FINAL RECERTIFICATION REPORT – CARF ACCREDITED ORGANIZATION

PROVIDER NAME: **SKILS'KIN**	BEGIN CERT DATE: **3/30/2008**	END CERT DATE: **3/30/2009**
1105 Wyoming Blvd. Cheyenne, WY 82005	WAIVERS & SERVICES **Adult and ABI Waivers, Supported Employment**	
Survey Team Members: **Dennis Yost, Lead Surveyor – QMRP; Joshua Gartrell, QMRP**		

RESULTS OF REVIEW OF ORGANIZATIONAL PRACTICES

AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP ACCEPTED
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Focused Recommendation	One of four files reviewed had the missing 1st Aid and CPR certifications as required to work direct care unsupervised. Evidence of this training needs to be submitted to the Program Integrity staff.	3/19/08	
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation	Three files were reviewed for staff working directly with participants. None of the files had the required participant specific training documented in staff files. All components must be completed prior to working without supervision for all participants, in the format required. This was also a recommendation during the last survey. Staff interviewed were not able to articulate of the required participant specific knowledge.	3/19/08	
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	Three of three files reviewed had missing components of general Waiver training. The Division will make all of these components available before the next survey.	N/A	N/A
Emergency Drills (CARF 1.E.)	Systemic Recommendation	The provider needs to test all emergency procedures at all locations whether they are service sites or administration. No documentation of testing at 1200 Building.	3/28/08	

Emergency Drills (CARF 1.E.)	Focused Recommendation	The provider needs to include the service location and time of drills on emergency drill/test form.	3/28/08	
Emergency Drills (CARF 1.E.)	Suggestion	The provider is encouraged to begin emergency drills at new location at 109 E. 17 St. ,Ste. 7.	N/A	N/A
Emergency Drills (CARF 1.E.)	Systemic Recommendation	The provider needs to ensure testing of all required procedures. No documentation was found for testing of power failures and bomb threats.	3/28/08	
Emergency Procedures during Transportation (CARF 1.E.)	Focused Recommendation	One of one vehicles did not have participant specific emergency information or emergency procedures in the vehicle. This vehicle also did not have evidence of current insurance.	3/28/08	
Internal Inspections (CARF 1.E.)	Systemic Recommendation	One of two sites had completed inspections as required. The provider needs to do inspections at all service locations. (missing Building 1200)	3/28/08	
Internal Inspections (CARF 1.E.)	Systemic Recommendation	One of two inspections did not have follow-up documentation from recommendations from inspections. The provider needs to develop a system to track follow-up of recommendations during inspections.	3/28/08	
Internal Inspections (CARF 1.E.)	Suggestion	It is suggested the provider consider developing an internal inspection form in a checklist type format. Also to do internal inspections at new service location at 109 E. 17 St., Ste. 7	N/A	N/A
External Inspections (CARF 1.E.)	Systemic Recommendation	Two of three sites had documentation of required external inspection. The provider is required to do annual external inspections for all service locations. (missing Building 1200)	3/28/07	

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Progress made on prior DDD Survey recommendations	Systemic Recommendation	Many of the prior year's DDD recommendations have been addressed or are in partial compliance.Those areas still needing addressed include emergency drills, inspections (internal/external), and participant specific training. The provider needs to identify a quality assurance checkfor outstanding recommendations.	3/28/08	
Progress made on prior CARF Survey recommendations	N/A	The Cheyenne Skils'Kin site has not participated in a CARF survey to date. CARF survey is scheduled for August 2008.	N/A	N/A
Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30).	Systemic Recommendation	The incident report policy for both internal and DDD Notification of incident was adequate. When interviewed, direct support staff did not display a knowledge of reportable categories of the DDD Notice of incident process.	3/28/08	
Complaint and Grievance (CARF 1.D.)	In Compliance	The complaint/greivance policy has all needed components and timeframes.	N/A	N/A
Rights of Participants (Wyoming Medicaid rules, Chapters45, Section 26, CARF Section 1)	In Compliance	The provider has written notification and explanation for particpants/guardians prior to service delivery. No concerns identified.	N/A	N/A
Behavior Plans (Chapter 45, Section 29)	In Compliance	The provider has a positive behavior plan procedure that includes following approved positive behavior support plans by DDD.	N/A	N/A
Restraint standards (Chapter 45, Section28)	Systemic Recommendation	The provider needs to develop a restraint policy in compliance with Wyoming Medicaid Rules. Also address how this policy could impact intake critiera.	3/28/08	

Other Standards	Commendation	The provider is to be commended for working with other agencies to expand Supported Employment opporutnities in the local community such as "Project Search".	N/A	N/A
Other Standards	Commendation	The provider is to be commended for the proactive safety training that is made available to staff and supported employees, alike.	N/A	N/A

RESULTS OF PARTICIPANT SPECIFIC REVIEWS

AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP ACCEPTED
Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Suggestion	The provider needs to work with the IPC team on the universal objective (goals) and schedules ensuring they are client specific, meaningful, measurable, with staff tracking/completion reflected.	N/A	N/A
Releases of Information (CARF 2.B.)	Systemic Recommendation	Three of three files had releases that did not have expiration dates.	03/28/08	
Emergency Information (CARF 2.B.)	Focused Recommendation	One client had an outdated ISC listed. One client has allergies that are pertinent that are not listed.	03/28/08	
Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	Suggestion	Ensure staff are measuring the goal according to criteria and if the task is not applicable or not attempted do not count that task against the client's percentage.	N/A	N/A

Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Systemic Recommendation	All original documentation must be kept for evidence of billing. Three of three files with documentation had times in/out on days that were not completed, vacations, etc…	03/28/08	

RESULTS OF REVIEW OF DAY HABILITATION, EMPLOYMENT SERVICES

AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP ACCEPTED
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	Both sites on the Air Force Base did not have carbon monoxide detectors. The "Barn" did not have smoke detectors. The "Barn" restrooms were very unhygenic and a potential health issue.	03/19/08	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Suggestion	None of the sites had CPR masks in the same location as the First Aid kits.	N/A	N/A
The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In Compliance	The provider is doing intake, follow-up assessments, weekly narratives, and quarterly reviews. If the provider is able, the best practice would be to combine documentation that meet the requirements of multiple reviewing agencies.	N/A	N/A

DDD Staff: Date: