



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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November 4, 2011

Edward Asikhia, Administrator
Home-Link Trust, Inc.
1110 South Boulevard
Idaho Falls, ID 83402

Dear Dr. Asikhia:

Thank you for submitting the Home-Link Trust, Inc. Plan of Correction dated November 2, 2011. Licensing 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 Home-Link Trust a Provisional certificate effective from October 5, 2011 through April 5, 2011.

According to IDAPA 16.03.21.126.01, when a DDA is found to be out of substantial compliance with these rules but does not have deficiencies that jeopardize the health or safety of participants, a provisional certificate may be issued by the Department for up to a six- (6) month period. A provisional certificate is issued contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. Before the end of the provisional certification period, the Department will determine whether areas of concern have been corrected and whether the agency is in substantial compliance with these rules. The survey team will enter your agency on **March 6, 2012 through March 8, 2012 at 9:00am** to conduct an on-site review to assure all corrections have been completed.

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

Pam Loveland-Schmidt, Adult & Child DS
Medical Program Specialist
DD Survey and Certification

Statement of Deficiencies

Developmental Disabilities Agency

Home-Link Trust Inc.
7HOMELINK143

1110 S Boulevard
Idaho Falls, ID 83402-4033
(208) 524-6375

Survey Type: Recertification

Entrance Date: 8/30/2011

Exit Date: 9/1/2011

Initial Comments: Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, Licensing & Certification; and Mark Schwartzenger, Clinician, Family & Community Services.

Observations:

[Participant A] was observed in his natural setting at home with an IBI professional ([Employee 8]). The participant was being asked to discuss various scenarios that might occur during his typical day activities and what might happen if various requests, actions, situations, etc. were presented to him that he might not want to do or even have to do. The participant was asked to indicate the behaviors he might exhibit during the activity (both positive and negative approach). This participant appeared to be very prompt-dependent from staff to elicit the various behaviors that could be expressed and additional prompting was again needed to elicit the implications of the expressed behaviors. When an appropriate response was indicated by the participant, he was routinely reinforced. As additional observation was not completed in other environments, it was not observable as to how the skills being developed could be generalized to other settings. Based upon agency documentation and discussion with a parent, this adolescent is moving out of the home due to his assaultive behavior towards his brother and his mother. The brother and mother were in the home and therapy did not address his needs, nor was his family included, which are the individuals he directs his behaviors towards. In addition, the participant and his mother stated that a weighted blanket may help him control his anger, but they are too expensive and they have a service dog that is trained to help him with his behaviors. There was no evidence that the agency has made attempts to incorporate these into his intervention program.

[Participant B] was observed in his natural setting with a paraprofessional ([Employee 9]). During the observation, the participant was working on the task of "Picking up (clean up) toys, coats, shoes, clothes, bags..." in a room. The individual clearly demonstrated the skill of being able to complete this task in picking up a variety of items in the living room, but was very prompt-dependent on staff to point out some of the various other items in the room needing to be picked up. It would appear the "task" is more an issue of motivation than the ability to complete this (Objective 4.2) task. Based upon this observation, skill development was not observable in practice.

[Participant 1] was observed with a paraprofessional ([Employee 10]) working in the center using a cell phone to call the administrator ([Employee 6]), who was at the other end of the building. The adult participant required many direct verbal prompts to push the correct number. Once the correct telephone number was input, he spoke to [Employee 6], who then prompted him to respond to his questions. The use of the cell phone appeared difficult due to his fine motor skill deficits also listed in his assessments. It appeared as though he would benefit from a cell phone with larger numbers, and having the phone numbers programmed into the phone so he would only have to push a

picture or one number to call the person he would like to speak to. It was unclear as to why he would need to call [Employee 6] with in the same building; this does not appear to address his needs such as contacting his parent, family, 911, etc. This objective was not conducted in the natural setting and the PIP did not have a provision to conduct the objective in the natural setting; it only addressed the center environment, it did not promote inclusion or meet his needs. Once they had completed this objective, they then went into the community (Deseret Industries) to purchase a cassette tape where the staff helped him find the tape. Once this was done, the staff pulled 32 cents out of her pocket and sat on the counter of the checkout stand and conducted coin identification of 27 cents utilizing a penny, quarter, etc.

[Participant 2] was observed with a paraprofessional ([Employee 11]) in the home discussing his personal hygiene routine and whether or not he had followed it for the day. The participant had not showered for the day and the staff informed him of the importance of showering every day. They then discussed the items he had on his list and where they were going to go to purchase the items. They then went to Smith's to purchase the items on the list. The participant had the ability to find the items he was looking for in the store. The employee did a good job when the staff at the store asked if they needed assistance finding something. She directed the staff to the participant, at which point he asked where to find an item. It was noted that the participant appeared to have difficulty remembering what brand of item he typically purchases.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.04.d</p> <p>653.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>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. (7-1-11)</p> <p>d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-11)</p>	<p>Individual Program Plan</p> <p>One of two child participant records reviewed ([Participant B]) lacked documentation that the IPP included the delivery of each service on a plan of service which was defined in terms of the type, amount, frequency, and duration of the service.</p> <p>For example, [Participant B]'s IPP indicated "Implementation Date: 1-14-11" and "Annual Review: 2-14-12". The plan year cannot exceed 12 months.</p>	<p>[p8] 1: The agency has immediately corrected the participant's IPP and has put a system in place to make sure that similar errors do not exist elsewhere in the chart. The agency will be very thorough when proof-reading participant's IPP's and make sure that they are rule compliant - mainly that the date does not exceed one year.</p> <p>2: The agency assume that similar error is reflected on all other participant's charts and will do QA on those charts, if an error does exist the agency will immediately correct it.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for corrective actions should any errors should occur.</p> <p>4: Corrective actions will be monitored through regular, quarterly, QA done by the administrative assistant.</p> <p>5: This will be done on or before 12/09/2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

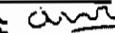
Administrator Initials: *aw*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.05.a</p> <p>653.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11)</p> <p>a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-11)</p>	<p>Individual Program Plan</p> <p>One of two child participant records reviewed ([Participant B]) lacked documentation that the IPP was developed following obtainment or completion of all applicable assessments consistent with the rule requirements.</p> <p>For example, [Participant B]'s record lacked documentation of Speech and Physical Therapy assessments prior to the IPP development.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 -IDAPA 16.04.11.701.05.a prior to July 1, 2011)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	<p>[p8] 1:The agency has evolved a system to make sure that they have all the necessary assessments that pertain to the participant before writing the IPP. Also, the agency will ensure that all assessments stay in the file that are current with the plan year and that those assessments are not archived too soon. If an error occurs the agency will immediately obtain the needed assessment.</p> <p>2: The agency will assume that all other charts have the same error and will go through those charts. The agency will also inventory what has been archived and retrieve necessary documents from the archive and return them to the proper chart.</p> <p>3: The Agency administrator and Clinical Supervisor will be responsible for implementing the corrective action(s).</p> <p>4: Corrective actions will be monitored through regular, quarterly, QA.</p> <p>5: This will be done on or before 12/09/2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *aw*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.653.05.e.iv</p> <p>653.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING ISI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-11)</p> <p>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: (7-1-11)</p> <p>iv. The type, amount, frequency, and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-11)</p>	<p>Individual Program Plan</p> <p>One of two child participant records reviewed ([Participant A]) lacked evidence the amount and frequency of the type of therapy did not deviate from the IPP more than twenty percent (20%) over a period of four (4) weeks, unless there was documentation of a participant-based reason.</p> <p>For example:</p> <p>[Participant A] was authorized for 22 hours per week H2019 and H0024 services three (3) hours per week. Based upon Molina billing records, he received the following:</p> <p>H2019</p> <ul style="list-style-type: none"> • May 31, 2011, to June 4, 2011: 0 hours; • June 5, 2011, to June 11, 2011: 4 hours; • June 12, 2011, to June 18, 2011: 6.5 hours; • June 19, 2011, to June 25, 2011: 4 hours. <p>H0024</p> <ul style="list-style-type: none"> • May 31, 2011, to June 4, 2011: 10.5 hours; • June 5, 2011, to June 11, 2011: 8 hours; • June 12, 2011, to June 18, 2011: 10.25 hours; • June 19, 2011, to June 25, 2011: 9 hours. <p>The amount and frequency of hours did not meet the 20% requirement, and there was no participant-based reason that the hours were not met.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF APRIL 8, 2010 ~ IDAPA 16.04.11.701.05.e.iv prior to July 1, 2011)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	<p>[pA] 1: The agency will ensure and correctly document hours of attendance for each participant through the system that has been put in place. The agency will also list the reasons for absence should they occur. In addition, the agency will ensure that the survey team is presented with the file containing such records during their review.</p> <p>2: The agency will assume that the same error is contained in the attendance records of other participants and will thoroughly review those records. If participants are identified the agency will correct the error by making sure that hours are properly documented.</p> <p>3: The Clinical Supervisor and the Agency Administrator will be responsible for implementing any corrective actions.</p> <p>4: Corrective actions will be monitored through regular, quarterly, QA in order to ensure consistent compliance with the rules.</p> <p>5: This will be done on or before 12/09/2011</p>
<p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p>	<p>Date to be Corrected: 12/09/2011</p>	<p>Administrator Initials: </p>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.02.a.i-iv</p> <p>655.DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service.(7-1-11)</p> <p>a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11)</p> <p>i. Determine the necessity of the service; (7-1-11)</p> <p>ii. Determine the participant's needs; (7-1-11)</p> <p>iii. Guide treatment; (7-1-11)</p> <p>iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)</p>	<p>Assessments</p> <p>Two of four participant records reviewed ((Participants 1 and 2)) lacked evidence the assessments addressed participants' needs and guided treatment</p> <p>For example:</p> <p>[Participant 1]'s Comprehensive Developmental Assessment did not address needs or guide therapy for dialing telephone number or telling time/time concepts. In addition, his PIP 1.1 "dialing the telephone" was conducted in the center only and did not address the natural settings where he had the need.</p> <p>[Participant 2]'s Comprehensive Developmental Assessment stated under Self Care that the main concern is personal grooming and cleanliness. In the next paragraph, it stated his strengths included his ability to shower and dry self, etc. and his physical ability to conduct grooming procedures such as obtaining and applying deodorant, etc. but he did not do it often. This addressed his ability/skill but did not address his willingness/refusal (behavior) to follow through with the daily hygiene routine. The assessment did not address his needs or guide therapy.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.601.01.a-d prior to July 1, 2011)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	<p>[p1] 1: The agency will make sure that all needs as noted in the Comprehensive Assessment are addressed and that the Comprehensive Assessment guides the therapy. Also, the agency will make sure that all possible settings are addressed when developing the PIP.</p> <p>2: The agency will assume that all other charts have the same error and review all other charts. The agency will review and compare assessments and PIP for each chart and address the necessary changes required in the PIP.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing any corrective actions.</p> <p>4: The agency will monitor the corrective actions through regularly scheduled quarterly QA.</p> <p>5: This will be done on or before 12/09/2011</p> <p>[p2] 1: The agency will also make sure, through rigorous reviews, that the Comprehensive Assessment is carefully analyzed and participants real needs are carefully delineate, focused and addressed in the PIP.</p> <p>2: The agency will assume that all participants charts have the same error and go through all binders to find any errors that need correction. If an error exists the agency will immediately correct the error.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing any corrective actions.</p> <p>4: Corrective actions will be monitored through regularly scheduled quarterly QA.</p> <p>5: This will be done on or before 12/09/2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 12/09/2011 **Administrator Initials:** 

No. 2705 P. 6

Nov. 3. 2011 7:21PM

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.02.a.v	Assessments	
<p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>02. Comprehensive Assessments Conducted by the DDA. Assessments must be conducted by qualified professionals defined under Section 657 of these rules for the respective discipline or areas of service. (7-1-11)</p> <p>a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11)</p> <p>v. 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. (7-1-11)</p>	<p>Two of four participant records reviewed ([Participant A and B]) lacked documentation that the assessments formulated a diagnosis and recommended the type of therapy per rule requirements.</p> <p>For example:</p> <p>[Participant A]'s Psychological Assessment, completed June 14, 2011, gave a recommendation for "...PSR services to include counseling, self help skills, social skills training and behavior management..." but did not recommend DDA or Developmental Therapy.</p> <p>[Participant B]'s Healthy Connections referral, dated November 18, 2010, to September 23, 2011, indicated a diagnosis of 748.42 "Delayed Milestones" which is not a Developmental Disabilities eligible diagnosis. In addition, per the Developmental Disabilities Eligibility Checklist and JPP, a medical diagnosis of seizures is indicated; however, there was no medical documentation of this diagnosis.</p>	<p>[pA] 1: The agency would ensure communication with parents and also those doing other assessments or evaluations to make sure that they recommend appropriate therapy as a result of the diagnosis to meet the rule requirements.</p> <p>2: The agency will assume that all other charts have the same error and review the related assessments or evaluations in order to make sure that the appropriate therapy, such as DT, is recommended. If errors do exist the agency will immediately correct the error through means of communication with both parent and the professional in charge of doing the assessment.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be in charge of implementing the needed corrective actions.</p> <p>4: Corrective actions will be monitored through regularly scheduled quarterly QA.</p> <p>5: This will be done on or before 12/19/2011</p> <p>[pB] 1: The agency will ensure that all diagnosis are current and meet eligibility requirements. The agency will make certain to read all assessments and if other diagnosis are mentioned that the agency refers said participant to the necessary professional for review and reconciliation of the diagnosis.</p> <p>2: The agency will assume that the same error exists in others charts and review all other charts and assessments. If an error exists it will be immediately corrected.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for overseeing the corrective actions.</p> <p>4: Corrective actions will be monitored by regularly scheduled quarterly QA to be sure they don't repeat.</p> <p>5: This will be done on or before 12/09/2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *cmr*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.03.e	Assessments	
<p>655.DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11)</p> <p>e. Assessments must be completed or obtained prior to the delivery of therapy in each type of</p>	<p>Three of four participant records reviewed ([Participant A, B, and 2]) lacked documentation that assessments were completed or obtained prior to the delivery of therapy in each type of service.</p> <p>For example:</p>	<p>[pA] 1: The agency would be sure, through the use of their instituted checklist, to obtain all needed information before writing the plan. Also the agency would be sure that they communicate regularly with the parent to make sure that everything is incorporated before writing the plan.</p> <p>2: The agency will assume that valuable information is missing in other plans and will review other participant's plans thoroughly</p>

service.
(7-1-11)T

For [Participant A], per an agency document dated August 15, 2011, there was no need for Occupational Therapy services. In discussion with the participant at the home observation, he indicated he thought a weighted blanket would assist him when anxious (e.g., the example he gave of his service dog lying across his chest to calm him). His mother had also indicated a need for this device, but she indicated they were too expensive. The participant is currently receiving IBI therapy and there was no evidence that the need for the weighted blanket had been addressed and there was no evidence that the service dog had been incorporated into his behavior programs. The participant and his parent stated that the dog helps with his behaviors by calming him.

[Participant B]'s Developmental Assessment, completed January 1, 2011, indicated a need for "...prompting to look at someone who is speaking to him, to stay on topic during conversation, and to refrain from interrupting during conversation..." The Speech Therapy evaluation progress report, dated July 18, 2011, addressed various goals including these concerns in Speech Therapy, but this had not been addressed in his IPP. Speech Therapy progress notes were requested from the SLP agency on August 23, 2011, and received on August 24, 2011, which was not prior to delivery of therapy which started on January 14, 2011.

[Participant 2]'s Comprehensive Developmental Assessment was completed on December 29, 2010. The Individual Service Plan was authorized for December 20, 2010, through December 19, 2011. PIPs have the ISP start date of December 20, 2010, but there was no documentation of a Comprehensive Developmental Assessment prior to this date in the record.

to be sure that everything is done correctly. If valuable information is missing the agency will make an addendum to the plan to incorporate the needed information.
3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, and also be sure to do the same when developing a new plan.
5: This will be done on or before 12/09/2011.

[pB] 1: The agency will make sure, through regular checks, that the IPP addresses all other therapies that the participant is involved in. Also, the agency will be sure to not archive anything that is current with the IPP year.

2: The agency will assume that the same error exists in the charts of other participants and will review the other charts. Also, the agency will be sure to inventory the files that have been archived and bring back from the archive the files that are current with the plan year. If errors exist the agency will properly correct it

3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, and also be sure to keep necessary documents that are current with the plan year.
5: This will be done on or before 12/09/2011.

[p2] 1: The agency will be sure that all assessments are completed prior to plan writing and also that they stay within guidelines when completing assessments.

2: The agency will assume that all other assessments of the the other participants have the same error and will review each one of them and find any errors. If errors exist the agency will immediately correct any mistakes found.

3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
4: The agency will make sure that corrective actions are monitored through regular quarterly QA, and also be sure to do the same when developing a new plan.
5: This will be done on or before 12/09/2011.

(REPEAT DEFICIENCY FROM SURVEY OF
MAY 21, 2009 ~ IDAPA 16.04.11.708.01;
601.01; and 600.04.a prior to July 1, 2011)

(FAILURE TO COMPLY WITH PLAN OF
CORRECTION)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.655.05.g.j-viii	Assessments	
<p>655. DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>05. Types of Comprehensive Assessments. (7-1-11)</p> <p>g. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-11)</p> <p>i. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-11)</p> <p>ii. Developmental history including developmental milestones and developmental treatment interventions; (7-1-11)</p> <p>iii. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-11)</p> <p>iv. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-11)</p> <p>v. Educational history including any participation in special education; (7-1-11)</p> <p>vi. Prevocational or vocational paid and unpaid work experiences; (7-1-11)</p> <p>vii. Financial resources; and (7-1-11)</p>	<p>One of two participant records reviewed ([Participant A]) lacked documentation of rule-compliant Medical/Social History Assessments.</p> <p>For example, [Participant A]'s current Medical/Social History update completed on May 31, 2011, did not address or demonstrate the need for IBI services and indicated "...is complete and accurate." A previous Medical/Social History Evaluation, completed June 1, 2010, only indicated therapy needs based on his placement at a DDA (only provided Developmental Therapy).</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF APRIL 8, 2010 ~ IDAPA16.04.11.604.07 prior to July 1, 2011)</p>	<p>[pA] 1: The agency will ensure that it scrutinizes all Medical/Social records and reviews to make certain that they accurately reflect the participant's current status and that they are rule-compliant.</p> <p>2: The agency will assume that the same error exists in other participant's assessments. The agency will do a thorough QA of those and if an error exists the agency will immediately rectify the error.</p> <p>3: The Agency Administrator and the Clinical Supervisor will ensure that the contracted Social Worker will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular quarterly QA, and also be sure to do the same when developing a new plan and putting a chart together for a new client.</p> <p>5: This will be done on or before 12/09/2011.</p>

viii. Recommendation of services necessary to address the participant's needs. (7-1-11)

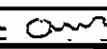
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *am*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.655.07.a.i-iv</p> <p>655.DDA SERVICES: PROCEDURAL REQUIREMENTS.</p> <p>07. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11)</p> <p>a. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-11)</p> <p>i. Daily entry of all activities conducted toward meeting participant objectives. (7-1-11)</p> <p>ii. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-11)</p> <p>iii. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-11)</p> <p>iv. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and the reason(s) why he continues to need services. (7-1-11)</p>	<p>Program Documentation (data/progress)</p> <p>One of four participant records reviewed ([Participants 1]) lacked documentation of six-month and annual reviews by the Developmental Specialist that included a written description of the participant's progress toward the achievement of therapeutic goals, and the reason(s) why he continues to need service.</p> <p>For example, [Participant 1]'s Provider Status Review for July 2010 through June 2011, objective "can dial a written telephone number", stated he had a 0% baseline. For July 2010 through September 2010, he was at an average of 46%. The next three months, October 2010 through December 2010, he was at an average of 33%. For the next three months, January 2011 through March 2011, he was at an average of 24%. The next three months, April 2011 through June 2011, he was at an average of 22%. It appeared as though he was losing the skill with treatment. There was no documentation of changes to the program or discontinuation, only notes stating the therapist changes and that he struggles slightly with this objective because he is lacking fine motor skills, but there was no evidence that the professional had worked with the Physical Therapist to address fine motor skills and possible adaptive devices to assist him with his independence and progress. There was no documentation of participant progress toward the achievement of</p>	<p>[p1] 1: The agency will be sure to regularly monitor progress. While in the process of reviewing participant's progress, the agency will make notes and exercise the appropriate action such as making plan changes, staff training, and referring participant to the necessary and appropriate professional(s).</p> <p>2: The agency will assume that all other participant's review are faced with similar errors. The agency will review participant's reviews record and make the needed changes.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, the agency will also be sure to do the same with the reviews of a new participant.</p> <p>5: This will be done on or before 12/09/2011.</p>

	<p>the goal or why he continues to need services.</p> <p>(REPEAT DEFICIENCY FROM THE SUVERY OF MAY 21, 2009 ~ IDAPA 16.04.11.704.01.d prior to July 1, 2011)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 12/09/2011 **Administrator Initials:** 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.10.657.27</p> <p>657.DDA SERVICES: DDA PROVIDER QUALIFICATIONS AND DUTIES.</p> <p>27. Requirements for Collaboration with Other Providers. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-11)</p>	<p>Collaboration/Consultation</p> <p>Three of four participant records reviewed ([Participants A, B, and 2]) lacked documentation of rule-compliant collaboration with other providers to include how the other providers' plans have been integrated into the DDA's plan of service for each participant.</p> <p>For example:</p> <p>[Participant A]'s IEP did not indicate the need for PSR service and did not list the need for ESY. Per his mother and the agency, he receives PSR through school (Molina billing does not indicate school is doing billing for this service and it is being provided by a community provider). In discussion with agency staff, it was indicated that the participant has a service coordinator although billing records (Molina) do not demonstrate this and the Profile Sheet in the participant's file did not indicate a service coordinator. Per the IPP "Current Services" under PSR, the service is listed as required and the agency is listed as South Fremont Junior High School St. Anthony ID. (As of July 1, 2011, PSR and Developmental Therapy cannot be provided at the same time due to a duplication of service – see IDAPA 16.03.10.651.02: developmental therapy will not be reimbursed if</p>	<p>[pA] 1: The agency will intensify its communication with participant's parents and other service providers to be sure that participants are not receiving other services that would make that particular client ineligible for services.</p> <p>2: The agency will review all other clients and make sure that the same error has not occurred, should the event of an error the agency will immediately correct.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular, quarterly QA.</p> <p>5: This will be done on or before 12/09/2011.</p> <p>[pA] 1: The agency has put in place a standard protocol of communication with parents to make certain that participant has been referred to other therapies if those therapies are something they would benefit from and also within state guidelines. The agency has immediately referred the participant to the contracted Occupational Therapist for evaluation.</p> <p>2: The agency will communicate with parents and also do a thorough analysis of all participant charts to see if any of them would benefit from receiving other therapies. If they do need to be referred the agency will immediately do so.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through quarterly QA, and also be sure to do the</p>

the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services.)

In addition, per an agency document dated August 15, 2011, he had no need for Occupational Therapy services. In discussion with the participant at the home observation, he indicated that he thinks a weighted blanket would assist him when anxious (e.g., the example he gave of his service dog lying across his chest). His mother had also indicated a need for this device, but stated they were too expensive.

Also, the Developmental Assessment indicated communication concerns (e.g., does not look at others when talking, assistance to stay on topic during conversation, lacking some critical communication skills, etc). The file record indicated a Speech Therapy assessment was requested from the school on August 25, 2011. There was no indication in the file record indicating a referral to an agency contracted for Speech Therapy for an evaluation.

[Participant B]'s IPP, completed January 14, 2011, indicated physical therapy as "N/A." In the participant file, there is a six-month progress note from Physical Therapy with a recommendation for continued PT. A PT evaluation was also in the file from August 9, 2009, with a recommendation for continuation of PT; however, there was no other documentation of a current assessment in the file. The Profile Sheet indicated he had a Service Coordinator; however, the Service Coordinator was not listed as participating in the IPP meeting.

In addition, the Developmental Assessment completed January 1, 2011, indicated a need for "...prompting to participate in exercise programs that promote weight control..." The PT

same when developing a new plan.

5: This will be done on or before 12/09/2011.

[pA] 1: The agency will ensure communication with parents to make sure that all needs of the participant are addressed. If participant is in need or has had either Speech, PT, OT, or related issues, the agency will make sure that they are referred to the contacted therapists for evaluation.

2: The agency will check all other participant's charts to make sure that the same error has not occurred. If a participant shows a need for one of those therapies the agency will be sure to refer them to the appropriate professional.

3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.

4: The agency will make sure that corrective actions are monitored through regular, quarterly QA. The agency will be sure to do this when preparing a new plan.

5: This will be done on or before 12/09/2011.

[pB] 1: The agency will immediately gather the IPP and henceforth ensure the gathering of all needed assessments prior to writing plan and also to read the assessments and make referrals if need be. The agency will make certain that all services are accurately listed on the IPP. The agency will also make sure that the service coordinator is invited to attend the planning meeting.

2: The agency will go through all other charts with the assumption that they have the same error. If an error exists the agency will immediately correct the problem.

3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.

4: The agency will make sure that corrective actions are monitored through quarterly QA. The agency will make sure that corrective actions are adhered to when developing a new plan.

5: This will be done on or before 12/09/2011.

[pB]1: The agency will make sure the service needs of participant of other service providers are incorporated into the IPP if it is something that has been classified as a need of that participant.

2: The agency will assume that the same error has occurred with the other participants. Therefore, the agency will thoroughly review the charts of the other individuals

evaluation progress report addressed various exercises being worked on in PT, but this had not been addressed in the IPP. Also, the Developmental Assessment indicated a need for "...prompting to look at someone who is speaking to him, to stay on topic during conversation, and to refrain from interrupting during conversation..." The Speech Therapy evaluation progress report dated July 18, 2011, included various goals addressing these concerns in ST, but this had not been addressed in the IPP.

[Participant 2]'s Psychological Assessment dated September 30, 2009, addressed his mental health diagnosis and recommended he work with a therapist to address emotional distress. The Individual/Family Therapy and Psychological Assessment, dated June 23, 2011, recommended vocational training. There was no documentation of collaboration with these providers or documentation that these services are not in place. The agency had a Vocational Assessment dated prior to the Psychological Assessment of May 4, 2010, but there was no current information.

(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.706 prior to July 1, 2011)

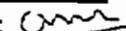
(FAILURE TO COMPLY WITH PLAN OF CORRECTION)

and if an error exists, the agency will immediately rectify it.
 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
 4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, and also be sure to do the same when developing a new plan.
 5: This will be done on or before 12/09/2011.

[p2] 1: The agency will ask professionals for records relating to vocational training and ask for current treatment plan if available, if it is not available the agency will ask for documentation, that specifies when the services ended.
 2: The agency will assume that other charts have the same error, it will thoroughly review other charts and should an error occur the agency will immediately correct it.
 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
 4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, and also be sure to do the same when developing a new plan.
 5: This will be done on or before 12/09/2011.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.658.02.b.i-vi 658.GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 02. General Staffing Requirements for Agencies. B. Other required staffing. The agency must have available, at a minimum, the following	Staffing One of six contracted professional records reviewed ([Employee 2]) lacked documentation of a job description or a formal written agreement.	[e2] 2: The agency will do a thorough review of the employee binder, if any errors occur the agency will immediately correct it. 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through quarterly review of the employee binder.

personnel, qualified in accordance with Section 657 of these rules, as employees of the agency or through formal written agreement: (7-1-11)
 i. Speech-language pathologist or audiologist; (7-1-11)
 ii. Developmental Specialist; (7-1-11)
 iii. Occupational therapist; (7-1-11)
 iv. Physical therapist; (7-1-11)
 v. Psychologist; and (7-1-11)
 vi. Social worker, or other professional qualified to provide the required services under the scope of his license. (7-1-11)

For example, [Employee 2]'s record lacked a job description or formal written agreement for the social worker
 (The agency corrected the deficiency during the course of the survey. The agency must complete questions 2-4 on the Plan of Correction.)
 (REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.710 prior to July 1, 2011)

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: *no* 12/09/11 **Administrator Initials:** *[Signature]*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.101.02.i 101. APPLICATION FOR INITIAL CERTIFICATION. 02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-11) i. Staff qualifications including resumes, job descriptions, evidence of compliance with</p>	<p>Staff Qualifications One of one professional records reviewed ([Employee 8]) lacked a rule-compliant job description. For example, [Participant 8]'s record lacked documentation of a Habilitative Interventionist Professional. The agency provided documentation of an IBI professional only.</p>	<p>[e8] 1: The agency will be sure to provide proper job descriptions that are rule compliant. The agency will make adjustment to the job description to meet the rules. If any new information needs to be obtained the agency will be sure to do so in a timely manner. 2: The agency will go through the employee binder and make sure that all the job descriptions are rule-compliant. If the job descriptions are not rule-compliant the agency will immediately correct them. 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through quarterly QA of the employee binder. 5: This will be done on or before 12/09/2011.</p>

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; (7-1-11)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *Carroll*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<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)</p> <p>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>Staff Qualifications</p> <p>The agency lacked evidence that its 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: [Participant A]'s Molina billing records indicated that service provision billed for H2019 and H0024 did not reflect approved hours for each of these services. Review of data sheets and billing records revealed that they did not reflect services the agency actually billed for as</p>	<p>[pA] 1: The agency has corrected the billing error. The agency has also provided training regarding billing for the office staff through Molina consultant for region 7. The agency will continue with weekly monitoring of the RA.</p> <p>2: The agency will thoroughly look through the RA and make sure that the same error has not occurred with other participants. If the error has been repeated the agency will immediately fix the error through Molina.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions. The billing staff will be sure to correct the errors through Molina appropriately.</p> <p>4: The agency will make sure that corrective actions are monitored through weekly review of the RA.</p> <p>5: This will be done on or before 12/09/2011.</p>

provided. The agency administration stated once this billing was brought to his attention, the staff billed the wrong code. The incorrect billing code was billed from May 2011 through the date of survey with no quality assurance conducted prior to billing Medicaid for the service (see citation IDAPA 16.03.10.653.05.e.iv for specific billing information).

(POTENTIAL RECOUPMENT)

(REPEAT DEFICIENCY FROM SURVEY OF APRIL 7, 2010 ~ IDAPA 16.04.11.400.01 prior to July 1, 2011)

(FAILURE TO COMPLY WITH PLAN OF CORRECTION)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *Cure*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.400.03</p> <p>400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)</p> <p>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)</p>	<p>Staff Qualifications</p> <p>Two of two clinical supervisor records reviewed ([Employee 6 and 7]) lacked rule-compliant job descriptions.</p> <p>For example, [Employee 6 and 7]'s job descriptions were corrected during the survey, but did not address the rule requirements of a clinical supervisor, such as: must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site.</p>	<p>[e6,7] 1: The agency will make sure that the job descriptions for these employees are current and also stipulate that the particular employee is employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site and that these job descriptions are filled properly in the employee binder.</p> <p>2: The agency will go through and review the employee file containing job descriptions and be sure that all of them are rule-compliant. If an error exists the agency will immediately correct the error.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular, quarterly review of this file. The agency will also be sure to fill out the proper job description for any new employees.</p> <p>5: This will be done on or before 12/09/2011.</p>

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *am*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.600.02.a.i</p> <p>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)</p> <p>02. Requirements for Participants Three to Twenty-One. For participants ages three (3) to twentyone (21), the following applies: (7-1-11)</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. (7-1-11)</p> <p>i. The DDA participant's record must contain an Individualized Education Plan (IEP), including any recommendations for an extended school year. (7-1-11)</p>	<p>Participant Records</p> <p>Two of two child participant records reviewed ([Participant A and B]) lacked documentation that the participants' records contained Individualized Education Plans (IEP), including any recommendations for an extended school year.</p> <p>For example:</p> <p>[Participant A]'s IPP was implemented March 20, 2011. The agency documentation indicated the request for an IEP from the school was not sent until August 25, 2011, and received on August 30, 2011.</p> <p>[Participant B]'s record lacked a current IEP for 2011. The most current IEP in the record was dated March 8, 2010.</p>	<p>[pA] 1: The agency will be sure to make sure that before the IPP is written that all necessary documents are gathered. Also, the agency will be sure to keep assessments that are current with the plan in the file and to not archive these particular assessments too early.</p> <p>2: The agency will assume that all other charts are facing the same error and will thoroughly go through and review the other charts and find what assessments are needed. If an error exists the agency will immediately seek for any needed assessments.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular, quarterly review of the charts. The agency will also be sure to make sure that this is done when writing a new IPP.</p> <p>5: This will be done on or before 12/09/2011.</p> <p>[pB] 1: The agency has noted expiration for this IEP to be in March 2012. When this IEP expires the agency will immediately retrieve the current IEP from the school.</p> <p>2: The agency will go through other charts to see if the same error exists. Of there is an error the agency will immediately correct it.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be</p>

		responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through quarterly reviews and the agency will make sure that all other assessments are always kept current. 5: This will be done on or before 12/09/2011.
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *CW*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.600.02.a.ii	Participant Records	
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 two child participant records reviewed ([Participant A and B]) lacked documentation that the DDA provided a current copy of the child's plan of service to the child's school. For example: [Participant A]'s record included the statement, dated August 15, 2011, "He is currently in school at South Fremont Junior High School." However, there was no documentation of how this referral was accomplished. In addition, the IPP was implemented on March 20, 2011, and the agency's documentation indicated the IPP was not faxed to the school until August 26, 2011. [Participant B]'s QA sheet indicated, "He is in school District #251." There was no documentation of how the school was informed. (REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.706.01 prior to July 1, 2011) (FAILURE TO COMPLY WITH PLAN OF CORRECTION)	[pA] 1: The agency will immediately fax a copy of their plan to the school for them to keep on file. 2: The agency will assume that the same error is with other participants. While doing a thorough review of all the charts, if a participant is in school the agency ensure that a plan is sent to the school. 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, and ensure that there is proper filing of fax records. The agency will remember corrective actions when developing a new plan if the participant is of school age. 5: This will be done on or before 12/09/2011. [pB] 1: The agency will make sure that the school is notified that that particular participant is receiving DT, and provide proper documentation of this notification. 2: The agency will assume that all other binders have the same error and perform a very thorough review of all the charts. If an error occurs and the school needs to be notified the agency will be sure to do so in a proper manner. 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through regularly scheduled, quarterly, review of participant charts. The agency will also do the same when making a chart for a new client. 5: This will be done on or before 12/09/2011.

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *CW*

Data Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.601.01.b</p> <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>01. General Records Requirements. Each participant record must contain the following information: (7-1-11)</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. (7-1-11)</p>	<p>Program Implementation Plan</p> <p>Three of four participant records reviewed ([Participants 1, 2, and B]) lacked Program Implementation Plans (PIP) that included the participant's name, baseline statement, measurable objectives, written instructions to staff, service environments, target date, or corresponding program documentation and monitoring records when intervention services were delivered to the participant.</p> <p>For example:</p> <p>[Participant 1]'s Objective 7.1 for identifying safety precautions stated in the steps that the "child will be physically guided by therapist to stop, look left, etc." This PIP was not individualized as this individual is a 26 year old adult, not a child.</p> <p>Instructions for [Participant 2]'s Objective 8.1 were to record a "+" or "-" for each day when the four procedures (teeth brushing, bathing, and ironing) were completed, which did not add up to the original four items listed above in the instructions, which also included deodorant. In addition, the data that was being recorded appeared to be conducted in multiple trials, but the +/- is for each item of the four items listed. The instructions were not clear and the data collection was not conducted as instructed.</p> <p>[Participant B]'s baseline statements for objectives appeared to be significantly lower than the actual skill level (e.g., the baseline for Objective 1.1 "social initiation" was at 17% and first month of data was at 85%; the baseline for Objective 2.1 "correct eating skills" was at 3% and the first month of data was at 85%; the baseline for Objective 4.2 was at 7% and the first month of date was at 81%). Review of</p>	<p>[p1] 1: The agency will immediately correct the PIP and thoroughly proof-read the PIP to ensure that it is individualized and age appropriate.</p> <p>2: The agency will assume the error is made in PIP's of other participants. The agency will review other PIP's and if there is an error the agency will immediately correct it.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular, quarterly QA, and also be sure to do the same when developing a new PIP.</p> <p>5: This will be done on or before 12/09/2011.</p> <p>[p2] 1: The agency will review the instructions in the PIP and clarify the task analysis in focus. Also, the agency will be sure to regularly review progress notes to be sure that data is being collected the way it is intended.</p> <p>2: The agency will assume that errors exist in other client's PIP's and also in the way data is being collected. The agency will conduct a proper review and will immediately make changes if needed.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through quarterly review of charts. The agency will also make sure that when writing new PIP's that instructions are clear and that progress is being recorded as intended.</p> <p>5: This will be done on or before 12/09/2011.</p> <p>[pB] 1: The high percentages noted are due to staff error in data collection. The agency will properly document situations like this and be sure to adequately review participant's progress and make needed changes as well as conduct staff training.</p> <p>2: The agency will assume that all other reviews have the same problem. The agency will look over all other reviews and be sure to immediately correct the problem as it may be noted.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p>

	<p>progress notes, such as Objective 4.2, month 4, indicated, "...his progress is stalled in higher 40's ..." after previous two-month reviews indicated drops in performance. However, there was no indication of any changes made in implementation procedures or what factors may have contributed to the participant's skill level. There were similar concerns in other objective reviews. Progress data on most objectives appeared to demonstrate skill regression (Objective 4.2 monthly average went from 85% in February 2011 and each month thereafter at 73%, 49%, 47%, 53% and July 2011 at 61%). Again, similar regression of skill was noted in other objectives (i.e., Objective 1.1, Objective 2.1, Objective 2.2, Objective 2.3, Objective 3.1, Objective 4.1, Objective 5.1, and Objective 5.2).</p> <p>Also, see IDAPA 16.03.10.655.08.d.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.703.04 prior to July 1, 2011)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	<p>4: The agency will make sure that reviews are being regularly checked over every quarter. In addition, the agency will make sure that when doing reviews in the future to make sure that participants are making progress.</p> <p>5: This will be done on or before 12/09/2011.</p>
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 12/09/2011 **Administrator Initials:** *am*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.601.01.d</p> <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</p>	<p>Record Requirements</p> <p>Three of four participant records reviewed ([Participants 1, A, and B]) lacked profile sheets containing the identifying information reflecting the current status of the participants, including special dietary or medical needs, and any other information required to provide safe and effective care.</p> <p>For example:</p> <p>[Participant 1]'s Physical Therapy assessment dated December 16, 2010, stated he used his</p>	<p>[p1] 1: The agency will correct the profile sheet to make sure that all aspects of it are reviewed and that it is completely and accurately filled out including special provision for emergencies.</p> <p>2: The agency will assume that all other profile sheets are in error and will review them thoroughly to make sure any information is not left out. The agency will immediately correct any profile sheets that are not rule compliant.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through quarterly reviews, and also be sure to do the same when developing a new profile sheet.</p> <p>5: This will be done on or before 12/09/2011.</p>

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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) 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)

walker and used a wheelchair. The participant's profile sheet did not address the wheelchair.

[Participant A]'s profile sheet did not address school, service coordinator, special medical needs, allergies, and special dietary needs.

[Participant B]'s profile sheet listed his diagnosis as Encephalopathy. The IPP and DD Eligibility Checklist also indicated seizures as a diagnosis. The profile sheet did not list seizures, and also did not indicate special health needs regarding seizure activity. Several references were made to utilization of a hearing aid (hearing assessment of August 10, 2009) in his right ear; however, the Special Medical Needs section did not address this.

(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ previously IDAPA 16.04.11.705.01.d)

(FAILURE TO COMPLY WITH PLAN OF CORRECTION)

[pA] 1: The agency will immediately correct the profile sheet and be sure that it is filled out completely and accurately to reflect current status.
2: The agency will review other participant's profile sheets and if they are not complete they agency will immediately correct them.
3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
4: The agency will make sure that corrective actions are monitored through quarterly review of profile sheets.
5: This will be done on or before 12/09/2011.

[pB] 1: The agency will immediately correct the errors on profile sheet to accommodate all diagnosis.
2: The agency will review all other profile sheets and if they need corrected the agency will do so immediately.
3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
4: The agency will make sure that corrective actions are monitored through quarterly QA, and also be sure to do the same when developing a new profile sheet.
5: This will be done on or before 12/09/2011

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *Am*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.21.604.01.f	Record Requirements	
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	Two of four participant records reviewed ([Participants A and 2]) lacked documentation of rule-compliant assessments. For example: [Participant A]'s Comprehensive Developmental Assessment narrative listed the Developmental Specialist as the evaluator, but the assessment was not signed or dated per rule requirement. [Participant 2]'s Comprehensive Developmental Assessment was completed on December 29, 2010. The Individual Service Plan was	[pA] 1: The agency has immediately made necessary and will further make sure the assessment is signed by a qualified DS through a system of regular checks. 2: The agency will review all other assessments to be sure they are signed by qualified professional, if they are needing a signature the agency will be sure to do so. 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through regular, quarterly review and also carried out when doing a new assessment. 5: This will be done on or before 12/09/2011. [p2] 1: The agency will be sure that the PIP includes a start date, and to gather all assessments prior to ISP date. 2: The agency will assume that the same error exists in other PIPs

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

authorized for December 20, 2011, through December 19, 2012. The PIP had the ISP start date of December 20, 2010, but there was no PIP start date and no documentation that the Comprehensive Developmental Assessment was completed prior to the delivery of service or an assessment was conducted prior to the current assessment.

Also, see IDAPA 16.03.10.651.02.

(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ previously IDAPA 16.04.11.708.01, 601.01, 600.04.a, and 705.01.f)

(FAILURE TO COMPLY WITH PLAN OF CORRECTION)

and do a thorough review of other PIPs and if an error exists, the agency will immediately correct it.
 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
 4: The agency will make sure that corrective actions are monitored through quarterly review. The agency will be sure that corrective actions are carried out when developing a new PIP.
 5: This will be done on or before 12/09/2011.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *CW*

Role Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.900.01.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) 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) 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>Developmental Therapy</p> <p>Observation and record review of two of four participants ((Participants 1 and 2)) revealed the agency lacked evidence that 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: [Participant 1]'s PIP 1.1 "dialing the telephone" was conducted in the center only and did not address his needs in the natural settings where he would commonly utilize the skill. In addition, Objective 2.1 "simple routine questions over the phone" and Objective 8.1 "accurately say a specific time by hour" was conducted in the center only.</p>	<p>[p1] 1: The agency will make changes to the PIP to make certain that the PIP is edited and that the service environment reflects places where said skills would naturally take place. 2: The agency will assume that the same error is in other PIPs, the agency will review PIPs of other participants and if an error has occurred the agency will immediately correct it. 3: The agency Administrator and the Clinical supervisor will be responsible for implementing corrective actions. 4: The agency will make sure that corrective actions are monitored through regularly scheduled, quarterly review. The agency will be sure that corrective actions are taken into account when developing a new PIP. 5: This will be done on or before 12/09/2011.</p> <p>[p2] 1: The agency will immediately correct the PIP and make sure that all natural settings are addressed. 2: The agency will assume that all other PIPs have the same error. The agency will do a thorough review of all others and make</p>

(Participant 2)'s PIP environment for Objective 8.1 (personal hygiene skills such as brushing teeth, bathing, applying deodorant, and ironing clothes) was the center therapy room, which is not the natural setting where he would commonly learn and utilize these skills. In addition, the service environment for Objectives 4.1 and 5.1-6.1 was listed as the neighborhood playground. This individual is an adult.

(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.900.01.d prior to July 1, 2011)

(FAILURE TO COMPLY WITH PLAN OF CORRECTION)

changes immediately, if necessary.
 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
 4: The agency will make sure that corrective actions are monitored through quarterly reviews. The agency will be sure to keep this corrective action in mind when developing a new PIP.
 5: This will be done on or before 12/09/2011.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *am*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.900.02.g</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>g. Ongoing review of participant progress to ensure revisions to daily activities or specific implementation procedures are made when progress, regression, or inability to maintain independence is identified. (7-1-11)</p>	<p>QA Program</p> <p>Three of four participant records reviewed ((Participant B, 1, and 2)) lacked documentation of an ongoing review of participants' progress to ensure revisions to daily activities or specific implementation procedures were made when progress, regression, or inability to maintain independence was identified.</p> <p>For example:</p> <p>(Participant B)'s Program Implementation Plan baseline statements for objectives appeared to be significantly lower than actual skill level (e.g., the baseline for Objective 1.1 "social initiation" was at 17% and first month data was at 85%; the baseline for Objective 2.1 "correct eating skills" was at 3% and first month data was at 85%; the baseline for Objective 4.2 was at 7% and first month date was at 81%). Review of progress notes, such as Objective 4.2, month 4, "... his progress is stalled in higher 40's..." after</p>	<p>[p8] 1: The agency will immediately review the progress made, make appropriate comments, and make changes to the plan if necessary. The high percentages at the beginning are due to staff error. The agency will properly document this and be sure to do training with staff to ensure that participants are indeed making progress.</p> <p>2: The agency will assume that errors are the same in review of other participants. The agency will look over the review of other participants and be sure that they are making progress, and if an error occurs the agency will make immediate corrections.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regularly scheduled, quarterly reviews.</p> <p>5: This will be done on or before 12/09/2011.</p> <p>[p1] 1: The agency will provide staff training on the error made in data collection. The agency will be sure to do a review of progress notes being collected.</p> <p>2: The agency will assume that all other progress notes are resulting in error and will conduct a thorough review of each one. If there are errors the agency will immediately correct them.</p>

previous two-month reviews indicated drops in performance. However, there was no indication of any changes made in implementation procedures or what factors may have contributed to skill level. Similar concerns were identified in other objective reviews. Progress data on most objectives appeared to demonstrate skill regression (e.g., Objective 4.2 monthly average went from 85% in February 2011 and each month thereafter at 73%, 49%, 47%, 53% and July 2011 at 61%). Again, similar regression of skill was noted in other objectives (i.e., Objective 1.1, Objective 2.1, Objective 2.2, Objective 2.3, Objective 3.1, Objective 4.1, Objective 5.1, and Objective 5.2). In addition, daily progress notes and data sheets from February 15, 2011, through July 8, 2011, lacked documentation that a professional review had been conducted.

[Participant 1]'s data percentage conducted by paraprofessionals for the dates August 1, 2011, through August 19, 2011, were inaccurate. For instance, for Objective 2.1 on August 2, 2011, five trials were conducted. The percentage was 60%, for which the participant received three pluses and two minuses. On August 3, 2011, five trials were conducted. The percentage was 55%. The participant again received three pluses and two minuses, but a different percentage was recorded from the previous day. On August 5, 2011, five trials were conducted and the percentage was recorded at 50%, which is not possible given an odd number of trials. It appears as though the individual received three pluses and two minuses. The total percentage was 41% for the week. There was no documentation of the professional's review for these weeks. In addition, there was no documentation of a professional review of other staff's progress data from January 2011 through July 2011.

and also provide staff training if it is necessary.
 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
 4: The agency will make sure that corrective actions are monitored through regular, quarterly review of all the progress notes.
 5: This will be done on or before 12/09/2011.

[p2] 1: The agency will immediately conduct a review of these participants progress notes.
 2: The agency will assume the same error is existing in the progress notes of other participants. The agency will thoroughly review the progress notes of other participants and if errors are found the agency will immediately make correction and follow up with staff training.
 3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
 4: The agency will make sure that corrective actions are monitored through quarterly reviews of the data being collected.
 5: This will be done on or before 12/09/2011.

[Participant 2]'s progress data lacked documentation of a professional review for progress data dated February 2011 through August 2011.

Also, see IDAPA 16.03.10.655.07.a.iii.

(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.704.01.c prior to July 1, 2011)

(FAILURE TO COMPLY WITH PLAN OF CORRECTION)

(POTENTIAL RECOUPMENT)

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *aw*

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.03.21.900.03.f</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-11)</p> <p>f. Are observable in practice. (7-1-11)</p>	<p>QA Program</p> <p>Observation and record review of two of four participants ([Participant A and B]) revealed the agency lacked evidence that the quality assurance program assured that therapy was observable in practice.</p> <p>For example:</p> <p>[Participant A]: see observation notes regarding this citation in the initial comments.</p> <p>[Participant B]: see observation notes regarding this citation in the initial comments.</p> <p>Also, see IDAPA 16.03.21.520.05.</p> <p>(REPEAT DEFICIENCY FROM SURVEY OF MAY 21, 2009 ~ IDAPA 16.04.11.900.01.d and 900.03.f prior to July 1, 2011)</p> <p>(FAILURE TO COMPLY WITH PLAN OF CORRECTION)</p>	<p>[pA] 1: The agency will immediately make a referral to necessary professional with a view to reflecting the new professional services to the IPP.</p> <p>2: The agency will assume that the same error is carried into all other participants. The agency will thoroughly review all other participants and if errors occur the agency will make immediate correction.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p> <p>4: The agency will make sure that corrective actions are monitored through regular, quarterly quality assurance reviews.</p> <p>5: This will be done on or before 12/09/2011.</p> <p>[pB] 1: The agency will immediately review the plan and also meet with staff to provide training to be sure that skill development is always taking place during therapy and is also observable.</p> <p>2: The agency will assume that the same mistake is occurring with other therapists. The agency will make pay careful attention during monthly observations to be sure that therapy is carried out the way it is intended.</p> <p>3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.</p>

4: The agency will be sure that corrective actions are monitored through regular monthly observations of DDA staff.
5: This will be done on or before 12/09/2011.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *CW*

Rule Reference/Text

16.03.21.915.10

915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR.
Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: (7-1-11)
10. Review and Approval. Ensure programs developed by an agency to manage maladaptive behavior are only implemented after the review and written approval of the professional. If the program contains restrictive or aversive components, a licensed individual working within the scope of their license, must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider, the agency must obtain a copy of these reviews and approvals. (7-1-11)

Category/Findings

Positive Social Skills

One of five participant records reviewed ([Participant C]) lacked documentation of a rule-compliant behavior plan when the plan contains restrictive or aversive components to address a maladaptive behavior.

For example, [Participant C]'s incident report dated December 15, 2010, stated he was moved to the "coping room" for uncooperative behavior. While in this room, he tried climbing up the wall, so staff locked the window. There was no documentation in the participant's record of a program plan to address the individual's "uncooperative" behavior that included moving the child to the coping room. The agency did not meet rule requirements prior to implementing this procedure.

Plan of Correction (POC)

[pC] 1: The agency has put in place a system to deal with one-time severe behaviors. The agency will review the report and train staff as necessary for this situation.
2: The agency will assume that errors similar to this are in other accident/incident reports. The agency will thoroughly review all other reports and if any errors occur the agency will immediately make corrections as appropriate.
3: The Agency Administrator and the Clinical Supervisor will be responsible for implementing corrective actions.
4: The agency will make sure that corrective actions are monitored through regular monthly review of the accident/incident reports.
5: This will be done on or before 12/09/2011.

Developmental Disabilities Agency

Home-Link Trust Inc.

9/1/2011

Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm

Date to be Corrected: 12/09/2011

Administrator Initials: *amw*

Administrator Signature (confirms submission of POC):

amw

Date: 11/02/2011

Team Leader Signature (signifies acceptance of POC):

Pam Lowelland-Schmitt

Date: 11/4/11