

Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
SOUTHWEST WY REHABILITATION CENTER			1023139938	8/30/2008	8/30/2009
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)	Recommendation (Systemic)	Systemic - Four of eight staff files reviewed did not have evidence of current First Aid certification or CPR certification	Yes	5/29/2008
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	Although SWRC is meeting the minimum requirements for documentation of general trainings, it is suggested that they review their process for tracking the training. Currently the information verifying the general training is kept in 3 locations (staff file, logs of trainings, agenda and materials for trainings).	No	
	Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Focused recommendation - SWRC completed a variety of drills at each of the five locations reviewed. However, the types of drills did not include medical emergencies or violent situations as required by CARF.	Yes	5/29/2008
	Emergency Procedures during Transportation (CARF 1.E.)	Recommendation (Systemic)	Systemic recommendation:4 vehicles were inspected and the following health and safety concerns were found: 2 did not have current insurance card in the vehicle. 1 had expired safety gloves. 1 had a fire extinguisher that was loose and had an expired tag.	Yes	5/29/2008
	Internal Inspections (CARF 1.E.)	Recommendation (Systemic)	Systemic recommendation - Intenal inspections are being completed on a quarterly basis, which is more often than required by CARF. However, for two of the five locations there was no documentation of follow-up actions completed.	Yes	5/29/2008

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	External Inspections (CARF 1.E.)	Recommendation (Systemic)	Systemic recommendation - The most current external inspections on 5 of the 8 locations reviewed are dated February 2007, over one year ago. 4 of 5 external inspections did not have evidence of completed follow-up required.	Yes	5/29/2008
	Progress made on prior CARF Survey recommendations	In-compliance	Provider is continuing to work on being able to viably provide services ensuring the participants health and safety.	No	
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	Focused recommendation - SWRC's curent incident reporting policy states incidents must be reported within 24 hours, which is not the required timeframe for reporting per Chapter 45, Section 30.	Yes	5/29/2008
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	Systemic recommendation - 0 of 11 staff interviewed were not able to articulate nor reference the Division's requirements for incident reporting.	Yes	5/29/2008
	Complaint and Grievance (CARF 1.D.)	In-compliance	The complaint and greivance policy meets the CARF requirements.	No	
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	6 of 8 staff interviewed were able to articulate or reference the rights and restrictions for the participants they were serving.	No	
	Behavior Plans (Chapter 45, Section 29)	In-compliance	Behavior plans that were reviewed did meet the requirements. Provider is encouraged to continue to work with the waiver program as changes occur and evaluate the provider's processes for effectiveness.	No	

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	Restraint standards (Chapter 45, Section 28)	Recommendation (Systemic)	Focused recommendation - SWRC has developed a restraint policy as required in Chapter 45, Section 28. However, the policy is missing specific information on if restraints will be used in emergency situations and, if so, under what circumstances. The policy includes a definition of restraint (limiting a person's freedom of movement in any way, including prevention of egress) that is the definition of seclusion, and is not permitted under Medicaid rules.	Yes	5/29/2008
	Other rule or standard, Least restriction interventions	Commendation	The provider is commended for assessing each participant's needs by identifying the least restrictive intervention in their behavior support plans.	No	
	Other rule or standard, Community Integration	Commendation	The provider is to be commended for being proactive in developing activities and community integration across service settings and partnering with other providers and the local schools.	No	
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)	Recommendation (Systemic)	Focused - For Participant #1 the team needs to address the concerns with incidents of falling and the discrepancy between level of supervision in her home and employment setting.	Yes	5/29/2008
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Systemic)	Focused recommendation - It was observed that Participant #2 did not have a functional communication system as outlined in her plan of care.	Yes	5/29/2008
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Systemic)	Focused recommendation - For Participant #3 direct care staff are not accurately tracking the objective by counting against the participant's progress for tasks not attempted.	No	6/6/2008

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	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Systemic)	<p>Focused recommendation - As evidenced by observation, review of documentation, and interviews, provider staff are not consistently implementing Participant 4's plan of care in several areas, including:</p> <ol style="list-style-type: none"> 1) not implementing the behavior plan due to concerns about the effectiveness of the plan 2) Not documenting targeted behaviors and results of implementation of the behavior plan, 3) Not following diet as identified in the plan of care 	Yes	5/29/2008
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Systemic)	<p>Focused recommendation -During observation of employment services it was observed that Participant 6 was refusing to work but was at the employment site, sitting at a table. A review of the documentation and interviews with staff verified that the participant has been intermittently refusing to complete work duties over the past 4 months. However, in the past month the participant has increasingly refused work in the afternoon and has not been receiving habilitation per the plan of care and service definition.</p>	No	6/6/2008
	Releases of Information (CARF 2.B.)	Recommendation (Systemic)	<p>Systemic recommendation - During the review of participant files, surveyors found that internal forms used by SWRC, including the releases of information, emergency medical sheet, and statement of understanding medication forms, were not completed in full and/or were not current. Concerns found included witnesses signatures not completed, releases of information signed but no other information completed, releases without information on the specific information approved to be released, and an emergency medical sheet dated 2002.</p>	No	6/6/2008

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	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	4 out of 5 participants' objective tracking had no concerns identified.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Systemic)	Focused - During the review of Participant 4's documentation it was found that SWRC overbilled for Prevocational Services by 1 unit in November 2007. This will be referred to the Office of Healthcare Financing for possible recovery of funds.	No	6/6/2008
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Systemic)	Systemic recommendation - Schedules that are intended to be double sided are being copied on separate pages resulting in SWRC not meeting the documentation standards by having a signature on page 2 but not page 1.	No	6/6/2008
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Systemic)	Systemic recommendation - Although approved by the Division the provider schedules did not reflect 24 hour services per calendar day when appropriate. The provider is encouraged to work with the appropriate waiver specialist and revise the schedules if needed.	No	6/6/2008
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	Recommendation (Systemic)	Systemic recommendation - 4 of the 6 ISC monthly/quarterly reviews did not have consistent follow-up when concerns were identified.	No	6/6/2008
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	6 of 6 team meeting notes reviewed met the requirements.	No	

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	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	3 of 3 participants' objectives were appropriately monitored. The provider is encouraged to continue to find ways to improve the monitoring of objectives through Division training and available tools.	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)	Focused recommendation: Continental: • Water heater and furnace room unlocked Sweetwater: • Water heater and furnace room unlocked	Yes	5/29/2008
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Suggestion	Churchill Apartments: The provider is encouraged to reference local code on the use of carbon monoxide detectors for the supported living complex.	No	
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	Recommendation (Systemic)	Focused recommendation - Churchill Apartments: Delivery of residential habilitation according to the service definition is not currently being met based on staff availability and participants' understanding of how to contact residential staff after hours. If this practice continues it may affect the provider's ability to bill.	No	6/6/2008
	The organization meets the standards in Chapter 45, section 23)	In-compliance	During the residential habilitation observations participants reported high satisfaction with their homes, personal space, privacy, personal décor and friendships with peers. Community integration was regularly scheduled out of the residential habilitation services.	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)	Recommendation (Systemic)	Systemic recommendation - During the observation of day habilitation services there was no preplanned daily habilitation schedule based on personal choice and preference, community integration, and other meaningful activities.	No	6/6/2008
	The organization meets the standards for Community Integration (CARF 4.E)	Recommendation (Systemic)	Focused recommendation: Participant was observed to have personal care provided in a common room without appropriate privacy	Yes	5/29/2008
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	During day habilitation services staff appeared to be very caring, participant focused, and nurturing relationships. Staff also appeared to be in-tune with the emotions, needs and non-verbal communication from participants	No	
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	Through observation of services and interviews with participants and staff, the supported employment services at the landfill and janitorial crew included positive interaction between staff and participants, high degree of satisfaction in their employment, pride in their work, and employment that promoted independence.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	Recommendation (Systemic)	Systemic recommendation: Through observation of services and interviews with participants and staff, concerns were identified with the supported employment services at the "Small Projects" including concerns that participant preferences in employment were not reflected, meaningful habilitation was not consistently occurring, and there were few opportunities for positive interaction	No	6/6/2008

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	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	Recommendation (Systemic)	<p>Systemic recommendation:</p> <p>During observations at the landfill site several potential health and safety risks were identified, including:</p> <ul style="list-style-type: none"> • 1 participant not wearing gloves • Participants not wearing safety vests while working near the landfill traffic • Participants and staff have not received safety training appropriate to the job site 	Yes	5/29/2008
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	<p>Focused recommendation:</p> <p>Day habilitation/Administration building:</p> <ul style="list-style-type: none"> • Elevator alarm and emergency phone are non-functioning • Number of bathrooms had broken trash receptacles and broken biohazard receptacles • Male and female restroom on the second floor south had potentially scalding hot water • bathroom #3 had a non-functioning hand dryer • senior/program room had unsecured chemicals • respite room had unsecured power drill and cleaners • Mens locker room entry light was out and both male and female locker rooms had the emergency light out 	Yes	5/29/2008
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	<p>Focused recommendation:</p> <p>Supported Employment/Thrift Store</p> <ul style="list-style-type: none"> • The address not visible from both directions • The maintenance room was unlocked • Chemicals were unsecured at checkout counter • Janitorial closet was unlocked • "Smalls Projects" staff office was open with participant information unsecured • Alarm system and fire/smoke detectors are not functioning • On the west and east sides of the building there are potential fire hazards with storage 	Yes	5/29/2008

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	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	Focused recommendation: Supported Employment/Thrift Store - Participant working with soda ash powder is not wearing any protective equipment	Yes	5/29/2008
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