



IDAHO DEPARTMENT OF

HEALTH & WELFARE

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DIVISION OF LICENSING & CERTIFICATION
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April 16, 2013

Nadean Smith, Administrator
Positive Connections, LLC
P.O. Box 5995
Twin Falls, ID 83301

Dear Ms. Smith:

Thank you for submitting the Plan of Correction for Positive Connections, LLC dated April 8, 2013, in response to the recertification survey conducted on October 16, 2012 through October 18, 2012. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Positive Connections, LLC a full certificate effective from November 30, 2012 through November 30, 2013 unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience and accommodating us through the survey process. If you have any questions, you can reach me at: lovelanp@dhw.idaho.gov or 208-239-6267.

Sincerely,

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
208-239-6267
lovelanp@dhw.idaho.gov

Enclosures

1. Approved Plan of Correction



Statement of Deficiencies

Developmental Disabilities Agency

Positive Connections, LLC 5POSCON073	417 Shoup Ave W Twin Falls, ID 83301- (208) 737-9999
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Survey Type:	Recertification	Entrance Date:	10/16/2012
Initial Comments:	Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing and Certification; and Heather Olsen, IBI Coordinator/Case Manager, Family and Community Services.	Exit Date:	10/18/2012

16.03.21.400	Three of 11 employee records reviewed (Employees 2, 3, and 7) lacked documentation that the DDA was accountable for all operations, policy, procedures, and service elements of the agency. For example: The agency lacked documentation it complied with its policy and procedure addressing staff qualifications including resumes, job descriptions, and evidence of compliance with criminal history and background check requirements in Section 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable. Employee 2's record lacked documentation of a job description or written agreement for psychotherapy (corrected during survey).	1. Clinical Supervisor/Developmental Specialist Job Description in Employee File for designated employees. Employee #7 is no longer a provider of services for Developmental Therapy. a. Executive Director will be responsible for Employee File. This will be monitored on a quarterly bases and documented on Employee File. The file will be evaluated to make sure it complies with the policies and procedures regarding documentation of qualifications of staff. b. ALL NEW HIRE EMPLOYEES OF ALL POSITIVE CONNECTIONS DEPARTMENTS WILL BE INVOLVE IN QUALITY ASSURANCE TO ENSURE ALL IDAPA RULE IS FOLLOWED. THE AGENCY HOLDS ALL STAFF MEETING MONTHLY TO ADDRESS ANY CHANGES THROUGH POLICY AND PROCEEDURE TO ENSURE CONTINUITY THROUGHOUT THE DEPARTMENT. T.	2012-12-03
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	<p>Employee 3's record lacked documentation of a job description or written agreement for Social Worker, Child Developmental Specialist, and Habilitative Intervention (corrected during survey). The Clinical Supervisor job description was corrected during survey, but does not address rule requirements.</p> <p>Employee 7's record lacked documentation of a job description or written agreement for Child Developmental Specialist.</p> <p>Also, see IDAPA 16.03.21.101.02.i.</p>		<p>IDAPA 16.03.10.57.06 DEVELOPMENTAL SPECIALIST EMPLOYEE FILE WILL SHOW DOCUMENTATION OF (A) COMPLETION OF COMPETENCY COURSE APPROVED BY THE DEPARTMENT (B) PASS A COMPETENCY EXIMINATION APPROVED BY THE DEPARTMENT. POSITIVE CONNECTIONS WILL SHOW DOCUMENTATION OF PROOF OF EXAMINATION AND COMPETENCY FOR A DEVELOPMENTAL SPECIALIST.</p>	
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<p>16.03.21.400.01</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 01. Agency Administrator Duties. The agency administrator is accountable for the overall operations of the agency including ensuring 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. (7-1-11)</p>	<p>The agency lacked evidence that the administrator was accountable for the overall operations of the agency including ensuring 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>For example, see the multiple citations addressed in this statement of deficiencies. Staff qualifications were not met for the Developmental Specialist. There was a lack of quality assurance conducted to assure rule compliance.</p>		<p>2: Quality Assurance Program revised and changed immediately made to meet Rule requirements. (A) Implementation under the direction of Owners, Executive Administrator, Quality Assurance Team and Developmental Specialist. (a) quality assurance team meets weekly to review Policy & Procedure Manual. (b) Quality Assurance Team meets monthly with the owners to review findings and discuss how to implement into P&P. B. Agency Executive Director will review Employee File to ensure documentation is complete for new hire and current employees throughout all Departments of agency: Completion of Orientation Packet, Finger Print, Fire Safety Training. C. Developmental Specialist Certification will be on file in employee file. Habilitative Interventionist Provisional Status certificate on file. ABA certification on file upon completion. ALL NEW HIRE EMPLOYEES OF ALL DEPARTMENTS WILL BE INVOLVED IN QUALITY ASSURANCE. a REPRESENTATIVE FOR QA WILL REPRESENT EACH DEPARTMENT OF AGENCY. ALL STAFF MEETING MONTHLY TO IMPLEMENT FINDINGS OF QA TEAM.</p>	<p>2012-T2-03</p>
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16.03.21.400.03.b

400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.

Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)

03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: (7-1-11)

b. The observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)

Four of 4 employee records reviewed (Employees 8, 9, 10, and 11) lacked documentation that the Clinical Supervisor met rule requirements to conduct the observation and review of the direct services performed by all paraprofessional and professional staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrated the necessary skills to correctly provide the DDA services.

For example:

Employee 8's record included supervision conducted by Employees 3 and 7 for August 2012 and September 2012. These two employees lacked the specific requirements to conduct supervision. The individuals did not have Child Developmental Specialist certificates.

Employee 9's record included supervision conducted by Employees 3 and 7 for August 2012 and September 2012. These two employees lacked the specific requirements to conduct supervision. The individuals did not have Child Developmental Specialist certificates.

Employee 10's record included supervision conducted by Employees 3 and 7 for July 2012 through September 2012. These two employees lacked the specific requirements to conduct supervision. The individuals did not have Child Developmental Specialist certificates.

3. Quality Assurance Program revised and changes made to meet requirements. This will be implemented on an ongoing basis to ensure all IDAPA Rule and agency policies are followed (employee 3 & 7) regarding documentation of Child Developmental Specialist.

Going forward the Developmental Specialist Children (with proof of documentation) will provide supervision/observation per rule for staff providing services for children (employee 9, employee 10 and employee 11).

CITATION IS SPECIFIC FOR DT DEPARTMENT AND CORRECTION IMPLEMENTED INCLUDES DEVELOPMENTAL SPEACILIST WILL COMPLETE WEEKLY STAFF MEETINGS AND MONTHLY MEETINGS. DOCUMENTATION OF OBSERVATIONS AND MEETINGS RECORDS IN SEPERATE FILE. QUALITY ASSURANCE MEETING MEETS WEEKLY TO IDENTIFY REQUIRMENTS AND MEETS MONTHLY TO REPORT TO OWNERS.

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Employee 11's record included supervision conducted by Employees 3 and 7 for July 2012 through September 2012. These two employees lacked the specific requirements to conduct supervision. The individuals did not have Child Developmental Specialist certificates.

16.03.21.400.08

400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.

Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)

08. Records of Licenses or Certifications. The agency must maintain documentation of the staff qualifications, including copies of applicable licenses and certificates. (7-1-11)

Three of 11 employee records reviewed (Employees 2, 3, and 7) lacked evidence that the agency maintained documentation of the staff qualifications, including copies of applicable licenses and certificates.

For example:

Employee 2's record lacked documentation of her LMSW license (corrected during survey).

Employee 3's record lacked documentation she received her Child Developmental Specialist certificate. This employee was conducting Child Developmental Specialist duties without the appropriate certification.

Employee 7's record lacked documentation she received her Child Developmental Specialist certificate and Habilitative Intervention certificate. This employee was conducting Child Developmental Specialist duties without the appropriate certification.

4: Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all DAPA Rule and agency policies are followed (employee 3 & 7) regarding documentation of Child Developmental Specialist. QUALITY ASSURANCE TEAM MEETS WEEKLY TO IDENTIFY ISSUES TO BE CORRECTED AND THEN MEETS WITH OWNERS TO DETERMINE HOW CORRECTION IS TO TAKE PLACE. AGENCY HOLDS ALL STAFF MEETING TO NOTIFY EMPLOYEES OF IMPLEMENTATION OF NEW POLICY AND PROCEDURE.

Employee 7 is no longer affiliated with agency in the capacity of Developmental Specialist.

Executive Director and Developmental Specialist will be responsible for implementing corrective action.

ALL EMPLOYEE FILES WERE REVIEWED TO IDENTIFY AND CORRECT MISSING LICENSURE AND CERTIFICATION. PROOF OF DEVELOPMENTAL SPECIALIST ON FILE IN EMPLOYEE FILE.

ALL DT EMPLOYEES WITH HABILITATIVE INTERVENTION CERTIFICATION WILL HAVE PROOF IN EMPLOYEE FILE.

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16.03.21.410.01.a

410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.

Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: (7-1-11)

01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: (7-1-11)

a. Participate in fire and safety training upon employment and annually thereafter; and (7-1-11)

Three of 4 employee records reviewed (Employees 8, 10, and 11) lacked documentation that the agency assured the employees participated in fire and safety training upon employment and annually thereafter.

For example:

Employee 8's start date was August 23, 2012. He did not receive fire and safety training until October 1, 2012.

Employee 10's start date was August 24, 2012. He did not receive fire and safety training until October 1, 2012.

Employee 11's start date was June 11, 2012. She did not receive fire and safety training until October 11, 2012.

5. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed regarding employee:8, 10, 11.

New Employee Orientation will reflect and document Fire Safety Training which will include placement of fire extinguisher, where to gather during fire drill, location of First Aid Equipment, and a tour of the building. Then annually Fire Safety Training by the Fire Department to reflect fire extinguisher safety. The Developmental Specialist and the Executive Director is responsible for making sure the fire safety protocols are followed.

FIRE SAFETY ORIENTATION IS FOR ALL DEPARTMENTS OF AGENCY. DOCUMENTATION OF FIRE SAFETY ORIENTATION IS IN EMPLOYEE FILE WHICH INCLUDES A CHECKOFF LIST THAT IT HAS BEEN COMPLETED.

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16.03.21.500.03.f

500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.

The requirements in Section 500 of this rule, apply when an agency is providing center-based services. (7-1-11)

03. Fire and Safety Standards. (7-1-11)

The agency's facility lacked evidence that all hazardous or toxic substances were properly labeled and stored under lock and key.

For example, the facility had cleaners, such as spray bottles, labeled "heavy duty cleaner" and other items labeled "keep out of reach of

6. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rules and agency policies are followed.

Agency corrected storage of dish detergent to be placed under lock away from break room. Agency

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f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-11)

children" under the kitchen sink in an unlocked cabinet and throughout the facility.

removed tubes of toothpaste to Developmental Specialist Office for safe keeping under lock & key. All hazardous materials will be maintained in a locked cabinet in order to ensure safety of participants. It is the Executive Director and the Developmental Specialist to ensure that this policy is adhered to.

ALL DEPARTMENTS AFFECTED BY LACK OF SAFETY FOR CLIENTS REGARDING STORAGE OF CLEANERS. ALL CLEANERS (DISH SOAP, SOAP, TOOTHPASTE, HANDCLEANERS ARE UNDER LOCK) THIS WAS CORRECTED AND IS ONGOING PROCESS.

Findings **Probable Cause** **Date Rec'd**

16.03.21.510.04
510. HEALTH REQUIREMENTS.
 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant or require the participant to be hospitalized. Each report must document the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review by the agency of all incident reports must be completed at least annually with written recommendations. These reports

The agency lacked evidence that it had completed a documented review of all incident reports at least annually with written recommendations.

7. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.

Agency will document review of Accident Incident Reports annually and document trends regarding Incident Reports. Documentation and review for findings of any such trends such as client or specific staff will be placed in the file. Review will be completed annually during the month of January of every year with documentation of any recommendations or changes required. This review will be completed by the Developmental Specialist and/or the Executive Director annually.

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must be retained by the agency for five (5) years: (7-1-11)

16.03.21.600.02.a.ii

600. PROGRAM DOCUMENTATION REQUIREMENTS.

Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11)

02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11)

a. For participants who are children enrolled in school, the local school district is the lead agency as required under Individuals with Disabilities Education Act (IDEA), Part B. The DDA must inform the child's home school district if it is serving the child during the hours that school is typically in session. (7-1-11)

ii. The DDA must document that it has provided a current copy of the child's plan of service to the child's school. (7-1-11)

Two of 2 participant records reviewed (Participants A and B) lacked evidence that the DDA documented that it had provided a current copy of the child's plan of service to the child's school.

8. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.

Agency will provide Participant Individual Plan of Service to the school the Participant attends. Agency will document when the IPP was set to each participant's school. The Developmental Specialist will be responsible for making sure the Plan is sent to the participant's school.

CITATION SPECIFIC TO DT DEPARTMENT: AGENCY WILL PROVIDE PIP PLAN TO ALL PARTICIPANT SCHOOLS. PROOF OF DATE OF PIP SENT TO SCHOOL WILL BE REFLECTED IN PARTICIPANT FILE.

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16.03.21.601				2012-12-03
<p>601. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)</p>		<p>One of 2 participant records reviewed (Participant A) lacked documentation that each participant record supported the individual's choices, interests, and needs that result in the type and amount of each service provided.</p> <p>For example, Participant A's Individual Program Plan (IPP) had an Interest(s) and Choices heading, but the information in this section did not address his individualized and relevant interests and choices. For instance, the record stated, "He is a five year old boy who has been diagnosed with Mild Mental Retardation. He has had many successes over the last year but seems to still be far behind his peers."</p> <p>Also, see IDAPA 16.03.10.653.05.e.v.</p> <p>In addition, one of two participant records reviewed (Participant A) lacked documentation that the IPP included an accurate, current and relevant list of the participant's prioritized developmental and behavioral strengths and needs.</p> <p>For example, Participant A's IPP included the objective, "Sit and stand independently," which is not relevant for a child who is mobile. The strengths were not relevant to developmental therapy.</p>	<p>9. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.</p> <p>As children are integrated into the Children's Redesign Program, all IPP's will document each participant choices, interests, and needs prioritized by developmental and behavioral strengths. Children Developmental Specialist will be responsible for implementation and accuracy for interests, choices and prioritizing strengths and needs.</p> <p>IPP Plans will provide space for documentation for completion date on IPP. Therefore a third column will be added to the IPP Plan. Plan to include Implementation Date, Review Date, and Completion Date. Implementation correction will be on Adult Participant as New Plan is implemented.</p> <p>IPP Plan will include Transition Plan for participant to a less restrictive environment.</p> <p>The IPP Plan and the completion of documentation on the IPP plan are the responsibility of the Developmental Specialist and the Executive Director.</p> <p>CITATION SPECIFIC TO DT DEPARTMENT</p>	

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Also, see IDAPA 16.03.10.653.05.e.vi.
 Two of two participant records reviewed (Participants A and B) lacked documentation that each objective on the IPP had a discipline professional identified as responsible for it.
 Also, see IDAPA 16.03.10.653.05.e.viii.
 Two of two participant records reviewed (Participants A and B) lacked documentation that each IPP objective included a target date for completion.
 Also, see IDAPA 16.03.10.653.05.e.ix.
 Two of two participant records reviewed (Participants A and B) lacked documentation that the agency assured that each objective had a review date.
 Also, see IDAPA 16.03.10.653.05.e.x.
 Two of two participant records reviewed (Participants A and B) lacked evidence that the transition plans met rule requirements addressed in IDAPA 16.03.10.653.05.x. For example, the IPP transition plans for both individuals lacked the criteria for transition into less restrictive, more integrated settings.

REVIEW OF PARTICIPANT FILE TO ENSURE COMPLIANCE TO IDAPA RULE TO INCLUDE TARGET DATE FOR COMPLETION, REVIEW DATE, AND TRANSITION PLAN INTO A LESS RESTRICTIVE AND MORE INTEGRATED SETTING.

16.03.21.601.01.a

601. RECORD REQUIREMENTS.
 Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service

One of two participant records reviewed (Participant A) lacked documentation that the agency assured an authorized plan of service as required for the participant prior to implementation.
 For example, Participant A's record lacked evidence of a parent's signature on the IPP prior to the delivery of services supporting that the

10: Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed. Agency will have documentation of all required signatures on the plan prior to implementation of the plan. This includes the signatures of parents, guardians and/or participants prior to starting DT services. The Executive Director and/or DS will be

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provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)
 01. General Records Requirements. Each participant record must contain the following information: (7-1-11)
 a. Authorized plan of service as required for the participant. (7-1-11)

planning process included the participant or his parent or legal guardian. The parent signed the IPP on March 20, 2012, which was after the start date.
 Also, see IDAPA 16.03.10.653.05.b.

responsible for ensuring that the signatures are obtained prior to implementation of the plan. DEVELOPMENTAL SPECIALIST WILL ENSURE DATES ARE COMPLIANT TO IDAPA RULE WHEN PHYSICIAN, PARENT OR OTHER SIGNATURE REQUIRED.

16.03.21.601.01.b

601. RECORD REQUIREMENTS.
 Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant

Four of 4 participant records reviewed (A,B,1,2) lacked Program Implementation Plans (PIPs) that included the participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services were delivered to the participant.
 For example:
 Participants A and B's records lacked evidence that the agency professional conducted baselines prior to intervention. The PIPs lacked accurate baselines and lacked measurable

11. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.
 Baseline documentation will reflect accurate and measurable objectives with written instructions to staff, service environment, target date and corresponding program documentation. Baseline will reflect skill level and prompt level required to reflect percentages. Baseline will reflect date of service and signature of staff for each date of Baseline Services.
 Developmental Specialist and/or Executive Director are responsible for ensuring that the

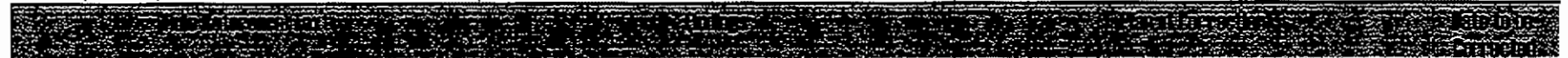
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records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)
 01. General Records Requirements. Each participant record must contain the following information: (7-1-11)
 b. Program implementation plans that include participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, and corresponding program documentation and monitoring records when intervention services are delivered to the participant. (7-1-11)

objectives, as the baselines were done in a narrative format and did not determine the skill level the individual was at, i.e., prompt level.
 Participants 1 and 2's records lacked skill assessments that determined baselines. The surveyors were unable to determine how the agency developed percentages for baselines on the PIPs.
 Also, see IDAPA 16.03.10.655.08.c.

documentation reflects actual baseline information regarding skill level and ability of the participants.
 DT SPECIFIC: DEVELOPMENTAL SPECIALIST WILL ENSURE DATES ARE RELEVANT TO SERVICES REQUESTED. SERVICES WILL NOT START PRIOR TO DATE AND SIGNATURE OF BASELINE OR PLAN.

10/18/2012



16.03.21.601.01.d
601. RECORD REQUIREMENTS.
 Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant

One of 4 participant records reviewed (Participant 2) lacked documentation of a rule compliant profile sheet.
 For example, Participant 2's profile sheet lacked documentation of medications. The profile sheet had a section that inquired, "Is the client currently taking medications?" which was checked yes. However, there was no documentation of the medications on the profile sheet.
 (REPEAT DEFICIENCY from survey of October 22, 2009)

12: Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed:
 All medications for participant's is listed on the Profile Sheet. It is the Developmental Specialists responsibility to make sure the medication list is on the profile sheet and is up to date and accurate.
 DT SPECIFIC DEFICIENCY.
 ALL PARTICIPANT PROFILE PAGES WILL REFLECT CURRENT MEDICATIONS. NEW INTAKE PACKET FOR NEW PARTICIPANTS WILL REFLECT CURRENT MEDICATIONS FOR PARTICIPANT.

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confidentiality under these rules. (7-1-11)
 01. General Records Requirements. Each participant record must contain the following information: (7-1-11)
 d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)

[Redacted]

[Redacted]

[Redacted]



16.03.21.601.01.e

601. RECORD REQUIREMENTS.
 Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service; and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)
 01. General Records Requirements. Each participant record must contain the following

Two of two participant records reviewed (Participants A and B) lacked documentation that the medical, social, and developmental information and assessments reflected the current status of the participants.
 For example:
 Participant A's medical/social development assessment lacked the following: developmental history, including milestones; recreational activities; hobbies; family history about living or deceased parents and/or siblings; family medical history; relevant family cultural background; resources in the family for the participant; and prevocational work.
 Participant B's medical social development assessment lacked the following: onset of disability; functioning/social relationships; recreational activities; hobbies; vocation; and

13. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.
 When a participant enters into DT services as a new client in the DT "old program" and already had Mental Health Counseling, Agency will enhance Diagnostic Assessment to ensure all IDAPA requirements are fulfilled.
 Medical/Social Developmental Assessment to include milestones, recreational activities, hobbies, family history (living or deceased), family medical history, relevant cultural background; resources in the family for the participant; and pre vocational work for new participant/client.
 As participant roll to Children's Redesign Program; the Department will address the Medical/Social Developmental History.

2012-12-03

information: (7-1-11)
 e. Medical, social, and developmental information and assessments that reflect the current status of the participant; and (7-1-11)

resources in the family for the participant.
 Also, see IDAPA 16.03.10.655.05.g.i-viii.

The Developmental Specialist and/or Executive Director will be responsible for ensuring that the Med/Social evaluation is completed according to IDAPA rules.
 SOCIAL WORKER REVIEWED PARTICIPANT FILE AND COMPLETED MEDICAL SOCIAL HISTORY FOR ALL PARTICIPANTS. NEW PARTICIPANTS ON REDESIGN WILL HAVE MEDICAL SOCIAL HISTORY COMPLETED BY THE DEPARTMENT.



16.03.21.601.01.f
601. RECORD REQUIREMENTS.
 Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-11)
 01. General Records Requirements. Each participant record must contain the following information: (7-1-11)
 f. Intervention evaluation. An evaluation must be completed or obtained by the agency prior to the delivery of the intervention service. The evaluation must include the results, test scores,

Two of two participant records reviewed (Participants A and B) lacked documentation that an evaluation was completed or obtained by the agency prior to the delivery of the intervention service.
 For example, Participants A and B's records lacked documentation that skill assessments were conducted to further assess areas of limitation or deficit identified, did not assess the participants' skill levels within a specific domain, or not used to determine baselines to develop a PIP.
 Also, see IDAPA 16.03.10.655.06.a-e.

14. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.
 Participant A records will reflect assessed areas of limitations or deficits identified will be within the domain and will be used to reflect baseline that will be used to develop PIP's. The Evaluation will include evaluation results, test score and narrative reports signed with credentials and dated by the respective evaluators
 Participant B records will reflect assessed areas of limitations or deficits identified will be within the domain and will be used to reflect baseline that will be used to develop PIP's. Evaluation will include evaluation results, test scores and narrative reports signed with credentials and dated by the respective evaluators.
 All files will be reviewed and critiqued to ensure that the records reflect the completion or having obtained the evaluation for the participant prior to delivery of the intervention service. The Executive

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and narrative reports signed with credentials and dated by the respective evaluators. (7-1-11)

Director and/or Developmental Specialist will ensure that all files are accurate and contain the necessary documentation.
DT SPECIFIC DEFICIENCY.

16.03.21.900.01.a

16.03.21.900.01.a
900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.
Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)
01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)
a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-11)

The agency lacked evidence that the quality assurance program is an ongoing, proactive, internal review of the DDA.

For example, The agency has a QA program, but it did not appear to be utilized. See citations addressing measurable outcomes, choices, interests and needs.

15. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.

The Quality Assurance Team Members include: agency owners, Executive Director, Adult and Children Developmental Specialist, and designated staff member. The Quality Assurance Team will meet on a regular MONTHLY basis to determine that the Quality Assurance Program is being adhered to and that any recommendations or changes occur if needed.

REPRESENTATIVE FROM DT, PSR, AND CLINICAL MENTAL HEALTH DEPARTMENTS OF AGENCY WILL MEET WEEKLY TO REVIEW AGENCY POLICY & PROCEDURE & IDAPA REGULATIONS ARE FOLLOWED. QUALITY ASSURANCE TEAM MEETS MONTHLY WITH AGENCY OWNERS TO DISCUSS FINDINGS. AGENCY HOLDS ALL STAFF MEETING MONTHLY TO ADDRESS CHANGES AND IMPLEMENTATION OF CHANGES IN POLICY AND PROCEDURE.

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Case ID	Case Name	Case Status	Case Date
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<p>18.03.21.900.01.d</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-11)</p> <p>d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-11)</p>	<p>Observation and review of 3 of 4 participant records (Participants B, 1, and 2) revealed that the agency lacked evidence the quality assurance program assured skill training activities were conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate.</p> <p>For example:</p> <p>Participant B was observed in the center working on objectives addressing money skills, specifically budgeting and counting back change. The center is not the natural setting where this individual would typically work on these skills.</p> <p>Participant 1's PIPs had objectives that addressed conducting personal hygiene goals at the center, such as brushing her teeth after lunch at the center and at home. The data documentation for October 3, 2012, through October 17, 2012, showed this program run in the community one (1) time and in the center for the rest of the time, but there was no documentation this program was run in the home. This program had not been run per instructions and this program was not being run in the natural setting where this would typically occur. In addition, the participant had a cleaning program that a list was to be written in the center, and the cleaning programs done in the home, but there was no documentation that any programs had been conducted in the home from September 2012 to the date of the survey.</p> <p>Participant 2's programs were the same; she also had programs that were implemented in the center only and did not transition to the natural setting.</p>	<p>16. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.</p> <p>Participant B currently has access to "real" coins and paper bills to count correct change to enhance his skills. He then can utilize the skills in the natural setting for best buy.</p> <p>Participant 1: Training with staff to follow the PIP Goals as written in the natural environment. Training with staff documenting data correctly in the natural setting (location).</p> <p>Participant 2: Training with staff to follow the PIP Goals as written in the natural environment.</p> <p>All staff will be trained to ensure that services are provided which are age appropriate, client driven and in the natural environment. The Executive Director and Developmental Specialist will review files quarterly and observe staff on a regular basis to ensure that this policy is adhered to.</p> <p>DT SPECIFIC CITATION: QUALITY ASSURANCE TO ADDRESS COMPLIANCE. DEVELOPMENTAL SPECIALIST WILL ENSURE PARTICIPANT WILL RECEIVE SERVICES IN NATURAL SETTING WHERE THE PARTICIPANT COMMONLY UTILIZES SKILLS.</p>	<p>2012-12-03</p>
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16.03.21.900.02.e
 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.
 Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)
 02. Quality Assurance Program Components.
 Each DDA's written quality assurance program must include: (7-1-11)
 e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction: (7-1-11)

The agency lacked documentation of an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.

17. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.
 Agency will review Code of Ethics annually and will document the review has been completed. The Owners and Executive Director will be responsible to identify any violations of Ethics and implement an internal plan of corrections.
 DT SPECIFIC
 QUALITY ASSURANCE TEAM WILL MEET WEEKLY TO REVIEW POLICY & PROCEDURE TO IN COMPLIANCE TO IDAPA RULE. QUALITY ASSURANCE TEAM WILL MEET MONTHLY WITH OWNERS TO IMPLEMENT CHANGES OF POLICY & PROCEDURE. POSITIVE CONNECTIONS HAS ADAPTED SOCIAL WORK CODE OF ETHICS AND A TRAINING WILL OCCUR ANNUALLY WITH DT STAFF TO REVIEW SOCIAL WORK CODE OF ETHICS. THIS IS ONGOING PROCESS.

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16.03.21.900.02.g
 900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.
 Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)
 02. Quality Assurance Program Components.

Four of 4 participant records reviewed (Participants A, B, 1, and 2) lacked ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures were made when progress, regression, or inability to maintain independence was identified.

18. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing bases to ensure all IDAPA Rule and agency policies are followed.
 Participant Status Review will reflect progress, lack of progress or goal achieved. When a goal is

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Each DDA's written quality assurance program must include: (7-1-11)
 g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)

For example, Participants A, B, 1, and 2's six-month and annual review of progress lacked documentation as to why the participants continued to need services. In addition, based on data, it appeared that the participants were losing skills with intervention and were requiring more prompts to perform skills. There was no documentation of specific implementation procedures made when progress, regression or inability to maintain independence was identified.

Also, see IDAPA 16.03.21.601.02 and IDAPA 16.03.10.655.07.a.iii.

achieved documentation will reflect current status and justify continued Developmental Therapy Services. Each entry will be initiated by the DS entry. It will be the Developmental Specialist's task to ensure that files reflect that the participant's progress or lack of progress is documented including ways to implement change if needed.

DT SPECIFIC: QUALITY ASSURANCE TEAM IDENTIFY AND EMPLOYEE FILE TO REFLECT QUALIFICATIONS OF CHILDRENS DEVELOPMENTAL SPECIALIST AND CHILD DEVELOPMENTAL SPECIALIST WILL BE IN EMPLOYEE FILE. DOCUMENTATION AND REVIEW COMPLETED BY EXECUTIVE DIRECTOR. DEVELOPMENTAL SPECIALIST WILL SIGN AND DATE THE REVIEW OF DATA; REFLECT CHANGES IN DAILY ACTIVITIES OR SPECIFIC IMPLEMENTATION PROCEDURES BY THE QUALIFIED PROFESSIONAL. THE DOCUMENTATION WILL INCLUDE THE QUALIFIED PROFESSIONAL'S SIGNATURE AND DATE. DOCUMENTATION WILL REFLECT PROGRESS, REGRESSION OR INABILITY TO MAINTAIN INDEPENDENCE.

16.03.21.900.03.b

900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.

Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)

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

b. Are age appropriate; (7-1-11)

Observation and review of one of two participant records (Participant B) revealed the agency lacked evidence that its quality assurance program ensured that DDA services provided to participants were age appropriate.

For example, Participant B was observed working with staff in the center utilizing "play" money to teach him the skill of managing his money.

19. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.

Participant B and all participants have available "real" American Legal Tender to assist participants in achieving their skill of counting money and managing money.

It is the Executive Director and/or the Developmental Specialist and the Quality Assurance Team to ensure that participants are

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receiving age appropriate tasks, in their natural environment if possible.
 DT SPECIFIC
 PARTICIPANT ONLY USES UNITED STATES OF AMERICA COINS AND PAPER MONEY TO COUNT AND UTILIZE MONEY MANAGEMENT SKILLS.



16.03.21.900.03.f

900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.
 Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)
 03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)
 f. Are observable in practice. (7-1-11)

Observation of services to 2 of 4 participants (Participants 1 and 2) revealed the agency lacked evidence that its quality assurance program ensured the DDA services provided to participants were observable in practice.

For example, Participants 1 and 2 were observed in the community, which appeared to be the natural setting, but there did not appear to be a purpose for being at the locations they were at. For instance, Participant 2 was looking for items to make a costume, but she did not have any money to purchase the items. As for Participant 1, she was looking at the carbs in each item at the dollar store, but did not have any intent to purchase the items. When asked if she usually comes to the dollar store, she stated that her husband loves this store but she does her shopping at another grocery store, and did

20. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.

DS Observation and Quality Assurance to maintain services in the natural environment to reflect a valid and necessary reason to be in certain locations providing services. Example, participants will have money at their disposal when they are in the community shopping. This will be the responsibility of the staff working with the participant and the Developmental Specialist to ensure this policy is adhered to.

DT SPECIFIC
 DEVELOPMENTAL SPECIALIST WILL ENSURE THE NATURAL SETTING IS RELEVANT TO PARTICIPANT

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not have money to purchase items nor have the intent to purchase the items.

DT SERVICES: DEVELOPMENTAL SPECIALIST WILL TRAIN STAFF THAT PARTICIPANT MUST HAVE THEIR OWN MONEY TO MAKE PURCHASES IN COMMUNITY.

16.03.21.905.02.a

905. PARTICIPANT RIGHTS.
Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-11)
02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-11)
a. Privacy and confidentiality; (7-1-11)

The agency lacked evidence it ensured the participant's right to privacy and confidentiality.

For example, during the inspection of the facility, it was observed that three participant binders were left on a table in one of the "adult" therapy rooms. One binder was for Participant 1, and on the front of this binder it addressed her sugar levels: "Blood sugars should be between 95-126 if drops to 70 or below..." There were no employees in the room to ensure the participant's confidentiality was protected.

21. Quality Assurance Program revised and changes made to meet requirements. This will be ongoing basis to ensure all IDAPA Rule and agency policies are followed.

Staff training and review of client confidentiality regarding client binders documenting daily data. Training to include staff physically maintaining binders in their person in a large bag or holding the binders in their hands.

DS will review binders and to only have participant first name on the binder with no other identifying information.
DT SPECIFIC

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Administrator/Provider Signature:

Madison Smith LSW

Date:

Apr 8, 2013

Department POC Approval Signature:

Tom Rowland-Sammitt

Date:

4/16/13

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