



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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December 14, 2007

Jerry Fowler, Administrator
Meridian Developmental Center
40 W. Franklin Rd, Suite 1
Meridian, ID 83642

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Dear Mr. Fowler,

Thank you for submitting the Meridian Developmental Center Plan of Correction dated December 4, 2007. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Meridian Developmental Center a full one year certificate effective from November 1, 2007 through November 1, 2008.

According to IDAPA 16 04.11 203 01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. You may submit supporting documentation as follows:

Fax to: 364-1811, Attn DD Survey and Certification, Cyndy Jonsson

Email to: jonssonc@dhw.idaho.gov

Mail to: Division of Medicaid

Attn. DD Survey and Certification Cynthia Jonsson

PO Box 83720

Boise, ID 83720-0036

Or deliver to: Division of Medicaid, 3232 Elder St., Boise

You can reach me if you have any questions at 364-1841.

Thank you for your patience and accommodating us through the survey process.

Cynthia Jonsson
Clinician
DD Survey and Certification

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DDA COMPLIANCE REVIEW

AGENCY NAME: MERIDIAN DEVELOPMENTAL CENTER

SURVEY DATE(S): 10/22 TO 10/24/07

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Rebecca Fadness, Cynthia Jonsson, Jada Yancey, Eric Brown

Therapy Observation Notes:

All observations showed positive interactions between staff and participants.

The observation of Participant #1 was a positive observation. This was a group activity where the group was working on budgeting. The group members were similar in functioning levels. Each participant had paper and a calculator and the group leader (a Participant #3) was also writing on a large whiteboard. The Participant #3 was moving around the room with the group and individuals. All members of the group were engaged.

The observation of Participant #4, Participant #3 and Participant #2 that involved sorting skills revealed that no therapy was observable. Participant #2 has a program for using tissue, but the staff went to get his box of tissue rather than teaching Jeremy to do that.

Deficiencies:

Agency's Plan for Compliance:

16.04.11.009.MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Criminal History and Background Checks."

FINDING: Based upon record review the agency is not in compliance.

1) Action to be taken: A search for OT agency that will supply background checks.

2) ID Participants affected: A review of all participant's OT services.

3) Staff Responsible: Administrator and Program Administrator will conduct search. Business Admin. will review files.

4) Monitoring procedure: Search for OT, and list of participant's affected will be documented. Business Admin. will quarterly review employee files for current background checks, and request if missing. Administrator will monitor Business Admin. duties.

5) Dates of corrective action: Search in process, has found OT vendor who

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<p>The findings included:</p> <ul style="list-style-type: none"> There is no verification of Criminal History Checks for Occupational Therapist <p>16.04.11.400.03. Records of Licenses or Certifications. The agency must maintain documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates.</p> <p>FINDINGS: Based upon record review the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> There is no copy of license for Occupational Therapist 	<p>will provide current background checks for therapists. Dec 31, 2007 background checks will be received. Current OT services reviewed by March 08. Job duty added to Business Admin. list by March 31, 2008. Review of Business Admin. added to Administrator duties by March 31, 2008.</p> <p>1) Action to be taken: A search for OT agency that will supply licenses. 2) ID Participants affected: A review of all participants' OT services. Recommend professional review of all OT services. 3) Staff Responsible: Administrator and Program Administrator will conduct search. Business Admin. will review files. 4) Monitoring procedure: Search for OT, and list of participant's affected will be documented. Business Admin. review will quarterly review employee files for current licenses, and remediate. Administrator will monitor Business Admin. duties. 5) Dates of corrective action: Search in process; has found OT vendor who will provide current licenses for therapists. Dec 31, 2007 licenses will be received. Current OT services reviewed by March 31, 2008. Job duty added to Business Admin. list by March 31, 2008. Review of Business Admin. added to Administrator duties by March 31, 2008.</p> <p>1) Action to be taken: Documentation of Administrator's involvement assuring compliance with IDAPA rule; overseeing and managing staff; developing and implementing written policies and procedures; and overseeing the agency's quality assurance. Agency Administrator will participate and sign off on annual employee evaluations. 2) ID Participants affected: Quality Assurance reviews. Revision of participant objectives and programs to meet IDAPA rule. 3) Staff Responsible: Administrator will assure documentation. Contracted QA staff will conduct documented QA reviews. DS's will revise objectives & programs as recommended. 4) Monitoring procedure: Administrator will monitor the QA reviews to ensure consistent compliance with IDAPA. 5) Dates of corrective action: All corrective actions will be completed by March 31, 2008.</p> <p>1) Action to be taken: DS will receive 12 hours of formal training yearly. Procedure to monitor staff training to be implemented. 2) ID Participants affected: QA program reviews. 3) Staff Responsible: Program Admin. will add employee training to Business Administrator duties. Business Admin. QA staff. Administrator.</p>
<p>16.04.11.400.01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program.</p> <p>FINDINGS: Based upon record review the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> There is no documentation that agency administrator is accountable in writing for overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. 	<p>1) Action to be taken: DS will receive 12 hours of formal training yearly. Procedure to monitor staff training to be implemented. 2) ID Participants affected: QA program reviews. 3) Staff Responsible: Program Admin. will add employee training to Business Administrator duties. Business Admin. QA staff. Administrator.</p>
<p>16.04.11.415.01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year.</p>	<p>1) Action to be taken: DS will receive 12 hours of formal training yearly. Procedure to monitor staff training to be implemented. 2) ID Participants affected: QA program reviews. 3) Staff Responsible: Program Admin. will add employee training to Business Administrator duties. Business Admin. QA staff. Administrator.</p>

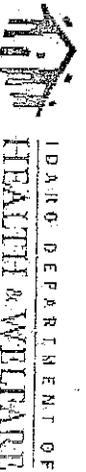
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<p>FINDING: Based upon record review the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> There is no documentation that one developmental specialist had completed 12 hours of training. 	<p>4) Monitoring procedure: Business Admin will review employee records in ensure employee training is received. Business Admin duties will be reviewed by the Administrator. 5) Dates of corrective action: DS to have yearly training of 12 hours completed by Dec 31, 2007. Monitoring procedures to be in place by March 31, 2008.</p>
<p>16.04.11.705.01. Each participant record must contain the following information: a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; 16.04.11.708.02. All services must be: a. Recommended by a physician or other practitioner of the healing arts; FINDING: Based upon record review the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> Physician orders for 2 of 4 participants (Participant #1 and Participant #3) were expired. 	<p>1) Action to be taken: TSC's, and or physicians contacted to update Medical Referrals. Medical Referral dates will be added to the QA File Review check list. 2) ID Participants affected: File review of Medical Referral Forms. 3) Staff Responsible: DS's will make contacts. Program Admin will revise File Review Form. QA staff. 4) Monitoring procedure: QA staff will review participant files quarterly. 5) Dates of corrective action: QA file review form revised by Feb 29, 2008. File reviews to be completed by March 31, 2008. DS contacts to be made by April 30, 2008.</p>
<p>16.04.11.705.01.d. Current profile sheet containing 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; FINDING: Based upon record review, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> Profile sheet did not list medications for Participant #2. Profile sheet for Participant #1 stated "no known allergies" but other documents indicate an allergy to penicillin 	<p>1) Action to be taken: Updating of participant Profiles. 2) ID Participants affected: Review of all participant Profiles. 3) Staff Responsible: DS's will update. 4) Monitoring procedure: Profile review and updates will be added to yearly file review check list duties. 5) Dates of corrective action: Participant Profile #1 and #2 corrected as of Nov. 07. Profile reviews to be completed by March 31, 2008 quarterly. Profile reviews added to yearly check list by Feb 29, 2008..</p>
<p>16.04.11.705.01.e. General Records Requirements. Each participant record must contain the following information: Current medical, social, and developmental information and assessments FINDING: Based upon record review, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> File for Participant #1 did not include current medical, social and developmental information. Medical, Social and 	<p>1) Action to be taken: TSC's, and ICDE to be contacted for current Medical, Social, and Dev. Assessments. 2) ID Participants affected: Review of all participant Medical, Social, and Dev. Assessments. 3) Staff Responsible: QA staff, Administrator. 4) Monitoring procedure: File review will be revised to include checking for current dates. This will be added to yearly file review check list duties. 5) Dates of corrective action: contacts in process. Review of all files completed by March 31, 2008 quarterly. Check added to monitoring tool by Feb 29, 2008.</p>

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Developmental Assessment Summary was more than a year old.

16.04.11.600.01. A comprehensive assessment must:
b. Determine the participant's needs;
c. Guide treatment;

FINDING: Based upon record review, the agency is not in compliance. The findings included:

- In four of four files reviewed the Comprehensive Developmental Assessment did not have enough content to assess needs and guide treatment in each of the seven areas of service for Developmental Therapy.
- Strengths, needs and interests were not included in assessment. This was corrected at time of survey. Note: The files reviewed were corrected at the time of the survey. A Plan of Correction must be submitted to identify other participant files that may be affected by the deficiency, identify who will be responsible for implementing the action, how files will be monitored to ensure consistent compliance with IDAPA Rules and the date by which the action will be taken.
- Participant #4 has goals and programs that are not supported by a comprehensive assessment to guide treatment - i.e., pick up cup, respond to requests, make choice.

16.04.11.604.04. Physical Therapy Assessment. Physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs.

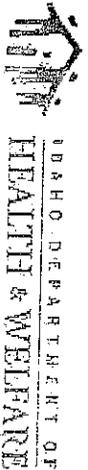
FINDING: Based upon record review, the agency is not in compliance. The findings included:

- Developmental Assessment indicates Participant #4 does not walk alone. The Implementation Plan has one program for him to walk to the sink and another to release the trainer's arm. Neither of these programs is the result of recommendations from a Physical Therapy Assessment to address his gross

1) Action to be taken: Comprehensive Developmental Assessment tool to be revised. A new Comprehensive Developmental Assessment will be recommended by IDDC DS' for all participants at their ISPs.
2) ID Participants affected: Review all participant files to identify those needing new Comprehensive Developmental Assessment.
3) Staff Responsible: Program Administrator to revise Dev. Assessment tool. Review of participant files. DS's to make written recommendations to TSC's for new Comprehensive Dev. Assessment using new tool.
4) Monitoring procedure: Documented Training of DS staff in proper use of new Dev. tool and procedure for making program objective recommendations.
5) Dates of corrective action: Dev. Assessment tool completed as of Nov. 17, 2007. Training in use completed by Dec 31, 2007. Review of participant files by March 31, 2008. Recommendations for new Comprehensive Dev. Assessment on going at all ISPs.

1) Action to be taken: Review of Comprehensive Developmental Assessment and update using new Comprehensive Dev Assessment tool if needed. Consult with Physical Therapist regarding current program.
2) ID Participants affected: Review all participant files for need of PT evaluations.
3) Staff Responsible: DS, Program Admin, QA staff.
4) Monitoring procedure: on going monthly review and revisions of participant programs. Quarterly QA program reviews.
5) Dates of corrective action: 11/29 consulted with PT who found no basis for a physical therapy evaluation for Participant #4. Review and update if needed using new Comprehensive Dev. Assessment tool by Dec 31, 2007. Program objective to be revised as needed by Dec 31, 2007.

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motor abilities.

16.04.11.605.01 Specific skill assessments must: Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment.

FINDING: Based upon record review, the agency is not in compliance. The findings included:

- A specific skill assessment was completed for Participant #4 when the comprehensive developmental assessment did not support the goal.

16.04.11.703 Program Implementation Plan Requirements.

02 Baseline Statement: A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned.

FINDING: Based upon record review, the agency is not in compliance. The findings included:

- Baseline statements do not address the participant's skill levels and abilities related to a specific skill to be learned. This is more difficult when the objective is not written for skill acquisition. For example, one program for Participant #2 is to respond to the question "Do you need a tissue?"

16.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS:

04 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.

FINDING: Based upon record review, the agency is not in compliance. The findings included:

- Instructions to staff on Implementation Plans do not consistently indicate interventions that include a skill acquisition. For example, Participant #2's Implementation plans for 3B-1 and 3B-2 and Participant #3 8E and 4L
- Instructions to staff reflected statements specific to what the participant was supposed to do without a skills training component for staff to conduct. For example, Participant #2's

1) Action to be taken: Documented remaining of DS' on requirements for Specific Skill Assessments. Include on QA file review form.

2) ID Participants affected: Review of all Specific Skill Assessments to determine if they support goals of Comprehensive Dev. Assessment.

3) Staff Responsible: DS', Program Administrator for DS training.

4) Monitoring procedure: QA file reviews.

5) Dates of corrective action: March 31, 2008

1) Action to be taken: Baselines will be reviewed and rewritten to address skill levels. DS's retrained at writing baselines. QA staff program review form revised to address this issue.

2) ID Participants affected: on going monthly review and revisions of participant programs. Quarterly program reviews.

3) Staff Responsible: DS's to correctly write baselines. DS training conducted by Program Administrator. QA staff.

4) Monitoring procedure: QA staff at quarterly program reviews.

5) Dates of corrective action: in process on going. March 31, 2008 quarterly QA.

1) Action to be taken: Interventions to be added on all PIP's. Instructions and reminders to be revised. QA program review forms will be amended to include an intervention required on PIP's.

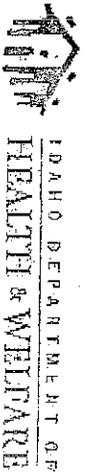
2) ID Participants affected: monthly reviews and revisions of participant programs.

3) Staff Responsible: DS', QA staff.

4) Monitoring procedure: QA program reviews.

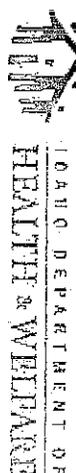
5) Dates of corrective action: in process. Program reviews to be amended to add intervention by Feb 29, 2008.

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<p>3B-1 and 3B-2, 4B and Participant #3's 1L, 8E</p> <ul style="list-style-type: none"> Reinforcements listed for Participant #2 include some reinforcers that cannot be utilized when he is successful at completing his program. For example, he enjoys working with his favorite staff, he likes taking part in group cooking. 	<p>1) Action to be taken: program objectives of specified participants to be reviewed and revised in accordance with IDAPA rule. A standard for determining the "functionality" of participant programs will be devised for the QA staff to refer to when conducting Program Reviews.</p> <p>2) ID Participants affected: QA program review.</p> <p>3) Staff Responsible: Program revisions completed by DS. QA to refer to functional standard during program reviews. Program Administrator to devise functional standard.</p> <p>4) Monitoring procedure: monthly reviews and revision of participant programs. Quarterly program reviews.</p> <p>5) Dates of corrective action: monthly reviews in process. Functionality standard for QA staff in place by Feb 29, 2008. 1st quarterly Program Review March 08.</p>
<p>16.04.11.010.14. Developmental Therapy. Developmental therapy is the use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition or prevent regression where documentation shows that regression is anticipated</p> <p>FINDING: Based upon record review, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> Participant #4 program to organize colored spoons does not result in skill acquisition toward increased independent or dependent functioning in his home or community. Participant #4 program task to "support choice" does not result in skill acquisition toward increased independent or dependent functioning in his home or community. Participant #3 Poker Chip sorting program does not result in skill acquisition toward increased independent or dependent functioning in his home or community. Other programs were written for 3 of 4 participants with a variety of objectives, that in the end, result in a sorting program of that does not result in skill acquisition toward increased independent or dependent functioning in his home or community. (Participants # 2, 3, & 4) 	<p>1) Action to be taken: program objectives to be reviewed and revised in accordance with IDAPA rule.</p> <p>2) ID Participants affected: a standard for determining the "functionality" of participant programs will be devised for the QA staff to refer to when conducting Program Reviews.</p> <p>3) Staff Responsible: Program revisions completed by DS. QA to refer to functional standard. Program Administrator to devise functional standard.</p> <p>4) Monitoring procedure: monthly reviews and revision of participant programs. Quarterly program reviews.</p> <p>5) Dates of corrective action: monthly reviews in process. Functionality standard for QA staff by Feb 29, 2008. 1st quarterly Program Review March 08.</p>
<p>16.04.11.900.01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure:</p> <p>a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice</p> <p>FINDING: Based upon record review the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> For 3 of 4 participants reviewed, (Participants # 2, 3, & 4) there is no evidence that the pool organizing programs, poker chip 	<p>1) Action to be taken: program objectives to be reviewed and revised in accordance with IDAPA rule.</p> <p>2) ID Participants affected: a standard for determining the "functionality" of participant programs will be devised for the QA staff to refer to when conducting Program Reviews.</p> <p>3) Staff Responsible: Program revisions completed by DS. QA to refer to functional standard. Program Administrator to devise functional standard.</p> <p>4) Monitoring procedure: monthly reviews and revision of participant programs. Quarterly program reviews.</p> <p>5) Dates of corrective action: monthly reviews in process. Functionality standard for QA staff by Feb 29, 2008. 1st quarterly Program Review March 08.</p>

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programs and other sorting programs produce measurable outcomes, are high quality, consistent with participant needs and reflect current standards of practice toward increased independent or dependent functioning in his home or community.

16.04.11.900.01. Purpose of the Quality Assurance Program: The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure:
 d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate.

FINDING: Based upon record review the agency is not in compliance. The findings included:
 • There is no documentation that the various sorting programs are skills that participants would commonly learn and utilize in a natural setting.

16.04.11.900.02. Quality Assurance Program Components: Each DDA's written quality assurance program must include:
 b. Person, discipline or department responsible for each goal.

FINDING: Based upon record review the agency is not in compliance. The findings included:
 • There is no documentation in the Quality Assurance program that includes the Person, discipline or department responsible for each goal.

16.04.11.900.02. Quality Assurance Program Components: Each DDA's written quality assurance program must include:
 c. A system to ensure the correction of problems identified within a specified period of time

FINDING: Based upon record review the agency is not in compliance. The findings included:
 • There is no evidence that the agency has a system in place that effectively ensures the identification of areas of noncompliance with rules and correction of the problems. This is evidenced by the deficiencies cited in this report.

4) Action to be taken: All programs reviewed to ensure they are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. This component stressed on QA program review forms.
 2) ID Participants affected: monthly reviews and revisions of participant programs. Quarterly QA program review.
 3) Staff Responsible: DS, QA staff, Administrator.
 4) Monitoring procedure: QA quarterly program reviews.
 5) Dates of corrective action: program revisions by DS in process, on going. QA revision Feb 29, 2008.

1) Action to be taken: QA program components will be revised to more clearly specify responsible department.
 2) ID Participants affected: quarterly QA reviews.
 3) Staff Responsible: Administrator
 4) Monitoring procedure: Administrator will show documentation of presence at QA reviews.
 5) Dates of corrective action: March 31, 2008

1) Action to be taken: QA program components will be revised to include a specified time for correction of identified problems. Administrator QA check list to be implemented.
 2) ID Participants affected: quarterly QA reviews.
 3) Staff Responsible: Administrator
 4) Monitoring procedure: Administrator QA check list.
 5) Dates of corrective action: March 31, 2008

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<p>16.04.11.900.03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants:</p> <p>f. Are observable in practice.</p> <p>FINDING: Based upon record review and observation the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> • During observation of 3 of the 4 participants, (#2, 3 and 4), no Developmental Therapy skill training was observable. These participants were involved in a variety of sorting programs, where no therapeutic interventions toward rehabilitative skills acquisition was occurring. 	<p>1) Action to be taken: QA program components will be revised to include a statement regarding, "observable rehabilitative skill."</p> <p>2) ID Participants affected: quarterly QA reviews.</p> <p>3) Staff Responsible: Program Administrator, QA staff, Administrator</p> <p>4) Monitoring procedure: Yearly Policy & Procedure review.</p> <p>5) Dates of corrective action: March 31, 2008</p>
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Survey report completed by : Cynthia Jonsson

Date: 11/20/07

Agency Administrator Signature:

Date: 12-4-07

Plan of correction accepted:

Date: 12-13-07