

# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
COMMUNITY ENTRY SERVICES			1386868867	7/30/2009	7/30/2010
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	10 out of 10 staff files reviewed (100%) contained documentation of background check results, that the staff met the qualifications for the service provided, and that the staff received participant specific training which includes meeting the current documentation requirements.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	20 of 25 staff interviewed (80%) were able to articulate functional knowledge of participant specific information for a participant for whom the staff is providing care.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	10 out of 10 staff files reviewed (100%) had evidence of current CPR and 1st Aid certification.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	10 out of 10 staff files reviewed (100%) contained evidence of current MANDT training.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	All 10 staff files reviewed did not contain all of the required Division trainings, specifically the Grievance and Complaint training.	Yes	7/3/2009
	Emergency Drills (CARF 1.E.)	In-compliance	Documentation from 25 sites was reviewed, which showed a variety of drills run on a variety of shifts, including documentation of follow up on concerns, as indicated.	No	
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	13 of 13 vehicles reviewed,(100%), had emergency procedures available during transport,as per applicable requirements.	No	

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	Internal Inspections (CARF 1.E.)	In-compliance	Documentation of internal inspections was present for five sites reviewed, including documentation of follow up when needed. Frequency of internal inspections met applicable standards.	No	
	External Inspections (CARF 1.E.)	In-compliance	Documentation of annual external inspections was present for the 5 service locations reviewed, including documentation of follow up when needed.	No	
	Progress made on prior DDD Survey recommendations	In-compliance	Except where otherwise stated in this report, it was identified that provider has made significant progress in the areas of recommendations from the previous survey.	No	
	Progress made on prior CARF Survey recommendations	Not Reviewed	Provider just completed CARF survey within the last two weeks. The 2009 CARF Survey will be reviewed during the 2010 Division Survey.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	The provider's policy and procedure was reviewed and met the current applicable standards.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	16 of 25 staff interviewed (64%) were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	Yes	7/3/2009
	Complaint and Grievance (CARF 1.D.)	In-compliance	The policy and procedure was reviewed and met applicable standards. The provider reports that no formal grievances were filed during the past year.	No	
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	The policy and procedure was reviewed and met applicable standards.	No	
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	21 of 25 staff interviewed (84%) were able to demonstrate functional knowledge of participant rights and rights restrictions.	No	

**Survey/Certification Staff Name:** Dawn Wright, Program Integrity RN

**Date:** 6/18/2009

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	Behavior Plans (Chapter 45, Section 29)	In-compliance	6 Positive Behavior Support Plans were reviewed, and all met the applicable requirements. The provider is encouraged to continue to work with the waiver specialist in the development of PBSPs.	No	
	Restraint standards (Chapter 45, Section 28)	In-compliance	The policy and procedure was reviewed and met current applicable standards.	No	
	Transportation Requirements (CARF 1.E.9)	Recommendation (Systemic)	In 4 of 13 vehicles the first aid kits had expired contents.	No	7/21/2009
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	10 participant files were reviewed, and through a review of provider documentation, observation, and interview, each plan of care was implemented as approved by the waiver.	No	
	Releases of Information (CARF 2.B.)	In-compliance	10 participant files were reviewed, all of which contained releases of information which met applicable standards.	No	
	Emergency Information (CARF 2.B.)	In-compliance	10 participant files were reviewed, all of which contained current and thorough emergency information.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	10 participant files reviewed included documentation of tracking of progress made on objectives, as required per Chapter 45, Section 11.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	In-compliance	Billing and documentation was reviewed for at least one service for each of the 10 Participant Specific File Reviews. Each met the standards for the service provided and for billing.	No	

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Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	10 files were reviewed, and each met the minimum standards for monthly/quarterly documentation.	No	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	10 participant files were reviewed, and in each, annual and 6 month team meeting notes were present and met applicable requirements.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	10 of 10 files reviewed contained documentation of development and tracking of objectives.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	10 participant files were reviewed, and in each, documentation of monitoring was present and met applicable requirements.	No	
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	6 residential sites were visited, and all showed evidence of maintaining a healthy and safe environment with the exception of the following: Group Home #1--No fire extinguisher on the top level of the home, Bedroom had smell of urine, medication cabinet was not locked. Group Home #2 --Documentation of positioning changes are not being documented on the providers form for the hours after midnight. Group Home #3--Venting in the lower level has sharp edges that are not level with the venting, pile of clothes within four inches of the gas hot water heater.	Yes	7/3/2009

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	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	Through observation, interview, and documentation review, it is evident that the provider is meeting this standard.	No	
	The organization meets the standards in Chapter 45, section 23)	In-compliance	With the exception of where otherwise noted in this report, the provider is meeting these standards.	No	
Day Habilitation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	The organization meets the standards, as evidenced by documentation review and service observation which indicated a variety of opportunities.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-compliance	The organization meets the standards, as evidenced by documentation review and service observation.	No	
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	Through documentation review and service observation, the provider showed evidence of maintaining a healthy and safe environment with the exception of the following: Jackson--Door to electric closet has no lock and is accessible to unsupervised participants. Lander--Unsecured sharp items and chemicals.	Yes	7/3/2009
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	The organization meets the standards, as evidenced by documentation review and service observation.	No	

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