



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Progressive Behavior Systems	Region(s):	5
Agency Type:	DDA	Survey Dates:	03/06/18-03/07/18
Certificate(s):	5PBSYSTEM087-1 512 6 th Street South, Rupert 5PBSYSTEM087-2 155 2 nd Ave N Suite 102, Twin Falls DDA-5355 155 2 nd Ave N Suite 103, Twin Falls	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
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. 03. Fire and Safety Standards. f. All hazardous or toxic substances must be properly labeled and stored under lock and key;	One of two facilities lacked evidence all hazardous or toxic substances are properly labeled and stored under lock and key. For example: The Rupert location had Borax not stored under lock and key. Repeat deficiency from 04/15/14 survey.	1. What actions will be taken to correct the deficiency? <i>Each location will have a designated cabinet with a lock, where all hazardous or toxic substances will be stored. The key will be stored with administrative staff.</i> 2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>The agency removed the Borax and placed under lock and key. Each location went through the center to ensure that everything else was locked up.</i>	4/1/2018



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		<p><i>All staff will receive a training regarding the necessity to keep hazardous and toxic substances properly labeled and locked.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>The DDA Director at each location.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? <i>The DDA Director and Administrator will do random checks to ensure the cabinet is locked as well as all items are properly labeled.</i></p>	
<p>16.03.21.600.02.a.i. 600. 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. 02. Requirements for Participants Three to Twenty-One. For participants ages three</p>	<p>One of Three child participant record lacks an Individualized Education Plan (IEP), including any recommendations for an extended school year.</p> <p>For example: Participant 1's record lacked a complete IEP for 2017 and 2016.</p> <p>Repeat deficiency from 04/25/14 survey.</p>	<p>1. What actions will be taken to correct the deficiency? <i>An IEP will be obtained and added to the participants record. Additionally, a checkoff list of required documents will be added to each participant's record to ensure all necessary items are collected in a timely manner.</i></p> <p>2. What will the agency do to identify any other participants, staff, or</p>	<p>4/9/2018</p>



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<p>(3) to twenty-one (21), the following applies:</p> <p>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.</p> <p>i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year.</p>		<p>systems that may be affected by the deficiency?</p> <p><i>The agency will implement a system wide update to every participant record to ensure on-going compliance.</i></p> <p>If identified, what corrective actions will be taken?</p> <p><i>Each participants record will include the check-off list to ensure completion as well as when to obtain updated information.</i></p> <p>3. Who will be responsible for implementing each corrective action?</p> <p><i>The DDA Director will be responsible to ensure every participant record has a completed check-off list.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>The DDA Director will complete quarterly reviews of each participant</i></p>	



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		<i>record to ensure all documents are collected and filed appropriately.</i>	
<p>16.03.21.601.01.b. 601. 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.</p>	<p>Two of six participant record review lacked documentation the program implementation plans included all the rule requirements.</p> <p>For example: Participant 4's Program Implementation Plans for completing a monthly budget, preparing a monthly schedule, calendar, preparing a weekly shopping list lacked service environment.</p> <p>Corrected during survey. The agency must complete questions 2-4 on the Plan of Correction.</p>	<p>1. What actions will be taken to correct the deficiency? <i>n/a</i></p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? <i>The agency will implement a QA process of each participant's record to identify any areas where documentation lacks in program implementation plans.</i></p> <p>If identified, what corrective actions will be taken? <i>Where there is documentation that needs corrected or added, the PIP's will be updated and stored in the participants records.</i></p> <p>3. Who will be responsible for implementing each corrective action? <i>The DDA Director will be responsible to ensure the QA process is</i></p>	<p><i>n/a</i></p>



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<p>01. General Records Requirements. Each participant record must contain the following information:</p> <p>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.</p>		<p><i>completed and documentation is updated accordingly.</i></p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur?</p> <p><i>PIP's will be created based on a template that has all the required information. Each PIP will be reviewed for completion prior to implementation.</i></p>	

<p>Agency Representative & Title: Branden Smalley, Administrator <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i></p>	<p>Date Submitted: 3/21/2018</p>
<p>Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i></p>	<p>Date Approved: 3/23/2018</p>