

# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
LINCOLN SELF RELIANCE, INC. (LSR)			1528112620	6/30/2009	6/30/2010
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	5 out of 5 staff files reviewed (100%) contained documentation of background check results and that the staff met the qualifications for the service provided.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	8 of 8 staff interviewed (100%) 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	5 out of 5 staff files reviewed (100%) had evidence of current CPR.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	5 out of 5 staff files reviewed (100%) contained evidence of current MANDT certification.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	The provider training does not contain all required Division modules as required for all staff.	Yes	7/30/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	It was identified through file review that the current form used for Participant Specific Training does not contain all the required components, does not consistently have the trainer signature and/or the trainer title.	No	8/11/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	It was noted through file review and interview that some direct care staff are not receiving the appropriate Participant Specific Training in the time required.	Yes	7/30/2009

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	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	5 of 5 staff files reviewed contained documentation that suggested the existence of 1st aid training. However, documentation did not fully support this claim.	Yes	7/30/2009
	Emergency Drills (CARF 1.E.)	Recommendation (Focused)	Documentation from 5 sites was reviewed, which showed a variety of drills run on a variety of shifts with the exception of Group Home #3 which did not show the running of drills during all shifts.	Yes	7/30/2009
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	5 of 5 vehicles reviewed,(100%), had emergency procedures available during transport, per the provider's policy as well as per applicable requirements.	No	
	Internal Inspections (CARF 1.E.)	In-compliance	Documentation of internal inspections was present for the 5 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	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
	Progress made on prior CARF Survey recommendations	Suggestion	It is suggested that the emergency evacuation procedures fully reflect the preparation and intent of management by the inclusion of planned alternate emergency locations for all service sites.	Yes	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Focused)	The provider's policy and procedure was reviewed and did not fully meet the applicable standards since it did not include a method of reporting (current DDD website). Also, the policy and procedure document does not contain all of the reportable categories.	Yes	7/30/2009
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	3 of 8 staff interviewed (38%) were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	Yes	7/30/2009

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**Date:** 7/9/2009

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	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 and that they have added the tracking of informal complaints.	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	7 of 8 staff interviewed (88%) were able to articulate functional knowledge of participant rights and rights restrictions.	No	
	Restraint standards (Chapter 45, Section28)	Recommendation (Focused)	The policy and procedure was reviewed and was found to lack the required time limitation for an emergency restraint or the designation of a staff member for a face to face evaluation within 1 hour of the restraint.	Yes	7/30/2009
	Restraint standards (Chapter 45, Section28)	Recommendation (Focused)	The provider does not have a written formalized system for tracking and analyzing restraint usage.	Yes	7/30/2009
	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	5 vehicles were reviewed across both service locations, and all met current requirements except for the following: Diamondville--White Van has wheelchair lift that does not fold down properly.	Yes	7/30/2009
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	Through a review of provider documentation, observation, and interview of 5 participants, it was determined that each plan of care was implemented as approved by the waiver.	No	

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	Releases of Information (CARF 2.B.)	In-compliance	5 participant files were reviewed and when present the releases of information met applicable standards.	No	
	Emergency Information (CARF 2.B.)	In-compliance	5 participant files were reviewed, all of which contained emergency information.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	5 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	5 participant files were reviewed, including documentation of service provision and billing for at least one service area in each file. The documentation reviewed met the Section 27 standards.	No	
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	5 files were reviewed, and each met the standards for monthly/quarterly documentation. The provider is encouraged to review the Division's resources available on the website and continue to attend future Division training.	No	
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Systemic)	It was identified through file review and interview that follow up on incidents and concerns is not being consistently documented.	No	8/11/2009
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	5 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	For 5 of 5 files reviewed, there was evidence of documentation, development, and tracking of objectives.	No	

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	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	5 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)	3 residential sites were visited, and all showed evidence of maintaining a healthy and safe environment with the exception of the following concerns: Group Home #1--Two of three fire extinguishers do not have required tags on them Group Home #2--Large open trench adjacent to the stairs on the front of the home. Group Home #3-- Emergency numbers are locked in the staff office and are not accessible to participants.	Yes	7/30/2009
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	The provider is meeting applicable standards.	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.	No	

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	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: Diamondville--Door to closet where chemicals are stored was not closed or locked.	Yes	7/30/2009
	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	
Other 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 (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-compliance	The observed nursing services were found to be performed in a healthy and safe environment.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	For Nursing services, as reviewed through documentation and observation, the provider is meeting the applicable standards.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Documentation for Personal Care and In-Home Support services was reviewed, which met the standards for billing and the service provided.	No	

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