FINAL RECERTIFICATION REPORT – CARF ACCREDITED ORGANIZATION

PROVIDER NAME Diversified Services, Inc.	**BEGIN CERT DATE** April 30th, 2008	**END CERT DATE** April 30th, 2009
ADDRESS 1138 West C St. Torrington, WY 82240	**WAIVERS & SERVICES** Adult, Child, and ABI Waivers. Services include: Case Management, Adaptive Equipment, Res. Habilitation training, Personal Care, Residential Habilitation, In Home Support, Day Habilitiation, Pre-Vocational, Supported Employment, and Cognitive Retraining	
Survey Team Members Dennis Yost, Lead Surveyor – QMRP; Chris Newman, Deputy Administrator/Program Integrity Manager; Kathy Escobedo, Adult Waiver Specialist; Denise Murphy, QMRP; Joshua Gartrell, QMRP		

RESULTS OF REVIEW OF ORGANIZATIONAL PRACTICES

AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE Provider must submit a QIP to address recommendations:	AS EVIDENCED BY	DATE QIP DUE	DATE QIP APPROVED
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	8 of 8 files reviewed had missing components of the DDD general Waiver training, including documentation requirements of DDD general Waiver training. The Division will make all components available and review at the next survey.	N/A	N/A
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation	Two newly hired ISC files were reviewed. While the provider had partial compliance for new ISC training, 0 of 2 files had all training components required, as both were missing how to do modifications of an IPC.	4/11/2008	

FINAL RECERTIFICATION REPORT – CARF ACCREDITED ORGANIZATION

Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Systemic Recommendation	3 of 7 staff files reviewed did not have documenation of participant specific training. This included ISC's who did not write the plan of care of the person they are providing case management services for, and the Senior Day Supervisior. Staff must receive this training before working with that participant.	4/2/2008	
Staff Qualifications & Training (Wyoming Medicaid rules Chapter 45 Section 26)	Focused Recommendation	When reviewing the Participant Specific training form, the provider was missing the documentation component of an agenda of the training topic.	4/11/2008	
Emergency Drills (CARF 1.E.)	Systemic Recommendation	While 5 of 5 sites had a majority of required drills documented, 0 of 5 sites had required testing of all emergency procedures as per CARF 1.E.13. No testing was found specifically at any sites for violent or other threatening situations, and only one site documented testing of a bomb threat.	4/11/2008	
Emergency Drills (CARF 1.E.)	Suggestion	It is suggested the provider ensure appropriate secondary sites are identified for temporary evacuation that could include consultation with local emergency agencies.	N/A	N/A
Relevant Emergency Information on the person served (CARF 1.E.5)	Focused Recommendation	At the West 15th home (Pioneer 1) the 15 passenger van was unlocked with the keys in ignition and participant specific information in the van.	4/2/2008	

FINAL RECERTIFICATION REPORT – CARF ACCREDITED ORGANIZATION

Relevant Emergency Information on the person served (CARF 1.E.5)	Systemic Recommendation	No evidence that emergency information is immedately accessable at all times a person is in services, including on walks or other recreational events.	4/2/2008	
Transportation Services (CARF 1.E.9)	Systemic Recommendation	In 2 of 4 vehicles inspected the fire extinguisher was not secured and could be a safety hazzard.	4/2/2008	
Internal Inspections (CARF 1.E.)	In Compliance	5 of of 5 sites had required internal inspections, recommendations, and follow-up documented as required.	N/A	N/A
External Inspections (CARF 1.E.)	In Compliance	5 of of 5 sites had documentation of external inspections, including follow-up to recommendations from inspections.	N/A	N/A
External Inspections (CARF 1.E.)	Suggestion	For documentation of follow-up to both internal and external recommendations, it is suggested the provider add the site/address to the provider work order form, and attach a copy of the completed work order to the inspection form.	N/A	N/A
Progress made on prior DDD Survey recommendations	Systemic Recommendation	Many of the prior year's DDD recommendations have been completed. However, areas that still need addressed include: doing all required emergency drills, and internal incident reporting follow-up. Many incident reports reviewed were blank in the comment/follow-up section, and it could not be determined if follow-up occurred.	4/11/2008	
Progress made on prior CARF Survey recommendations	In Compliance	The provider has addressed all recommendations pertaining to health and safety, rights, and the welfare of participants from the last CARF survey.	NA	N/A

Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30).	Systemic Recommendation	In review of both the provider's policy on internal incident reports and DDD notice of incident, the policy and practice on follow up on internal incident reports is not clear. Surveyors reviewed many incident reports that had no follow up noted. The policy on the DDD notice of incident report process contained all the required components.	4/11/2008	
Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30).	Systemic Recommendation	During staff interviews, 5 of 10 staff could not articulate or access required information on the DDD notice of incident process, including reportable categories and agencies required to report to. Surveyors did reinforce to the provider that staff could reference resource tools concerning the DDD Incident report process.	4/11/2008	
Incident reporting policy (Wyoming Medicaid rules Chapter 45, Section 30).	Systemic Recommendation	Incident reports include names of other participants, which is potentially a HIPAA violation. The provider needs to ensure in their policy and practices that other participant information, names, etc. is protected when sharing internal incident reports with other providers or individuals outside the organization.	4/11/2008	
Complaint and Grievance (CARF 1.D.)	In Compliance	The complaint/grievance policy has required timeframes and components.	N/A	N/A
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In Compliance	9 of 10 staff were able to articulate or access information related to participant specific rights restrictions.	N/A	N/A

Behavior Plans (Chapter 45, Section 29)	In Compliance	Positive Behavior Support Plan policy met all the required components and the provider is encouraged to work with the waiver programs as changes occur.	N/A	N/A
Restraint standards (Chapter 45, Section 28)	Systemic Recommendation	The provider has begun to develop a policy and procedure for restraints. The policy does not have all the required components that include: designated staff provide face to face evaluation of participant within one hour of use of restraint, appropriately trained personnel continually assess, monitor, and re-evaluate the participant if restraint is still needed, and use of restraint shall be recorded in the provider's information system and reviewed as per Chaper 45, Section 28. The provider needs to ensure the restraint definition and tracking per provider policy matches Wyoming Medicaid rules.	4/2/2008	
Other Standards	Exemplary Practice	DSI's schedules are person centered and truly reflect the individuals' needs, preferences, likes, dislikes, goals and dreams.	N/A	N/A
Other Standards – Documentation of Quarterly Testing of Smoke Alarms (Chapter 45, Section 23)	Systemic Recommendation	DSI did not have documentation of quarterly testing of smoke alarms for 8 of the 10 facilities reviewed.	4/2/2008	

FINAL RECERTIFICATION REPORT – CARF ACCREDITED ORGANIZATION

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)	Focused Recommendation	Training on in-home support objective not consistently being completed due to refusal by Participant 7. Team should convene to review the objective and other potential options to ensure that the service requirements are being met.	4/11/2008	
Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Focused Recommendation	Two of two staff interviewed that were working with Participant 8 were not able to describe the restraints that are approved in Participant 8's behavior support plan. Provider must ensure that all staff working with Participant 8 are fully knowledgeable of Participant 8's positive behavior support plan.	4/2/2008	
Releases of Information (CARF 2.B.)	In Compliance	Releases were time limited, specific to information, specific to who information is being released to.	N/A	N/A
Emergency Information (CARF 2.B.)	In Compliance	Emergency information included all appropriate information.	N/A	N/A
Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	Commendation	The provider is to be commended for developing very individualized task analyses.	N/A	N/A
Billing and Documentation (Wyoming Medicaid	Suggestion	It is suggested that DSI only document time in and time out once on a participant's schedule.	N/A	N/A

Rules Chtr. 45 Sect. 27)				
Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Suggestion	It is suggested that any errors or corrections made by staff on documentation, including billing and incident reports, should be crossed out with a single line, initialed, and correction made.	N/A	N/A
RESULTS OF REVIEW OF CASE MANAGEMENT SERVICES				
AREA OF SURVEY INCLUDING RULE AND/OR STANDARD	FINDINGS & IDENTIFICATION OF NON-COMPLIANCE	AS EVIDENCED BY	DATE QIP DUE	DATE QIP ACCEPTED
Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 & 43)	In Compliance	DSI's case manager monthly/quarterly documentation meets the minimum documentation requirements for billing for services, including documentation of home visits, responses to satisfaction of services, and review of billing.	N/A	N/A
Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 & 43)	Systemic Recommendation	Case management documentation for 6 of the 7 random sample of applicable participant files reviewed did not have documentation of follow up on concerns, incident reports, and other participant specific issues.	4/11/2008	
Team meeting notes (Chapters 41, 42, 43)	In Compliance	Team meeting notes for 7 of the 7 random sample of applicable participant files reviewed had thorough team meeting notes that met all of the requirements.	N/A	N/A
Team meeting notes (Chapters 41, 42, 43)	Commendation	DSI is commended for including the dreams section in the plan of care process and for taking steps in helping the participant achieve those dreams.	N/A	N/A

Tracking and Monitoring of Objectives (Chapters 41, 42, and 43)	In Compliance	6 of 7 of the random sample of applicable participant files reviewed had appropriate tracking and monitoring of objectives.	N/A	N/A
RESULTS OF REVIEW OF RESIDENTIAL 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)	Systemic Recommendation	3 of 6 of the residential homes visited had an unlocked and accessible crawl space behind the home.	4/2/2008	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Systemic Recommendation	2 duplexes were visited and neither had their own individual address for identification by emergency personnel.	4/2/2008	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	The following health and safety concerns were found: 1701 East M: Back deck chipping 3633 Platte St: Baby monitor in bathroom in one participant's plan but impacts privacy of the participants using bathroom	4/2/2008	

		415 West 15th: Back door difficult to open and close Handrail needed on steps going out back door Sharp sheet metal cuttings outside back door next to steps Threshold between bath and hall presents tripping hazard		
Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In Compliance	In 6 of 6 homes visited DSI met the CARF Standards for Community Housing.	N/A	N/A
Organization meets CARF Standards for Supported Living (CARF 4.K.)	N/A	This area was not reviewed during the survey.	N/A	N/A
The organization meets the standards in Chapter 45, section 23)	In Compliance	6 of 6 homes visisted met the standards in Chapter 45 Section 23.	N/A	N/A

FINAL RECERTIFICATION REPORT – CARF ACCREDITED ORGANIZATION

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	**Recyling Center:** • The floor is uneven throughout the building and presents potential tripping hazards • The ramp in the front of the building does not meet ADA requirements • The break area was unsanitary with multiple safety hazards, including dirty silver ware, slipping hazard on bathroom floor, broken chair in break room, moldy refrigerator, cord plugged in to electrical outlet was touching the water, refrigerator being used was dirty • Exposed insulation • Apparent rotting support beams where beam meets floor	4/2/2008	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	**Day Habilitation:** • The front porch surface appears to be uneven and presents potential tripping hazards • One back exit with no exit sign • Roof on front patio starting to come apart and appears to be sagging • Railing in front wobbly • One bathroom had stains and appeared to be moldy • Storage of and access to wheelchairs potentially impedes safety in emergency evacuations and a safe place for tornados • Overall the day habilitation facility currently meets minimum standards but the building is	4/2/2008	

		deteriorating and there is the potential it may not meet minimum required health and safety standards within the next certification year.		
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	**Training and Service Center:** • East front door has apparent structural damage and does not ensure safe egress • Urinal is a falling hazard and a health and safety issue for participants	4/2/2008	
Organization maintains a healthy & safe environment – all service settings (CARF 1.E.10 & Chapter 45, Section 23)	Focused Recommendation	**Prevocational Center:** Staff to ensure use of universal precautions at all times. One staff was witnessed as being exposed to blood without using gloves (blood sugar stick test).	4/2/2008	
The organization meets the standards for Community Integration (CARF 4.E)	In compliance	The day habilitation services meet the standards for community integration.	N/A	N/A
The organization meets the standards for Community Integration (CARF 4.E)	Suggestion	It is suggested that DSI review the day habilitation services and identify areas where they can promote more independence and individuality in services and research natural supports and community resources.	N/A	N/A
The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In Compliance	DSI meets the standards for employment for CARF.	N/A	N/A

The organization meets the standards for employment (CARF Section 3 &Chpt 45 Section 23)	Suggestion	DSI should continue to establish a working relationship with the local DVR.	N/A	N/A
RESULTS OF REVIEW OF OTHER 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)	In Compliance	Did not have opportunity to observe services.	N/A	N/A
Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In Compliance	Refer to participant specific recommendation for Participant #7, otherwise in compliance.	N/A	N/A

DDD Staff: _____ Date: _____