI's revised monthly observation form developmental specialists will ensure that sufficient staff and material resources are available.</p> <p>Quality assurance committee will review staff observations quarterly to ensure compliance and identify areas in need of improvement.</p>	<p>2015-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.01.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 program. (7-1-11)</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>c. The environment in which services are delivered is safe and conducive to learning; (7-1-11)</p>	<p>The agency's quality assurance program did not have a method to ensure services were delivered safely and were conducive to learning.</p> <p>For example, the quality assurance measures did not address this rule criteria and the observation form did not include any review of this criteria.</p>	<p>DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to ensure that services are delivered safely and training environment is conducive to learning and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well.</p> <p>On-going training will also be provide to all staff in this area by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)</p> <p>Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement</p>	<p>2014-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.a</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of this rule; (7-1-11)</p>	<p>The agency's quality assurance program did not include procedures to achieve the purpose of the quality assurance program as described in subsection 900.01 of this rule.</p>	<p>PSNI will revise current QA system procedures to facilitate continual improvement and a learning organization.</p> <p>Through revised methodologies implemented by PSNI's professional personnel and monitored by the QA committee on a weekly, monthly, quarterly and annual basis PSNI will ensure that services are of high quality that produce measurable outcomes and are consistent with individual choices, interests, and needs in conjunction with current standards of practice.</p> <p>Upon implementation of each new benchmark of our revised QA system PSNI administrator will report to licensing and certification if requested.</p>	<p>2015-01-09</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.b</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>The agency's quality assurance program did not identify the person, discipline, or department responsible for each goal.</p>	<p>PSNI's current QA system does identify the person, discipline and/or department responsible for QA goals (see attachment #13) however upcoming QA revisions will expand these assignments to maximize efficiency.</p>	<p>2014-01-09</p>

program. (7-1-11)  
 02. Quality Assurance Program Components.  
 Each DDA's written quality assurance program  
 must include: (7-1-11)  
 b. Person, discipline, or department  
 responsible for each goal; (7-1-11)

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
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16.03.21.900.02.c  
 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)  
 c. A system to ensure the correction of  
 problems identified within a specified period of  
 time; (7-1-11)

The agency's quality assurance program did  
 not have a system to ensure the correction of  
 problems identified within a specified period of  
 time.

QA committee will add specific time lines for the  
 correction of identified problems to all QA  
 checklists.

2014-01-09

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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.e</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>The agency's quality assurance program did not include an annual review of the identification of violations to the agency's code of ethics and implementation of an internal plan of correction.</p>	<p>PSNI's upcoming quality assurance revisions will include an annual review of the identification of violations of the ethics policy.</p> <p>Ethics violations and their corrective actions will be recorded in PSNI's ethics violation log.</p> <p>The quality assurance committee will review the ethics violation log quarterly to ensure implementation of an internal plan of corrections is completed within set time lines - Furthermore all identified violations will be reviewed at weekly staff meetings.</p>	<p>2014-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.f</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>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>The agency's quality assurance program did not include an annual review of the agency's policy and procedures manual to specify the date and content of revisions.</p> <p>For example, staff documentation of policy and procedures was not the correct application of the rule. The agency administrator or designee, as part of the quality assurance program, is to review the policy and procedure manual to ensure that it is current to meet rule and agency direction. This review should be documented with the date of the review and the date of any content revisions.</p>	<p>DDA program administrator will review the policy and procedure manual annually to ensure that it is current to meet rule and agency direction and this will be documented in the front of the manual including date and content of revisions.</p> <p>Designated quality assurance personnel will be assigned the task of reviewing the H&amp;W website quarterly to identify specific rules and regulation changes that will then be brought to the attention of the administrator for application.</p>	<p>2014-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.g</p> <p>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)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)</p>	<p>The agency's quality assurance program did not identify that the review of participant progress included review of activities or specific implementation procedures were made when progress, regression, or inability to maintain independence was identified.</p> <p>For example, the quality assurance report only identified the percentage of those achieving a percentage level of progress. There was no feedback on addressing activities or specific implementation procedures for those who did not make progress or who were regressing.</p>	<p>Developmental specialists will create and maintain a program revision log that will include the date and content of specific program revisions and place in all program books.</p> <p>QA personnel will review the revision log quarterly to ensure program revisions are facilitating achievement of individual goals</p>	<p>2014-01-09</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.d</p> <p>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)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>d. Provide opportunities for community participation and inclusion; (7-1-11)</p>	<p>The agency's quality assurance program failed to ensure that DDA services provided to participants provided opportunities for community participation and inclusion.</p> <p>For example, this parameter of quality assurance was not part of the quality assurance reporting, part of the observation form, and was identified as a citation in observation of Participant 4 by not providing for inclusion.</p>	<p>DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to ensure that services are providing opportunities for community participation and inclusion and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well.</p> <p>On-going training will also be provide to all staff in this area by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)</p> <p>Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement</p>	<p>2014-01-09</p>
Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.03.f</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 observation of three of four participants (Participants 1, 2, and 3), it was determined the agency lacked evidence it assured that DDA services provided to participants were observable in practice.</p>	<p>Although the observation conducted during this survey at the animal shelter lacked evidence that services "were observable in practice" which has been addressed throughout this report our budgeting programs are another matter...</p>	<p>2014-01-09</p>

program. (7-1-11)  
 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)  
 f. Are observable in practice. (7-1-11)

For example:

- Participant 3 was observed in the community at the animal shelter with three other participants and Employee 5. During the observation, there was no observable therapy conducted during a 30 minute period. Participant 3 was in one room with a male participant. Another participant was by himself in another room, and the fourth participant was with the employee in another room petting cats. The staff stated that they had already completed the objectives prior to the observation.
- Participants 1 and 2 were observed with Employee 7 doing classroom-style mock budgeting. Participant 1 had generalized checks (not her personal checkbook) that she was completing in a worksheet register. Participant 1 was not given any instruction or assistance with this task and stated that she does it at home with her mom with her real money. Participant 2 had worksheets of general "price tags" that he was rounding up to the next dollar amount for each tag individually and together. There was no staff interaction with Participant 2 and he did not seem to be having any difficulty with the task as stated by the employee.

PSNI conducts an extensive evaluation of client skills in the area of economic self sufficiency prior to making recommendations as evidenced in our developmental evaluations and baseline data. All services in this area are thoroughly discussed with the individual, their therapy team and often times their parents prior to designing our economic training plans.

Once target skills are identified a variety of center based training along with practical application therapies are customized to the individuals situation which unfortunately the survey team was unable to observe due to time constraints.

See attachment #14 for detailed description of the full spectrum of economic therapies offered at PSNI

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.21.905.02.d 905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each	The agency failed to ensure the participant's right to receive services that enhance his or her social image and personal competencies and, whenever possible, promote inclusion in the community.  For example, based upon the observation of	Participant 4 does not attend the volunteer program at the animal shelter - however	2014-01-09

participant receiving DDA services. (7-1-11)  
 02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-11)  
 d. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community; (7-1-11)

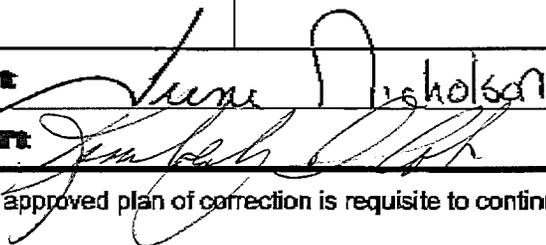
services provided to Participant 4, it was identified that services, as implemented, did not enhance the participant's social image and personal competencies nor promote inclusion in the community. Participant 4 was petting cat with other disabled peers rather than assisting or interacting with non-disabled peers in the community environment.

DDA program administrator and developmental specialists will revise current monthly observation form to better evaluate employees ability to ensure that services enhance social image, promote personal competencies and promote inclusion and where identified will provide 1:1 training to staff in this area. All 1:1 trainings will be documented on this form as well.

On-going training will also be provide to all staff in this area by DDA program administrator and developmental specialists during weekly staff meetings (this component implemented 10-1-13)

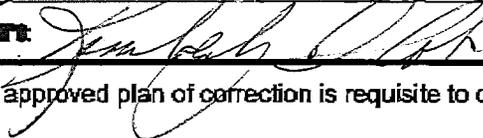
Quality assurance committee will review staff observations and weekly staff meeting notes quarterly to ensure compliance and identify areas in need of improvement

Administrator/Provider Signature:



Date: 5-12-14

Department POC Approval Signature:



Date: 5-20-14

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