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November 28, 2007

Terri Johnson, Administrator
TESH, Inc
3803 Industrial Park Ave.
Coeur d'Alene, ID 83814

COPY

Dear Terri Johnson,

Thank you for submitting the TESH Plan of Correction dated November 28, 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 TESH, Inc. a full One (1) year certificate effective from November 28, 2007 through November 28, 2008.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency has submitted documentation to substantiate that you your Plan of Correction has been met. Please assure that all components continue to be implemented according to your plan.

You can reach me if you have any questions at (208) 364-1906 or 1-877-457-2815.

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

Rebecca Fadness
Program Supervisor
Medicaid Survey and Certification

IDAHO DEPARTMENT OF HEALTH & WELFARE

DDA COMPLIANCE REVIEW

AGENCY NAME: TESH, INC **SURVEY DATE(s):** OCTOBER 1, 2007 – OCTOBER 5, 2007

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, Program Supervisor, Medicaid
Cyndy Jonsson, Clinician, Medicaid
Pam Loveland- Schmidt, Medical Program Specialist, Medicaid
Paul Norstog, Clinician, FACS
Heather Freeman, Developmental Specialist, FACS

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

Participant Satisfaction:

Participant #4 was interviewed and indicated that she was happy with the services she was currently receiving from the agency. When asked the participant if she knew what goals she was working on she was unable to state the activities other than writing checks. She is aware of who to contact if she has a concern or is not satisfied with services. When asked, the participant indicated that staff treats her with respect, and she feels that she is making progress: SATISFIED.

Parent Satisfaction:

Participant #6 guardian is happy with his progress in IBI at TESH. She says that the therapist keeps in close touch with them and responds to their requests and teaches them techniques needed to work with him at home. She feels that the program is comprehensive and the therapist is patient, good and working well. The progress has been very notable at home. Now they are starting on a new phase because his little sister has come to live with them, and he must learn to interact with her, even when she is not being helpful.

Participant #8's mother is absolutely pleased with his IBI therapy. She says there is constant communication between herself and the therapist and the IBI therapist can help come up with solutions to home behaviors. He received Developmental Therapy for several years before beginning IBI and the IBI is definitely working better for him than the DT. He had almost no independent interaction skills a year ago, and now is practicing them in therapy although still is not using them independently very much. VERY SATISFIED

Participant #9:Was unable to reach Zachary's mother at home or at work

Therapy Observation Notes:

Participant #1 (Adult Center based DDA)
Participant #1 was observed on10/03/07 from 11:00am to 11:30am in the center group of 12 Karate. Participant was working on the lying goal. Participant was observed in his Karate class for approximately 30 minutes which he was engaged in the class and did not appear to need any therapy because he and the other 11 participants followed the instruction very well from the instructor which was not a trained Developmental Therapist. A therapist did pull the participant from the Karate class and stood along side the class and asked him questions about lying which could be heard by the whole class. Participant was not observed telling lies during the Karate class and when he returned to the class appeared to be embarrassed. Participant #1 was the only participant of 12 observed receiving any therapy of approximately 5 minutes during the 30 minute observation.

The Karate class appears to be recreational in nature.

Participants #1 and #2 (Adult Center based DDA)
Participant's were observed with therapist in observation 10/02/07 from 11:45am to12:15pm in the Men's Horizon center group of 10 participants. Participant was working on inappropriate behaviors and the class was discussing how to read others body language, such as anger, scared, etc.

The environment was not conducive to learning-a lot of noise in the center from the other groups, very difficult for the therapist to hear the participant's responses and had to have to repeat comments due to noise level.

The therapy observed did not actively promote the participation, personal choice and preference of the participant. There were10 participants in the group and 4 of the 10 participants were not involved in the group discussion and developmental therapy was not observable in practice.

Missed teaching moment-The therapist was asking the group about a facial expression (anger) and participant #1 was antagonizing participant #2 by stating "you don't know any thing" and "in your face" which was apparent that it was making participant #2 angry. This was a perfect opportunity for the therapist to ask participant #1 about participant #2's facial expression and how he was making participant #1feel, but the teaching moment was lost. The therapist attempted to keep the group engaged in the discussion but it appeared difficult to keep participant #1 engaged and not antagonizing other participants. Group appeared to be too large to keep all participants involved in Developmental Therapy.

Therapist did have a good rapport with the participants.

Participant #3 (Adult Center based DDA)

Participant was observed with therapist on 10/03/07 from 10:30am to11:00am in the center therapy group of 7 participants. Participant #3 was working on communication and spatial goals. The environment was not conducive to learning-a lot of noise in the center from the other groups, very difficult for the

therapist to hear the participant's responses and had to have to repeat comments due to noise level.

The therapy observed did not actively promote the participation; personal choice; preference of the participant; and were not observable in practice. There were 7 participants in the group and it appeared as though individual therapy within the group was being conducted for approximately 5-10 minutes for each individual within the 30 minutes of observation. No interaction with the other participants while working on a goal with one participant. For example: When the therapist was working on participant #3 goals no other participants were included in the discussion/goal. Participant #3 was asked what was above him, behind him, etc. and then the therapist would document the data and move on to the next participant and when another participant asked the therapist if she was talking to him the therapist stated "No, I am talking to _____"

The participants were working on very different goals within the group. For example: Angelo was working on spatial goals and Amber was apparently working on things that make her feel uncomfortable.

Participant #4 (Adult DDA Community based therapy)

Therapy was observed in the participants' home. Therapy appeared to meet the need of the participant. Participant #4 was working with the therapist to pay bills. Therapy was delivered in the appropriate environment and was conducive to learning. The staff would write the check and have the participant sign the check. The program did not have detailed instructions to determine if the program was being implemented effectively. Staff indicated that this is a great improvement over the past year. Staff appeared have a good rapport with the participant.

Participant #6 (IBI)

The therapy session observed with Participant #6 and his therapist started at TESH and then went into the community.

The therapist met all expectations for her ability to gain the participant's attention, present information and call for a response, and provide a prompt if needed. The ability to use differential reinforcement to help him discriminate between desired behaviors was difficult to determine; however, the therapist explained that praise, high fives, and points are used to reinforce the participant. She commented that he no longer required primary reinforcement and is reinforced through secondary reinforcement. When participant earns 36 points, he gets to choose how to spend the money and has created a wish list that he uses to determine his reward for the day. The frequency with which he was reinforced was consistent with his Implementation Plan .

Participant #6 appeared comfortable with the therapist and responded well to the therapy routine, which appeared appropriate to his needs. The therapist exhibited good instructional control and rapport with him. The participant gave the therapist eye contact while he talked to her most of the time, but was sometimes prompted to look at her eyes when she had something important to tell him.

The therapy was delivered as described by the participant's Implementation Plan. The data collection method was observed during the center observation period, in which she wrote down plus' to indicate he earned points. Data was collected by the therapist immediately during this time, but data collection was not observed during the community outings.

The participant's success during the therapy observation and the modest support required, even during potentially frustrating moments, shows high potential that the participant could transition to a less restrictive level of service in the near future.

Participant #8 (IBI)

The IBI therapy session observed with Participant #8 and his therapist was observed in a large room without other children. Although the room was large and had many potential distracters, the participant remained on task during the activities. The therapist met all expectations for ability to gain attention, present information, call for response, provide prompt if needed, and correct the response or reinforce a correct response during the observation period. Timothy appeared comfortable with the therapist and responded well to the therapy routine, which seemed appropriate to his needs and abilities.

The initial activity observed with the participant was a question and answer session in which the therapist and He look through a book and he stated the therapists' name and promptly asked her a question about something in the book. The therapist asked a question back and the participant answered. The immediate change of his voice to a serious tone was impressive to observe and indicated the participant is motivated during therapy. When the plan began three months ago, he was unable to ask questions; therefore he has made a tremendous amount of progress. A few times during therapy the participant used negative language to avoid going on, but he was easily redirected back to the task.

The therapist successfully gained the participant's attention. The therapist knew when to give the prompt and she gauged his attention well. The therapist demonstrated verbal praise to recognize the participant's hard work and her attention was fully engaged in the objective being worked on. Therapy was not unnecessarily interrupted and the participant stayed on task throughout the observation.

The participant's objective to greet his friends was incorporated into the therapy session in a natural manner, although it did interrupt the current activity. During therapy the doorbell rang to the children's building and the therapist asked the participant if he would go with her to answer the door. He greeted the children coming in by saying "hi".

The therapy was delivered as described by the participant's Implementation Plan. The data collection method was observed to be appropriate, practical, and consistent. Data was collected by the therapist immediately on a data sheet in his IBI work book.

Pennies were used as reinforcers during the observation, which were reinforcing for the participant. The therapist asked him how many pennies he had and he diligently counted them to find out.

The frequency with which he was reinforced was consistent with his Implementation Plan and appropriate to the participant's responses during therapy. The therapist followed the reinforcement schedule established for him. The therapist used more than one method of differential reinforcement (token economy system and verbal praise). The therapist showed me a different token board system used while in the community.

Participant #8 (Developmental Therapy)
Staff appeared to anticipate participant's behaviors and be able to efficiently redirect him to the task. Therapy was consistent with goals outlined on the IPP and conductive to promotion of independent living skills.

Participant #9 (IBI)
Participant #9 was observed working on developmental objectives at the Homestead House center, and then moving into the community for generalization of skills and street safety. Participant #1 was attentive to the therapist and complied with instruction well. He independently found books and checked them out from the library, but was not able to ask clear enough questions for a librarian to understand.

Therapy was appropriate for his age, the settings were supportive for the objectives addressed in them. Data was recorded during therapy and did not interfere with the progression of the therapy. No aversive or restrictive practices were used.

Reinforcements used were social and delayed gratification, as would be prevalent for a child of his age. He was able to gage his own success by fairly

subtle verbal and non-verbal cues from the therapist and reminders of what reward he was working toward (a favored activity). This is a hopeful sign for the possibility that he could continue to progress in a less restrictive therapy model.

His compliance is a change, last year he would struggle and tantrum at requests and transitions, and therapy would progress slowly. This year he did not tantrum and his escape behavior was only observed in the beginning of therapy at Homestead House.

Participant #9 (Developmental Therapy)
Staff did a good job of encouraging participant's independence while providing appropriate cues and reinforcements. Participant and staff exhibited very positive interactions throughout class.

Participant #10 (Developmental Therapy)
Staff consistently utilized positive redirection and reinforcement techniques with the participant. Staff was respectful of her communication style and encouraged her to make choices and complete activities that were age appropriate.

Deficiencies:	**Agency's Plan for Compliance:**
16.04.11.201.04 i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • Review of documentation found that agency did not have documentation of job description for volunteer staff.	**1. A job description has been written for our volunteer. (Supporting documentation #1) 2. At this point in time we have no other volunteers. 3. If in the future a volunteer is sought and becomes available they will receive a copy of a job description prior to beginning by Human Resources, the Children's or the Adult Services Program Manager. 4. HR will be responsible for ensuring that this has been given out by maintaining a record in the volunteer's file. The DDA Administrator will check quarterly to ensure that we are in compliance. 5. Completed 10/20/07.**
16.04.11.402.03. Professional Observation. The agency must assure 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 assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • 4 of 5 staff files did not contain documentation of monthly professional observation of paraprofessionals. All 4 files were missing at least 4 months of documented observations of staff.	**1. Each month an observation schedule is established during our Developmental Specialist meeting and that will continue to happen. 2. No participants are affected. 3. The Developmental Specialists are responsible for implementing the observations. 4. The Program Managers will ensure that all observations were conducted for the month by maintaining a check list. (Supporting documentation #17) 5. The check list will begin 12/1/07.**
16.04.11.415.01. a. Each agency employee providing services to participants must	**1. TESH has purchased a fire safety video. 2. Our volunteer is**

participate in fire and safety training upon employment and at least yearly thereafter; and (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • Agency did not have documentation of initial or annual fire safety for volunteer staff.	**set to watch this video within the first week of January. (She is taking the end of October, November and December off from volunteering.) Volunteers will be required to participate in new hire training which will include fire safety training. 3. The DDA Administrator was responsible for implementing the corrective action. 4. A spreadsheet has been created of trainings for the year. 5. The video was purchased on 11/1/07. The DDA Administrator will monitor this quarterly for compliance.**
16.04.11.500.03. f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06) This non compliant finding was corrected immediately at the time of survey. **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • During facility walk through with administration the following chemicals were found not to be under lock and key: Cleaning solution, Cascade, Oust, and lysol. This IDAPA citation is a repeat citation from previous reviews dated November 2005, June 2005, and November 2003. The Plan of Correction was not implemented and maintained as evidenced by the repeat citation. Refer to IDAPA 16.04.11.300.06.b	**1. Child locks have been put on cabinets. 2. At our staff meeting of 10/3/07 staff were reminded about the chemicals. 3. A monthly walk through by our Maintenance Manager will check to ensure that chemicals are not out. 4. The Director of Operations will monitor this monthly with the Maintenance Manager. 5. This was completed on 10/2/07.**
16.04.11.500. 05. Food Safety and Storage. b. When the agency does not provide food service for participants, it must keep refrigerators and freezers used to store participant lunches and other perishable foods in good repair and equipped with an easily readable thermometer. Refrigerators must be maintained at forty-one degrees Fahrenheit (41°F) or below. Freezers must be maintained at ten degrees Fahrenheit (10°F) or below. (7-1-06) This non compliant finding was corrected immediately at the time of survey. **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • During facility walk through with administration the freezers were found not to contain thermometers. Thermometers must be maintained in the freezer to assure adequate temperatures. This IDAPA citation is a repeat citation from previous reviews dated November 2005 and June 2005. The Plan of Correction was not implemented and maintained as	**Thermometers were installed in the freezers during the audit. Refrigerators will be checked monthly by the Maintenance Manager to ensure that thermometers are in both the freezers and the refrigerator and that they are maintained at 41 degrees Fahrenheit or below for the refrigerators and 10 degrees Fahrenheit or below for the freezers. The Director of Operations will monitor this monthly.**

evidenced by the repeat citation. Refer to IDAPA 16.04.11.300.06.b	
16.04.11.500. 06.a. The interior and exterior of the center must be maintained in a clean, safe and orderly manner and must be kept in good repair; (7-1-06) **FINDINGS:** Based upon facility walk through and interview with Administrator, the agency is not in compliance. The findings included: • Hole in wall in back hallway of center This non compliant finding was corrected immediately at the time of survey. • Blind cords by rear exit door were hanging to the floor. This is a common walkway and cords must be secured to assure participant safety. • Back door in common walkway has damage to the bottom of the door. Door has a piece of metal sticking upward, as well as the door is rusty and in poor repair. • Cubical walls were stacked in common walkway of the center during center hours. Walls were in the way of participants and could have easily been knocked down. This non compliant finding was corrected immediately at the time of survey. • Metal soap dispenser stands were located in 2 bathrooms. The dispenser stands had sharp edges and were a safety concern for participants. This non compliant finding was corrected immediately at the time of survey.	**1. The blind cords are now secured in the suggested figure 8 bracket. The back door has been replaced as of 10/12/07. 3. The Maintenance Manager was responsible for implementing this corrective action. 4. A monthly walk through by our Maintenance Manager will check to ensure that the brackets are in place and cords are secured and that the door remains in good condition. 5. These were completed by 10/12/07.** **As mentioned all other items were corrected during the survey.**
16.04.11.501.01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: **c.** Address any special medical or health care needs of particular participants being served by the agency. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • Agency does not have policy and procedure that addresses special medical or health care needs.	**510.01c – 1. A policy addressing special medical or health care needs was written. (Supporting documentation #2) 2. Participants will receive a copy of this policy in their client handbook. 3. The DDA Administrator implemented this. 4. Each year, at the end of TESH's fiscal year (June 30) all policies will be reviewed by the managers to ensure compliance. TESH's CEO will ensure that policies are reviewed yearly. 5. Policy completed 10/11/07.**
16.04.11.600 COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 01. Comprehensive Assessments. A comprehensive assessment must: **d.** Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included:	**1. Participant interests have been added to our developmental evaluations. (Supporting documentation #3). 2. Developmental evaluations did not contain this prior to this action. 3. With each new developmental evaluation the DS in charge of writing these evaluations will ensure that this section is filled out. 4. The DDA Administrator will include checking for this information during audits of client files that occur 2 weeks after an ISP or IPP begins. 5. Date of completion will depend on each client's ISP or**

• 4 of 4 adult participant files reviewed (#1,2,3,4) did not contain comprehensive assessments that identify participant interests.	**IPP date. Corrective action began 10/26/07.**
16.04.11.600 COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. 01. Comprehensive Assessments. A comprehensive assessment must: **e.** For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • Review of records found 4 of 4 adult participant files (#1, 2,3, 4) did not contain recommended amount of therapy on the comprehensive assessment. This IDAPA citation is a repeat citation from previous reviews dated November 2005, and June 2005 The Plan of Correction was not implemented and maintained as evidenced by the repeat citation. Refer to IDAPA 16.04.11.300.06.b	**1. This section has been added to our developmental evaluations. (Supporting documentation #3). 2. None of our developmental evaluations included this section. Every client has a new evaluation completed yearly. With each new ISP that comes in a developmental evaluation will be done. 3. The DS in charge of writing these evaluations will ensure that this section is filled out. 4. The addition of the DS writing the evaluations adding a check of this is new to our process. We have also created a template that includes this section so this should not be a problem from here on out. The DDA Administrator will also include checking specifically for this information during her audits of client files that occurs 2 weeks after an ISP or IPP begins. 5. Date of completion will depend on each client's ISP or IPP date. Corrections began 10/26/07.**
16.04.11.601.03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • 3 of 11 participant files reviewed did not contain a current psychological assessment.	**1. A list of client's taking behavior modifying medications has been given to the Adult and Children's Services Program Manager. 2. We will be going through the lists and identifying who is in need of psychological evaluations. Psychological evaluations will be requested for those participants via addendums. 3. The DS's will insure that a psychological evaluation is completed for all clients on every new plan for the PCP meetings conducted after December 1st. 4. The DDA Administrator will ensure that each client taking behavior modifying medications has a psychological evaluation on file during client file audits. 5. This process began during Quality Assurance reviews of files started 10/23/07. The DS meeting on 11/28/07 will address the behavior modifying medication list. During our PCP meetings held this month we have begun requesting psychological evaluations for the ISP.**
16.04.11.604.01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) **c.** Learning; **FINDINGS:** Based upon record review, the agency is not in compliance. The	**1. Client #2 has the learning components in his developmental evaluation. Reading, writing, time and numbers are included in that developmental evaluation as they are in the other files that were reviewed. (Supporting documentation #4). 2. All developmental evaluations will have learning broken out to make them clearer. 3. With each new developmental evaluation**

findings included: • 1 of 4 adult participant files reviewed (#2), the comprehensive developmental assessment did not contain participants developmental status in learning.	**the DS in charge of writing these evaluations will ensure that this section is filled out. 4. The DDA Administrator will also include checking for this information during her audits of client files that occurs 2 weeks after an ISP or IPP begins. (Supporting documentation #18). 5. This check began 10/26/07.**
16.04.11.701 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) **a.** Type of service refers to the kind of service described in terms of:) ii. Group, individual, or family; and (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 4 of 4 children's DDA files (#5, 6, 7, 8) did not include the total hours of developmental therapy to be provided.	**1. The information was present. 2. There were no participants affected as there was no deficiency. 3. There is no corrective action to take. 4. The DDA Administrator includes checking for this information during the client file audits. 5. Audits of the children's files began 11/13/07.**
16.04.11.701.05.e The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate. The IPP must include: (7-1-06) vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • Review of records found that 1of 4 children's DDA files reviewed (#6) did not include a list of the developmental strengths or an objective developed for each priority need.	**1. Training has occurred with the Children's Program Manager. #6's IPP has been corrected and is included. (Supporting documentation #9) 2. The Children's Program Manager will review each existing client file. Participants who are identified will have their IPP amended. 3. The Children's Program Manager is responsible for implementing this. 4. The DDA Administrator will begin reviewing files within two weeks of client's plan start date. The Children's Program Manager will provide the DDA Administrator with a list of corrected files. 5. The Children's Program Manager will have all files reviewed by February 1, 2008. The audits conducted by the DDA Administrator will be done by June 1, 2008 as all children's current IPP's will have ended by that time.**
16.04.11.701.05.e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate. The IPP must include: (7-1-06) xi. A transition plan. **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included:	**1. Training has occurred with the Children's Program Manager on writing appropriate transition plans. (Supporting documentation #10) 2. The Children's Program Manager will review each existing client file. Participants who are identified will have their IPP amended. 3. The Children's Program Manager is responsible for implementing this. 4. The DDA Administrator will begin reviewing files within two weeks of**

• 1 of 4 children's DDA files reviewed did not contain a transition plan that5 would be appropriate for his age.	**client's plan start date. The Children's Program Manager will provide the DDA Administrator with a list of corrected files. 5. The Children's Program Manager will have all files reviewed by February 1, 2008. The audits conducted by the DDA Administrator will be done by June 1, 2008 as all children's current IPP's will have ended by that time.**
16.04.11.703. 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 4 of 4 adult participant files (#1-4) did not have implementation plans that contain baseline statements that address the participant skill level related to the skill to be learned. The baseline statements were only indicative that the participant could not do the skill and did not include the participants abilities. The baseline did not address all tasks being measured in the objective, and did not list the actual measurement of skill and abilities in each area to assure that the objective measurement is adequate to encourage independence in that skill. • 1 of 4 children's DDA files reviewed (#7) found that baseline data was not present. *NOTE: Feed back and was provided to agency at time of review to assist the agency to meet this requirement.*	**1. All new implementation plans will have a baseline statement section included. (Supporting documentation #11) 2. This will be included on every new plan for the PCP meetings conducted after December 1st. 3. The Developmental Specialist will meet with the client prior to the PCP team meeting and conduct baseline evaluations that will give us our baseline data prior to the PCP team meeting. New baseline evaluations are being developed over the next month which will enable us to establish our baseline statement. 4. The DDA Administrator will review implementation plans that result from December PCP meetings. 5. All implementation plans will have this statement on them beginning on February plans.** **1. The baseline data was added to #7. 2. The Children's Program Manager will review each existing client implementation plan. Participants who are identified will have their implementation plan fixed. 3. The Children's Program Manager is responsible for implementing this. 4. The DDA Administrator will begin reviewing files within two weeks of client's plan start date. The Children's Program Manager will provide the DDA Administrator with a list of corrected files. 5. The Children's Program Manager will have all files reviewed by February 1, 2008. The audits conducted by the DDA Administrator will be done by June 1, 2008 as all children's current IPP's will have ended by that time.**
16.04.11.703. 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06) This IDAPA citation is a repeat citation from previous reviews dated November 2005. The Plan of Correction was not implemented and maintained as evidenced by the repeat citation. Refer to IDAPA 16.04.11.300.06.b **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included:	**1. All children's implementation plans will be reviewed. 2. If deficiencies are noted they will be changed. 3. The Children's Program Manager is responsible for implementing this. 4. The DDA Administrator will begin reviewing files within two weeks of client's plan start date. The Children's Program Manager will provide the DDA Administrator with a list of corrected files. 5. The Children's Program Manager will have all files reviewed by February 1, 2008. The audits conducted by the DDA Administrator will be done by June 1, 2008 as all children's current IPP's will have ended by that time.1.**

• 2 of 4 children's DDA participant files reviewed found that objectives were not related to the IPP. Participant #5: objective two did not correspond to the ISP, and Participant #7, objectives four and five did not correspond to the ISP • 4 of 4 adult DDA participant files (#1,2,3,4) reviewed found that the Implementation plans contained objectives with multiple steps that when data documentation was reviewed, were not stated in a way that was measurable. They did not consistently contain the prompt level of the skill to be learned, and contained several steps with no instructions which would effect the reliability of the data being collected. • 4 of 4 adult participant files: Objectives contained vague terms such as "socially appropriate" which were not defined and could not be measured • 4 of 4 adult participant files(#1,2,3,4): Objectives did not include the criteria to be met including length of time achieved. Program objectives only measured # of consecutive trials completed. This does not allow for common error, and participant would not be able to achieve the objective consistently without having to start over with each failed attempt. • Participant #9 This plan is comprehensive and appropriate to participant's needs. While the Objectives are measurable and behaviorally stated, many are stated in terms of what the therapist will teach rather than the skills(behaviors) which participant will show. The Consultation objective calls for his mother to carry out parts of three objectives without specifying which parts were to be done or measured, perhaps she was to do all parts of the objectives? It is not clearly stated. *NOTE: Feed back and was provided to agency at time of review to assist the agency to meet this requirement.*	**New implementation plans have been designed. 2. All adult files were written in the same way. 3. The Developmental Specialists will be responsible for implementing the new plans. 4. Each file will go through the auditing process, which includes files being reviewed two weeks after a plan is approved to ensure that these files are in compliance. This review is conducted by the DDA Administrator. This has been included in the Administrator's checklist. (Supporting documentation #18). For the first month when these objectives are beginning we will review them in the weekly DS meeting to ensure that everyone is getting the correct idea. This is new to our QA process. 5. The new implementation plans will go into effect for plans that result from December PCP meetings.** 2. **1. New implementation plans have been designed with the help of the auditing team. 2. All adult files were written in the same way so all in time will be receiving new implementation plans. 3. The Developmental Specialists will be responsible for implementing the new plans. 4. Each file will go through the auditing process, which includes files being reviewed two weeks after a plan is approved to ensure that these files are in compliance. This review is conducted by the DDA Administrator who has included this section on her checklist. For the first month when these objectives are beginning we will review them in the weekly DS meeting to ensure that everyone is getting the correct idea. This is new to our QA process. 5. The new implementation plans will go into effect for plans that result from December PCP meetings. All files will be completed within the next plan year.** 3. **1. New implementation plans have been designed. We have changed the way that we were collecting the data. 2. All adult files were written in the same way so all will need to be revised. 3. The Developmental Specialists will be responsible for implementing the new plans. 4. Each file will go through an audit, two weeks after the ISP begins. 4. This review is conducted by the DDA Administrator whose checklist reflects whether or not this change has been made. (Supporting documentation**

	#18). As to the length of time this section will be reviewed by the DS team for the first month these implementation plans are set to begin. This is new to our QA process. 5. The new implementation plans will go into effect for plans that result from December PCP meetings. 4. 1. All objectives will be reviewed by the IBI Specialists. 2. Objectives that are found deficient will be restated to reflect skills that participants will demonstrate. 3. The IBI Specialists will be responsible for implementing the corrective action. 4. The IBI Specialists will provide the Children's Services Program Manager with a list of corrected files. This is a completely new QA process. 5. The changes will be implemented by February 1, 2008.
16.04.11.703.04. 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. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • 4 of 4 adult DDA participant files (#1,2,3,4) reviewed found that the implementation plans did not contain individualized instructions to promote progress toward the objective. There were no instructions to staff relating to the actual training of the task. Curriculum should contain step by step instructions and interventions for staff to promote skill acquisition. The last 8 components on the program were identical across all 4 files therefore there was no individualization. • 4 of 4 adult participant files (#1,2,3,4) Most of the programs were designed to be implemented 1 time per week which is not indicative of participant's individualized needs. • 4 of 4 adult participant files (#1,2,3,4):All participant programs indicated verbal praise only as the reinforcement. This is not individualized to promote progress. Agency should focus on actual reinforcers that will motivate the behavior to occur in the future.	1. 1. Our implementation plans have been re-written to include staff instructions. (Supporting documentation #11) 2. Implementation plans have not consistently had this step so all implementation plans are being revisited. 3. The Developmental Specialists are responsible for implementing staff instructions on implementation plans. 4. The DDA Administrator has included this on her QA checklist (Supporting documentation #18) and will ensure that all implementation plans have this component. 5. The new implementation plans will go into effect for plans that result from December PCP meetings. 2. 1. Objectives will be looked at prior to client's individual PCP meetings to ensure that participant's are receiving the services they need. 2. This will be looked at for each client prior to their PCP meetings to determine how many times a week the participant might need to their objectives. 3. The Developmental Specialists will be responsible for implementing this action. 4. The DDA Administrator will review each implementation plan to determine if they believe the participants are receiving the individualized amount of therapy that they need. 5. The new implementation plans will go into effect for plans that result from December PCP meetings to be completed within the next plan year. 3. 1. During our DS meeting held 10/29/07, we explored various methods of positive reinforcement. A minimum of three baselines are being run prior to a PCP meeting

	to ensure that the proper reinforcement is included on the implementation plan. 2. All participants currently have the same reinforcement on their implementation plans so all new implementation plans will include individualized reinforcers. 3. The Developmental Specialists are responsible for implementing individualized reinforcements. 4. The DDA Administrator has included this on her QA checklist and will ensure that all implementation plans have this component. 5. The new implementation plans will go into effect for plans that result from December PCP meetings.
16.04.11.704.01 General Requirements for Program Documentation. **b.** Sufficient progress data to accurately assess the participant's progress toward each objective; and **c.** 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. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 4 of 4 adult participant files reviewed (#1,2,3,4) found provider status reviews that indicated consecutive months of no significant progress without indication of revision. 4 of 4 participant files also had documentation indicating that the objective was met and not revised. For example: Participant #2 PSR for objective 3a, 3b indicated that objective was met at 100% with no revisions. Participant # 1 objective 4a had no progress and PSR did not indicate reason or address any revisions. *NOTE. Feed back was provided to agency at time of review to assist the agency to meet this requirement.*	**4. 1. In revising our plans only one prompt level will be used. Data will be collected on each step and a percentage garnered each month for status reviews. Each quarter the DS's turn in their client's statistics to the DDA Administrator who will review the statistics for evidence of revision. If no revision is noted the DDA Administrator will meet with the DS to ensure that proper progress has been achieved. 2. As all implementation plans were written in the same way we are aware that all participant's plans will need to be worked on. 3. The Developmental Specialists will be responsible for implementing these changes. 4. The DS's turn in their statistics to the DDA Administrator at the end of each quarter. They will review these statistics for evidence of revision. 5. The new implementation plans will go into effect for plans that result from December PCP meetings.**
16.04.11.706. 01. Requirements for Participants Three to Twenty-One. a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)	**1. IPP's were sent to the schools but we did not have a formal tracking system. A letter that we have made up will document that the IPP's have been sent. (Supporting documentation #14). This form will be kept in the client's files. 2. Case notes will be added documenting the fact that IPP's were sent to the schools for all clients. 3. The Children's Services Program Manager is responsible for implementing this. 4. There is a section now added to the children's program audit that will ensure that a copy of this letter is in the client's file. (Supporting documentation #18). This review is conducted by the DDA**

FINDINGS: Based upon record review, the agency is not in compliance. The findings included: • 3 of 4 children's DDA files reviewed (#5,6,7) found that the files did not contain documentation that a copy of IPP was sent to the school. • 2 of 4 children's DDA files reviewed (#5,6)found that the files did not contain a copy of the IEP from their school of attendance.	**Administrator. 5. All children's files will have case notes added to their files by January 1st, 2008.** **1. IEP's will be secured for each client. 2. All client files will be checked to ensure that an IEP is secured. If they are not in the file a request will be made to the schools. In regards to Participant #5 he was home schooled during his attendance at TESH and did not have an IEP. #6's IEP has been obtained. (Supporting documentation #16) In the future we will case note any clients that do not have an IEP due to being home schooled. 3. This will be done by the Children's Services Program Manager. 4. There is a section now added to the children's program audit that will ensure that a copy of IEP is in the client's file. This review is conducted by the DDA Administrator. 5. All children's files will be reviewed by the Children's Services Program Manager by February 1st, 2008 for IEP's.**
16.04.11.710 Required Services. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06) **FINDINGS:** Based upon record review and interview with Administrator, the agency is not in compliance. The findings included: • At time of review, the agency did not have documentation to support that they provide or make available psychotherapy. Administrator indicated that the required service was not provided or made available by the agency.	**1. Our contract with our licensed psychologist has been reviewed to include that she can provide psychotherapy if the PCP team finds it necessary. 2. At this point no clients or members of any PCP team have asked for psychotherapy to be conducted. If in the future someone does feel the need for this service we will refer them to our psychologist. 3. The DDA Administrator has already implemented the corrective action (Supporting documentation #19). 4. Contracts are reviewed yearly. 5. Contract was revised 11/13/07 and sent to the psychologist for signature.**
16.04.11.711.Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06) **01. Areas of Service**. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent	**1. Programs that are currently written for stress management will now be re-written to address coping/emotional management and/or social interaction skills instead. 2. All DS's will look through their implementation plans to see who has "stress management skills". 3. The DS's will be responsible for implementing the change to each of their applicable implementation plans. 4. In discussion during the audit the program that #2 was running was titled stress management but the program was adapting to change and how to deal with daily**

living, or economic self-sufficiency. **16.03.10.653.04. Excluded Services**. The following services are excluded for Medicaid payments: **c.** Recreational services. **FINDINGS:** Based upon record review and observation, the agency is not in compliance. The findings included: • Participant #2 has a program that addresses Stress Management. Stress management as written is not directed toward habilitation or rehabilitation. **FINDINGS:** Based upon therapy observation of center based adult DDA services of participant #1 on10/03/07 in the center group class12 Karate, the agency is not in compliance. The findings included: • Karate class is delivered by paraprofessional that is not qualified or trained to deliver developmental therapy. In observation of therapy session it was observed for approximately 30 minutes. 11 participants followed the instruction very well from the instructor which was not a trained Developmental Therapist.	**changes. The DS's will report their progress on the changes to implementation plans to the DDA Administrator by the last week of January. 5. All files will be reviewed by the Developmental Specialists by February 1st, 2008.** **2. 1. The karate class will no longer be offered to our participants. 2. The clients were told that this class would no longer be offered under developmental therapy. A note is going home to the participant's families/care providers. 3. The DDA Administrator will be responsible for ensuring that the letter gets in the mail to each of the families. 4. As there will no longer be a karate class there is no monitoring necessary. 5. This class will be dissolved 11/28/07 to allow time for the DS's to find appropriate classes for each of the client's involved. The instructor has also agreed to have the participant's that were in this class join the after TESH karate class that is held in the TESH building but is not a TESH program.**
16.04.11.803.IBI Transition Plan An IBI transition plan must be developed when it is anticipated that IBI services will be terminated within the next Department or agency review period and the child will be moving into natural learning environments or less intensive therapy settings. The IBI transition plan may not be used as a substitute for, nor does it replace the transition plans required under Sections 701 and 702 of these rules. **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 1of 3 IBI participant files (#9) did not contain transition plan for reaching his IBI cap.	**1. We made a list of evaluation dates and posted it so that IBI Specialists could monitor upcoming dates. 2. This was taken care of by the list so currently there are no other participants affected by this deficiency. 3. The Children's Program Manager implemented the corrective action. 4. A list of the 36 month cap dates has been given to the DDA Administrator who will check in with the Children's Services Program Manager one month prior to the cap date. 5. This correction was implemented 11/13/07.**
16.04.11.804.IBI Consultation. 03. Evidence of Progress. Persons who receive IBI consultation must meet with the IBI professional, agree to follow an IBI Implementation	**1. A letter addressing the purpose of consultation has been drafted and will be presented to parents for review at the onset of services. (Supporting documentation #17) 2. Current parents**

Plan, and provide evidence of progress. (7-1-06) **FINDINGS:** Based upon record review, the agency is not in compliance. The findings included: • 1 of 3 participant files (#8) not contain evidence of progress for consultation on objective 1A (March 2007 plan)	**will be educated as to the purpose of consultation and will be required to keep data. 3. The IBI Specialist is responsible for implementing the corrective action. 4. Corrective actions will be monitored as IBI plan specifies by the IBI Specialists and reported at weekly staff meeting to the Children's Program Manager. 5. Current parents will be educated by November 21, 2008.**
16.04.11.900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. 01b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-06) **FINDINGS:** Based upon therapy observation of center based adult DDA services, the agency is not in compliance. The findings included:. • 4 observations completed of Adult Center based services found that the groups classes observed had 10-15 participants in each class, and billable therapy could not be observed for all of the individuals scheduled to receive therapy. *Please refer to additional citations under 16.04.11.900 as well as therapy observation notes listed above.*	**When classes have more than 12 clients in them there is a second teacher. To enhance our ability to provide quality services TESH has been actively pursuing better training for our staff that teach group classes. I have met with our local college, North Idaho College (NIC) and at the end of November we are beginning training with our staff that teach group classes. The training will encompass writing lesson plans, classroom management and curriculum building. At that point in time, (by the end of January) only staff that have attended these trainings will be teaching group classes regularly. The DS's will be responsible for setting staff schedules so that those who not have gone through the program will no longer have group classes on their schedule. The DDA Administrator will ensure compliance in our weekly DS meetings beginning February 1st.**
16.04.11.900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. 01.c – The environment in which services are delivered is safe and conducive to learning; (7-1-06) **FINDINGS:** Based upon therapy observation of center based adult DDA services 10/02/07 in the Men's Horizon center group, the agency is not in compliance. The findings included: • Participant's #1 and 2 were observed participating in group developmental therapy. There was a lot of noise in the center from the other groups, very difficult for the therapist to hear the participant's responses and had to have them repeat comments due to noise level. **FINDINGS:** Based upon therapy observation of center based adult DDA services of participant #1 on10/03/07 in the center group class12 Karate, the agency is not in compliance. The findings included: • Skill training activities were not conducted in the natural setting where a	**1. We are in the process of teaming up with a local bank to build permanent walls for our classrooms. This will decrease tremendously the amount of noise back in the classroom area. 2. All clients that participate at TESH are affected by the noise level. 3. TESH's CEO is responsible for getting the walls built. 4. The CEO and DDA Administrator meet weekly where we will discuss the progress made on this goal. 5. This will be completed by June 30th, 2008.** **5. 1. We are pursuing training for our staff through North Idaho College that will enable them to have training in lesson plans, classroom management and curriculum building. Through this training we will be working on highlighting the objectives that the clients are working on so that they are observable throughout the class period, rather than pulling a client aside during therapy. 2. This will aid all TESH participants that are in**

person would commonly learn and utilize the skill. The therapist pulled participant #1 from the Karate class and stood along side the class and asked him questions about lying which could be heard by the whole class. Participant #1 was not observed telling lies during the Karate class and when he returned to the class appeared to be embarrassed.	**group center based classes. 3. The DDA Administrator will be responsible for ensuring this happens. 4. The DS's will be responsible for setting staff schedules so that those who not have gone through the program will no longer have group classes on their schedule. 5. As of February 1st, only staff that have attended these trainings will be teaching group classes regularly.**
16.04.11.900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. 03. Additional Requirements. **a.** Are developed with each participant and guardian where applicable, and actively promote the participation, personal choice and preference of the participant; (7-1-06) **c.** Promote integration; (7-1-06) **d.** Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate. **f.** Are observable in practice. (7-1-06) **FINDINGS:** Based upon therapy observation of center based adult DDA services and review of participant files, the agency is not in compliance. The findings included: • 3 of 4 Adult participant files reviewed (#1,2,3)contained programming delivered under center based services that would better meet the needs of the participant in their natural setting such as home and/or community. **FINDINGS:** Based upon therapy observation of center based adult DDA services 10/02/07 in the Men's Horizon center group, the agency is not in compliance. The findings included: • The therapy observed did not actively promote the participation, personal choice and preference of the participant. There were10 participants in the group and 4 of the 10 participants were not involved in the group discussion and developmental therapy was not observable in practice. **FINDINGS:** Based upon therapy observation of center based adult DDA services of participant #3 on 10/03/07 fin the center therapy group of 7 participants, the agency is not in compliance. The findings included:	**1. Objectives will be discussed during the PCP meetings. 2. During the monthly staff observations we will ensure that the objectives are run in the appropriate setting. 3. The Developmental Specialists will be responsible for implementing each corrective action. 4. During the monthly check to ensure that the observations have been completed we will discuss our findings in the DS meeting. 5. The objective discussions will begin with PCP meetings beginning in December. The monthly checks will begin the last week of December.** **2. 1. We are pursuing better training for our staff through North Idaho College that will enable them to have training in lesson plans, classroom management and curriculum building. 2. This will aid all TESH participants that are in group center based classes. 3. The DDA Administrator will be responsible for ensuring this happens. 4. Our monthly staff observation forms will include ensuring that active participation, choice and preference are addressed. 5. As of February 1st, only staff that have attended these trainings will be teaching group classes regularly.** **3. 1. We are pursuing training for our staff through North Idaho College that will enable them to have training in lesson plans, classroom management and curriculum building. Our monthly staff observation forms will include a section regarding whether or not active participation, choice and preference are being observed. Our weekly meetings with individual staff will focus more on ways that staff have involved clients during their classes. 2. This will aid all TESH participants that are in group center based classes. 3. The Developmental Specialists and the DDA Administrator will be responsible for ensuring this happens. 4. Our monthly and weekly staff observation forms will document the discussions between the DS's and the staff. They will also be discussed at the end of the month DS**

• The therapy observed did not actively promote the participation; personal choice; preference of the participant; and were not observable in practice. There were 7 participants in the group and it appeared as though individual therapy within the group was being conducted for approximately 5-10 minutes for each individual within the 30 minutes of observation. No interaction with the other participants while working on a goal with one participant. For example: When the therapist was working on participant #3's goals no other participants were included in the discussion/goal. Participant #3 was asked what was above him, behind him, etc. and then the therapist would document the data and move on to the next participant and when another participant asked the therapist if she was talking to him the therapist stated "No, I am talking to another participant". **FINDINGS:** Based upon therapy observation of center based adult DDA services of participant #1 on10/03/07 in the center group class12 Karate, the agency is not in compliance. The findings included: • Participant #1 was observed in his Karate class for approximately 30 minutes which he was engaged in the class and did not appear to need any therapy because he and the other 11 participants followed the instruction very well from the instructor which was not a trained Developmental Therapist. The therapist did pull participant #1 from the Karate class and stood along side the class and asked him questions about lying which could be heard by the whole class. Participant #1 was not observed telling lies during the Karate class and when he returned to the class appeared to be embarrassed. • Participant #1 was the only participant of 12 observed receiving any therapy of approximately 5 minutes during the 30 minute observation. **FINDINGS:** Based upon therapy observation of center based adult DDA services of participant #1 on10/03/07 in the center group class for Money Skills, the agency is not in compliance. The findings included: • Observation of Money skills class included 15 participants and 2 staff. One therapy tech appeared to be working with 2 participants while the other tech was leading the class. During the session it was observed that tech had difficulty engaging all individuals in the activity, and observable therapy was not provided to 5 of the participants. In the back of the therapy room, 4 participants were sitting at table with 2 of the participants facing with their back to the therapy tech. 2 participant at that table did not receive observable therapy nor interaction during	**meetings that ensure staff observations have been conducted. 5. As of February 1st, only staff that have attended these trainings will be teaching group classes regularly. In regards to the weekly meetings and monthly observations these discussions will begin the week of December 1st.** **4. 1. We are pursuing training for our staff through North Idaho College that will enable them to have training in classroom management. The karate class will also no longer be offered. 2. This will aid all TESH participants that are in group center based classes. 3. The DDA Administrator will be responsible for ensuring this happens. 4. Our monthly staff observation forms will include ensuring that active participation, choice and preference are addressed. 5. As of February 1st, only staff that have attended these trainings will be teaching group classes regularly. The karate class will end November 28th.** **5. 1. We are pursuing training for our staff through North Idaho College that will enable them to have training in lesson plans, classroom management and curriculum building. Through this training we will be working on highlighting the objectives that the clients are working on so that they are observable throughout the class period. 2. This will aid all TESH participants that are in group center based classes. 3. The DDA Administrator will be responsible for ensuring this happens. 4. Our monthly staff observation forms will include ensuring that active participation, choice and preference are addressed. 5. As of February 1st, only staff that have attended these trainings will be teaching group classes regularly.** **6. 1. As mentioned previously we are pursuing training for our staff through North Idaho College that will enable them to have training in classroom management. 2. This will aid all TESH participants that are in group center based classes. 3. The DDA Administrator will be responsible for ensuring this happens. 4. Our monthly staff observation forms will include ensuring that active participation, choice and preference are addressed. 5. As of February 1st, only staff that have attended these trainings will be teaching group classes regularly.**

IDAHO DEPARTMENT OF HEALTH & WELFARE

the observation.	

Survey report completed by: Rebecca Fadness, Program Supervisor

Date: October 17, 2007

Agency Administrator Signature: Teri K Johnson

Date: 11/28/07

Plan of correction accepted: Rebecca Fadness

Date: 11/28/07

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