# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
MOUNTAIN REGION	AL SERVICES, INC.		1962573782	11/30/2009	11/30/2010
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)	Recommendation (Focused)	19 of 19 staff files (100%) were reviewed and contained background screenings, current first-aid/CPR, and current CPI training. 18 of 19 (95%) had documentation of required participant specific training which met applicable standards. Cognitive Retraining staff were not receiving required participant specific training.	Yes	9/9/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	18 of 19 (95%) staff files reviewed contained required Division training on abuse, neglect, Division notification of incident reporting, and billing and documentation. 11 of 19 (58%) staff files contained documentation of releases of information/confidentiality and complaint/grievance procedure. Skilled Nursing did not have all the required Division training.	No	9/18/2009
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	It is suggested, as a best practice, that any personnel potentially providing assistance during behaviorial interventions or any other support care have documentation of participant specific training relating to that need.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	Upon review of the documentation of participant specific training, the title of the trainer and how the staff was trained (e.g., shadowing, hands-on, and review of IPC) was not being identified.	No	9/18/2009

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Emergency Drills (CARF 1.E.)	In-compliance	Documentation from 5 Cheyenne locations was reviewed. The documentation included concerns identified and follow-up as appropriate.	No	
Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Documentation from 5 Evanston locations was reviewed. 4 of the 5 (80%) did not have documentation of follow-up on concerns when concerns were noted. In addition, actual drills were not being run on the 11-7 shift.	Yes	9/9/2009
Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	10 of 11 (91%) vehicles observed contained emergency procedures during transportation.	No	
Internal Inspections (CARF 1.E.)	In-compliance	10 of 10 locations reviewed (100%) 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	10 of 10 (100%) locations reviewed had documentation of external inspections which included concerns identified and follow-up documented as appropriate.	No	
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	10 of 13 Cheyenne staff (77%) interviewed had functional knowledge of the Division's Critical Incident Reporting process.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	Cheyenne's incident reporting policy was reviewed and did not contain required categories of reportable incidents, agencies to whom they are reportable, and the required timeframe for reporting. Evanston's incident reporting policy did not contain the required timeframe for reporting.	No	9/18/2009

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1 3	Recommendation (Systemic)	Through file reviews, three internal incidents were determined to qualify for the Division's notification of incident reporting. Participant #3's incident occurred on 6/26/09 and Participant #10's incident occurred on 3/16/09.	Yes	9/9/2009
	Recommendation (Systemic)	(Site Specific) 7 of 12 Evanston staff (58%) interviewed had functional knowledge of the Division's Critical Incident Reporting process.	Yes	9/9/2009
	Recommendation (Focused)	Cheyenne's Complaint and Grievance policy and procedure was reviewed and did not contain the required components per current CARF requirements (CARF 1.K.) which state that the policy should contain freedom from retaliation and barriers to services.	Yes	9/9/2009
Complaint and Grievance (CARF 1.D.)	In-compliance	Evanston's Complaint and Grievance policy was reviewed and contained all required information which met applicable standards.	No	
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	In-compliance	22 of 25 staff (88%) interviewed had functional knowledge of the participant specific rights restrictions.	No	
Behavior Plans (Chapter 45, Section 29)	In-compliance	Through observation and documentation review, 10 of 10 (100%) behavior plans were found to be implemented appropriately as approved by the Division.	No	
` '	Recommendation (Focused)	Cheyenne's policy and procedure was reviewed and did not meet the applicable standards.	No	9/18/2009

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Restraint standards 45, Section28)	(Chapter Recommendation (Systemic)	Through interviews with staff, review of provider documentation (incident reports and restraint tracking data) it was found that staff are using restraints that are not approved by the Crisis Prevention Intervention certification for which the organization is certified. According to Chapter 45, Section 28, m, viii, providers and provider staff shall adhere to the requirements established by the certifying entity and shall not modify those requirements.	Yes	9/9/2009
Restraint standards 45, Section28)	(Chapter Recommendation (Systemic)	The organization does have a system in place to track restraints for individuals and by month; however, no analysis of this data is occuring and the data is not being completed agency-wide. The agency-wide report should include the following: *Analysis of patterns of use *History of use by personnel *Contributing environmental and precipitating factors *Assessment of program design contributing factors. As well, according to "I" providers should analyze the data, and when trends indicating change in restraint use are identified, action must be taken to reduce or eliminate the use of restraints.	No	9/18/2009
Transportation Requ (CARF 1.E.9)	Recommendation (Systemic)	12 vehicles were reviewed and met applicable standards with the following exception: Cheyenne: Chevy Uplander's (#669) - right, sliding door did not open from the inside. Evanston: Reliant (#443) - Fire extinguisher unsecure in trunk; '91 Dodge (19-139d) - Turn signals not working; '91 Caravan (19-7130) - Soda bottles and trash were present and scattered throughout the vehicle; -2000 White Ford (#986) - First-aid kit was not secured and contained expired contents.	Yes	9/9/2009

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Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Due	QIP
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	10 of 10 (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	10 of 10 (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	10 of 10 files reviewed (100%) had current emergency information.	No		
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	10 of 10 (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)	In-compliance	10 of 10 (%) files reviewed contained documentation that met applicable standards.	No		
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date Due	QIP
	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 10 participant files and met applicable standards.	No		
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	In 10 of 10 (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		

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Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Objectives were reviewed for 10 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	10 of 10 (100%) files reviewed contained documentation of monitoring the implementation of the plan of care that met applicable standards.	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)	A physical inspection of 11 locations was conducted and provided evidence of maintaining a healthy and safe enviornment with the exception of the following locations: RH #1 - shrubbery that impedes safe egress on back patio, over-the-counter medication was not stored in original container; RH #2 - The bedroom (with attached bathroom) had mold growing in the bathroom, staff was unable to locate a CO detector, over-the-counter medication was not stored in original container; RH #3 - Over-the-counter medication was not stored in original container, large crack on back patio presents tripping hazard; RH #4 - Over-the-counter medication was not stored in original container; RH #5 - Over-the-counter medication was not stored in original container, the egress window in the basement has a cover that is too heavy to move from which staff reported not practicing evacuation, northside gate is blocked by gutter; RH #6 - Plastic storage containers were in close proximity to the water heater; RH #7 - Downstairs shower was dirty with used band-aids in it, two cans of spray disinfectant was not secured, and two fluorescent light bulbs were upright against the wall; RH #8 - Address posted was incorrect, caulk seal on the tubs and showers were disintegrating and dirty, laundry room has a prominant odor; RH #9 - The kitchen floor has a patch which is peeling and presents a tripping hazard; RH #10 - A shallow trench along the outside ramp which could be a tripping hazard.	Yes	9/9/2009

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	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	11 residential sites were observed and the organization showed evidence of meeting CARF standards on community housing, except where otherwise noted in this report.	No	
	Organization meets CARF Standards for Supported Living (CARF 4. K.)	In-compliance	Through staff and participant interviews, the organization is meeting the standards.	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	
Day Habilitiation, 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	Through observation and interviews, the organization is providing evidence of meeting this standard.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-compliance	Through observation, the provider is meeting the standard for employment.	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 exceptions: DH #1 - Bathroom next to the independent room had dirt in the shower and over-the-counter medication not stored in original container; DH #2 - Main entrance bathroom had urine in the urinal and vomit on the floor, unrepaired wall damage in quiet room, a quiet room locks from the outside, a bottle of oxygen was laying horizontally on top of secured bottles in the breakroom.	Yes	9/9/2009

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	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 minimum standards of the service provided except where otherwise noted in this report.	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	Except where otherwise noted in this report, other services reviewed (skilled nursing, in-home support) were provided in a healthy and safe environment.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Through observation, interview, and review of service documentation, the provider is meeting the standard.	No	

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