

# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
DIVERSIFIED SERVICES, INC.			1366562134	4/30/2009	4/30/2010
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	8 staff files were reviewed and contained background screenings, current first-aid/CPR, current Mandt training, and had documentation of required participant specific training which met applicable standards.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	8 of 8 (100%) staff files contained required Division training; however, only 2 of 8 (25%) contained the required complaint/grievance training.	No	4/7/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	It is suggested that DSI explore options of staff training when participants being served by the agency are receiving funding from non-waiver funding streams.	No	
	Emergency Drills (CARF 1.E.)	In-compliance	Documentation from 5 locations was reviewed. The documentation included concerns identified and follow-up as appropriate.	No	
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	5 of 5 (100%) vehicles observed contained emergency procedures during transportation.	No	
	Internal Inspections (CARF 1.E.)	In-compliance	5 locations reviewed had documentation of internal inspections which included concerns identified when appropriate and appropriate follow-up to concerns noted in the inspection.	No	
	External Inspections (CARF 1.E.)	In-compliance	5 of 5 (100%) locations reviewed had documentation of external inspection which included concerns identified and follow-up documented as appropriate.	No	

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	Progress made on prior DDD Survey recommendations	In-compliance	Provider continues to make progress on prior year's survey recommendations except where mentioned elsewhere in this report.	No	
	Progress made on prior CARF Survey recommendations	Not Reviewed	Last CARF survey completed in 2006 and all areas were reviewed in the past two years.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	12 of 12 staff (100%) interviewed had functional knowledge of the Division's Critical Incident Reporting process.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Focused)	The provider's incident reporting policy was reviewed and contained required categories of reportable incidents and agencies; however, the policy did not include the required timeframe for reporting incidents.	No	4/7/2009
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	9 of 12 staff (75%) had functional knowledge of the participants' specific rights restrictions.	No	
	Restraint standards (Chapter 45, Section 28)	Recommendation (Focused)	The policy and procedure was reviewed and met applicable standards. The organization does not have a system in place to track and analyze restraints, including the following: *Analysis of patterns of use *History of use by personnel *Contributing environmental and precipitating factors *Assessment of program design contributing factors	No	4/7/2009
	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	5 out of 5 (100%) vehicles were reviewed and met applicable standards with the following exception: The white van (#7-93) passenger side windshield wiper was non-functional.	Yes	3/26/2009

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**Date:** 3/5/2009

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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	8 of 8 (100%) files were reviewed and the IPC is being implemented appropriately including approved schedules and goals.	No	
	Releases of Information (CARF 2.B.)	In-compliance	8 of 8 (100%) files reviewed had releases of information that were appropriate, time limited, specific to the information being released, and to whom the information was being released.	No	
	Emergency Information (CARF 2.B.)	In-compliance	8 of 8 files reviewed (100%) had current emergency information.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	8 of 8 (100%) files were reviewed and the provider had documentation of objective and goal tracking which met applicable standards.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF	7 of 8 (88%) files reviewed contained documentation that met applicable standards. Six months supported employment billing and documentation was reviewed for participant 5. It was noted that billing occurred for services that did not meet the service definition. The dates involved included August 1, 2008 thru January 31, 2009.	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	Monthly/quarterly documentation was reviewed for 8 participant files and met applicable standards.	No	

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	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	In 8 of 8 (100%) files reviewed, case managers completed team meeting notes that included specific information on the status of implementation of the plan of care and changes needed.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Objectives were reviewed for 8 participants and 100% had objectives that were meaningful and measurable. In all cases the case manager was compiling and reviewing progress on objectives on a monthly basis.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	8 of 8 (100%) files reviewed contained documentation of monitoring implementation of the plan of care that met applicable standards.	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 (Systemic)	A walk-thru of 7 locations was conducted and provided evidence of maintaining a healthy and safe environment with the exception of the following locations: Home 1 - cleaning supplies were found in the pantry with food items; home 2 - in participant 9's room, a strong odor of urine was present; home 3 - in participant 12's room, outlet cover(s) were missing.	Yes	3/26/2009
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	7 residential sites were observed and the organization showed evidence of meeting CARF standards on community housing, except where otherwise noted in this report.	No	
	The organization meets the standards in Chapter 45, section 23)	In-compliance	The organization provided evidence for meeting the standards in chapter 45, section 23, except where otherwise noted in this report.	No	

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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 provided opportunities for participants to access the community through going shopping, medical appointments, travel, and going out to eat. The participants interviewed expressed satisfaction with the level of community integration provided.	No	
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	The organization provided evidence of maintaining a healthy and safe environment at the day habilitation campus with the following exception: day hab 1 - not all oxygen tanks were secured.	Yes	3/26/2009
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Suggestion	It was observed that participants were sitting on a concrete floor at the recycling center and using a small stool at car detailing. One participant complained of back pain. It is suggested that DSI explore ergonomic options regarding the environmental work processes.	No	
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	Through observation, interview, and review of provider documentation, the provider showed evidence of meeting the standards of the service provided except where otherwise noted in this report.	No	
	Other rule or standard, Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1	Recommendation (Systemic)	During observation of the day hab 2, a participant was observed actively using the restroom facilities with the door open and staff assisting.	Yes	3/26/2009

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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)	Not Reviewed	Even though the organization is providing auxiliary services, no service locations were able to be observed.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	In-home support documentation was reviewed and the provider is meeting the applicable standards.	No	

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