

Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
NOWCAP SERVICES			1881714210	8/30/2009	8/30/2010
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	22 out of 22 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.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	20 of 24 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)	Recommendation (Focused)	(#1) 21 out of 22 staff files reviewed (95%) had evidence of current CPR and 1st Aid certification.	Yes	5/14/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	(#2) 16 out of 22 staff files reviewed (72%) contained evidence of current CPI certification, 18 of 22 staff files contained evidence of training in all of the required training modules, and the Participant Specific Training documentation does not include training on Seizures nor Habilitation training.	Yes	5/14/2009
	Emergency Drills (CARF 1.E.)	In-compliance	Documentation from 12 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	

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	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	9 of 9 vehicles reviewed,(100%), had emergency procedures available during transport, per the provider's policy as well as per applicable requirements.	Yes	
	Internal Inspections (CARF 1.E.)	In-compliance	Documentation of internal inspections was present for the 12 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 12 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	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	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Focused)	(#3) The provider's policy and procedure was reviewed and did not fully meet the applicable standards since it did not include method of reporting (DDD website). Also, while the policy and procedure document contains all of the reportable categories, they are not all contained in the same policy.	No	5/25/2009
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	20 of 24 staff interviewed (80%) were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	No	
	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	

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	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	17 of 24 staff interviewed (70%) were able to demonstrate functional knowledge of participant rights and rights restrictions.	No	
	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)	Recommendation (Focused)	(#4) The policy and procedure was reviewed and met applicable standards with the exception of having a tracking system in place per Section 28.	No	5/25/2009
	Transportation Requirements (CARF 1.E.9)	Recommendation (Systemic)	(#5) 9 vehicles were reviewed across all service locations, and all met current requirements except for the following: Casper Intrepid - no registration; 20-7482 - unsecured fire extinguisher; 20-3487 - expired 1st Aid item; Cody passenger van - unsecured fire extinguisher, safety lip for wheelchair lift does not raise; Cody GMC Trailblazer - expired 1st Aid items; 20-9553 - unsecured oxygen tanks and fire extinguisher; Rock Springs blue Safari van - no registration, expired 1st Aid supplies.	Yes	5/14/2009
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	

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	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)	Suggestion	10 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. It is suggested that the provider consider a more formal back up process related to Therap being unavailable, such as due to a power outage. It is suggested that the provider review its policies and procedures related to timeliness of entering data into Therap. Through documentation review, surveyors found throughout multiple service areas that documentation had been entered as late as 20 days after the service was provided.	No	

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	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Referred to OHCF	Billing and documentation was reviewed for at least one service for each of the 10 Participant Specific File Reviews, and each met the standards for the service provided and for billing with the exception of the following: Participant 1's Respite for October 2008 showed 60 units documented with 93 billed; Participant 2's Supported Employment for January 2009 showed 20 units documented with 22 billed and February 2009 showed 20 units billed with 19 documented. Three additional months showed underbilling; Participant 3's Nursing from October 2008 through April 21, 2009 was billed without physician orders for skilled nursing, for a total of 17 units; Participant 4's Residential Habilitation documentation for 54 days during the time period of October 16, 2008 through December 17, 2008 did not meet the documentation standards for billing. All of the aforementioned documentation will be referred to Medicaid for review and possible recovery.	No	
	Other rule or standard, CARF Section 3; Medicaid Chapter 45, Section 23	Recommendation (Focused)	(#6) Participant 8 was observed during Day Habilitation standing in plain sight for a period of approximately 5-10 minutes, during which no staff intervened to attend to her needs for her nose to be wiped and face cleaned. She was also observed in Residential Habilitation, in the main living area, for a period of 5 to 10 minutes screaming and hitting herself, with no staff intervention.	Yes	5/14/2009

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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	9 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	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	9 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 9 of 9 files reviewed, there was documentation or case managers were able to provide evidence of tracking of objectives.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	9 participant files were reviewed, and in each, documentation of monitoring was present and met applicable requirements.	No	

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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)	(#7) 7 residential sites were visited, and all showed evidence of maintaining a healthy and safe environment with the exception of the following: Rock Springs - the home reviewed had a safety hazard in the back yard consisting of wood scraps with nails; Casper - Group Home #1 had a closet with a sign requiring it to be locked. The closet was unlocked and staff responses were inconsistent regarding whether or not it should be locked. Casper - In Group Home #2, the closet in the staff office contains both chemicals and food. Casper - Group Home #3 had expired First Aid items.	Yes	5/14/2009
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	Recommendation (Systemic)	The provider is meeting these standards with the exception of the following: With regard to community access during Residential Habilitation, Participants 5, 6, and 7 all stated that they would like to get out more but that there is not enough staff or transportation available. 20 days of documentation randomly selected in 6 months for Participant 10 showed one instance of community access. For February 2009, Participant 9's documentation showed no instances of community access.	Yes	5/14/2009
	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	

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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 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)	(#8) Through documentation review and service observation, the provider showed evidence of maintaining a healthy and safe environment with the exception of the following: Casper: The eastern bay of the day services building contains potentially hazardous items and was not secured from participant access at the time of surveyor inspection. All four sites had some expired First Aid items at the time of inspection.	Yes	5/14/2009
	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	Nursing and Respite services sites were able to be observed, and with the exception of where otherwise noted in this report, a healthy and safe environment was maintained.	No	

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	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	For Respite services, as reviewed through documentation review, the provider is meeting the applicable standards. For Nursing services, as reviewed through documentation and observation, the provider is meeting the applicable standards.	No	
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