DEPARTMENT OF DEVELOPMENTAL SERVICES
OFFICE OF QUALITY MANAGEMENT
LICENSURE ANDCERTIFICATION
OFF SITE REVIEW ACTIVITIES

Appendix G
Revised 2021

Prior to the start of the review, the survey team gathers and reviews information to for the Administrative Review and survey visits. This includes information contained within the DDS information systems (HCSIS and Meditech) and other information provided by the organization (refer to Attachment A of the 45 Day Letter). In addition, when virtual surveys are conducted, the sample will be provided one week in advance and certain individual and location specific information will also be collected prior to the survey start date. The purpose of this work is to help ensure that the review is conducted thoroughly and efficiently. This information is intended to accomplish three main tasks:

- Provide the survey team with information that is reviewed and rated organizationally.

- Provide the survey team with information that is reviewed in combination with the Administrative Review and/or site/individual review.

- Provide the surveyor with general background information to orient them to the services and supports offered by the provider and the locations to be visited. This should help facilitate the most efficient review and ensure that the time spent within a service location is as brief as feasible and the least intrusive for individuals and provider staff.

Whenever possible, the information will be used to determine a rating and therefore decrease the time necessary within the provider's support locations.

A. ITEMS REVIEWED BY THE TEAM/TEAM LEADER FOR THE ORGANIZATION AS A WHOLE:

INVESTIGATIONS & REPORTING
L-2: Abuse and mistreatment reporting

• Beginning with an off-site review, identify DPPC complaints filed during the past 24 months for the Provider as a whole as well as sites to be visited.
• During the on-site visit, each surveyor needs to review program logs and any other site-based communication to determine if there are any unreported events.
• Based on the information received, rate the indicator. Rate the number of locations where standard was met over the number of locations reviewed.

1. Generate **Incident Report** for the provider 13 months prior to current survey date.
    - Log into Virtual Gateway and Enter HCSIS
    - Click on QM tab
    - Select Reports
    - Select "Incident Management"
    - Select the "Events by Site/Provider"
    - Enter date range (if 1-year max. generate another report for the additional 1month)
    - Enter Provider Name
    - Event Type: Select All
    - Select report format (Adobe if printing)
    - Select "View Report"

2. Generate **Investigation Report** for 24 months prior to current survey date to review number and scope of cases. This provides contextual information on whether allegations are being reported and is used to cross reference incidents to determine if those that should have been reported to DPPC have been.

- Log into Virtual Gateway and Enter HCSIS
- Click on QM tab
- Select Reports
- Select "Investigations Case Listing Report"
- Enter date range
- Enter Provider Name
- Select report format (Adobe if printing or RTF to copy & paste Log or DPPC # to look up)
- Select "View Report"

3. Review incidents that meets the criteria for reportable per mandated reporting/DPPC and assess if reportable incidents had been reported.
4. Identify those incidents that require further follow to ask provider why not reported.

Note: This is rated as an organizational indicator. At each location, surveyors need to cross check incidents and communication logs with what has been reported, to determine whether staff at the location are reporting correctly.

L2 is a combination of ratings derived from each location and presented to the team leader and information obtained based on this organizational cross-check.

L3 – Immediate action is taken to protect the health and safety of individuals when potential abuse/neglect is reported.

- Beginning with an off-site process, review the HCSIS report(s) of investigations for the past 24 months to determine the number and scope of allegations reported.
- Develop a list of all complaints (up to a sample of 15) to distribute to the provider so that at the Administrative Review we can determine if immediate action was taken to protect the health and safety of individuals when potential abuse/neglect was reported.
- Follow-up should occur at the administrative review to confirm whether immediate action occurred as written. Review each complaint with the provider.
- Based on the information received, rate the indicator. Rate the number of complaints where standard was met over the number of complaints reviewed.

Use the same **Investigations Case Listing Report** to select a sample of up to 15 cases. The team leader will randomly select the cases that will be specifically discussed during the Administrative Review for the purposes of determining that immediate steps were taken to protect individuals pending the outcome of the investigation.

L4 – Action is taken when as individual is subject to abuse or neglect.

- Beginning with an off-site review, the team leader (assigned surveyor) identifies all Action Plans/resolutions beyond immediate action that have occurred in the past 24 months.

- Develop a list of all action plans (up to a sample of 15) to distribute to the provider so that the provider can identify action steps taken/recommended beyond the immediate action to minimize the possibility of reoccurrence.
- During the Administrative Review, determine how actions outlined were implemented to minimize the possibility of a reoccurrence.
- If any actions were required to occur at the sites being audited, the surveyor at these on-site reviews should confirm if actions occurred as outlined in the administrative review.
- Based on the information received, rate the indicator. Rate the number of Action Plans where standard was met over the number of Action Plans reviewed.

The Investigations Case Listing Report indicates whether an Action Plan has been issued.
  - The team leader will randomly select a sample of up to 15 Action Plans from those plans. These are the plans that will be discussed specifically during the Administrative Review for the purposes of determining that all steps required by the Action Plan were implemented.
  - The team leader should determine if any of the locations that will be visited are associated with any of the Action Plans. During the pre-survey days, the surveyor assigned to the location should review the Action Plan to be aware of that history and any strategies or protocols that would be expected to be present at the time of the audit.
    1. If completing an audit at a location that is included in the sample of action plans selected, then the **double validation rule applies**.
    2. If no action plans – note a preliminary Not Rated (N/R) and validate there are no action plans identified during audits.

Action Plan Resolution Report a selected case can be looked-up by its case number to learn the action steps required and the status of completion.

- Log into Virtual Gateway and Enter HCSIS – QM Area
- Select Reports
- Select Investigations
- Select "Action Plan Resolution Report"
- Enter Case Log #
- Select Report Format
- Select "View Report"

**The Team Leader needs to ensure the sample of Cases (L3) and Action Plans (L4) is shared with the agency 5 Business Days prior to the administrative review.

NOTE: Please be aware that the report listing "Events by Site/Provider" does not pull investigation information. This report produces only those occurrences that are assigned "event numbers." Those are: critical incidents, restraint, and MORs. While the Events by Site/Provider report is a helpful tool for surveyors in assessing items within the Incident Management category, the investigation information needs to be obtained separately, as described above.

L91 Incident Reporting

Generate Aging Incident Summary Report): To review timelines for submission and finalization of incident reports for those locations selected as part of the survey sample. *** Please note that effective in 10/18, this report has been enhanced to allow for the review of all incidents, both open and closed, to be assessed relative to timelines, Review for the last 13 months.

> ➤ **This report only shows incidents that are out of compliance with the timelines**.
> ➤ If the incident is listed but is noted to be 0 days late in the provider creation and provider finalization sections, then DDS was overdue in their review(s).

- Log into Virtual Gateway and Enter HCSIS
- Click on QM Tab
- Click on IM
- Click on Report
- Click on Incident Management
- Click on Aging Incident Summary Report
- Enter from date (Start) and To date (date range)
- Select Provider from Drop Down
- Select Report Format
- Click on View Report
- You can then preview or print report.

a. For each name that is not associated with a site on Aging Incident Summary report, review the incident to determine the type of service and location that the incident occurred.
b. Review of submission of incident reports, for locations in sample, for compliance with required timelines. This report is produced once and used to determine compliance with timelines for each location sampled. (Generate Aging Incident Summary Report)
c. If the location/ individual "looks like" timelines are not met per the Aging report, this is ONLY a starting point. The surveyor must drill down into each incident to determine whether there was an actual delay in reporting.
   I. If this was an unexpected hospitalization that remained un-finalized at the 7-day mark because the individual was in the hospital, then do not count this as late.
   II. Surveyors may have to recount by hand. If upon recount, counting from the date of discovery as day 0 to the day of creation or finalization, you find that they are within timelines, do not count this as late.

Competent Workforce

L74 – The agency screens prospective employees per requirements.
L75 – The agency assures that staff have the necessary qualifications and certifications to do the job.
L76 – The agency has and utilizes a system to track required trainings.
L77 – The agency assures that staff are familiar with and trained to support the unique needs of individuals.
L78 – Staff are trained to safely and consistently implement restrictive interventions.
L79 – Staff are trained in safe and correct administration of restraint.
L80 – Support staff are trained to recognize signs and symptoms of illness.
L81 – Support staff know what to do in a medical emergency.
L82 – Medications are administered by licensed professional staff or by MAP certified staff (or by authorized PCAs) for individuals unable to administer their own medications.
L83 – Support staff are trained in human rights.
L84 – Staff are trained in the correct utilization of health-related protections per regulation.

L85 – The agency provides on-going supervision and staff development.

- The Team Leader works with the provider Liaison to explain the staff training review process and what information is needed to evaluate that the provider has an agency wide system for ensuring that all staff meet the training requirements for the role that they assume. This information/documentation is received from provider two weeks prior to Administrative Review so the completed product is available to the team member(s) assigned to review staff training at the start of the desk review. Please note… It is permissible to accept this information from a provider if they would like to submit this earlier than two weeks.
- Ask for a report that lists staff names by location that includes their title, the date of, or expiration date of training they have received, if they act in any specific role such as Fire Safety Officer, Human Rights Officers or are Relief staff.
- Explain to the provider that for each category we will be reviewing documentation on the day of the administrative review to verify that the staff selected has the required training, qualifications, certifications and/or licenses. Additionally, that we will be comparing the actual certification, licenses, and training documentation for the samples with the agency tracking mechanism (the reports generated above) to validate the accuracy of its system.
- Ask for two weeks of completed schedules for each location to be used to determine which staff will be reviewed at each location for individual specific training and other training such as Medication Administration. If the provider training tracking system is accurate, any training shown in the database can be used to verify that staff selected at each location had that specific training.

Human Rights
L65 – Restraint reports are submitted within required timelines.

- Beginning with an off-site process, review HCSIS physical restraint information to determine if the different components of reported restraints were reported within the required timelines:
    - 3 days for initial report submission and individual interview
    - 5 days for submission to the service coordinator
- If more than 20% of the reported restraints did not meet required timelines (either creation or finalization), the rating would be Standard Not Met.
- If reported restraints were completed within required timelines, an on-site review of staff logs and any other available site-based communication is conducted to determine if there were any restraints that were not reported as required.
- Rate the number of locations where standard was met over the number of locations reviewed.

    - Click on the QM Tab
    - Click on Reports
    - Click on "Restraint Management"
    - Click the "Restraint Timeline Report"
    - Enter date range
    - Enter Provider Name
    - Select report format
    - Select "View Report"

Determining compliance/ Rating:
L65 Restraints reported within timelines:

- 3 Days to Create: Review the event date and assess the "Restraint Report Created". This report created date should be within 72 hours (3 calendar days of event), of the event date.
- 5 Days for Managerial Review: The Restraint Manager Review Finalized column denotes the date the restraint report was reviewed and finalized by the provider's restraint manager. This signifies the date the review responsibilities are passed to service coordination and should occur within 5 calendar days of the date of incident. **This date also presumes that the individual comment has occurred.
- If the Service Coordinator asks for the restraint to be redone, the re-submitted date populates this field. Therefore, restraint timelines could appear to be not met, when in fact the provider initially finalized on time. Therefore, once the date is obtained, the team leader will need to drill down to determine whether or not these were initially submitted on time.

L66 – All restraints are reviewed by the Human Rights Committee

- Beginning with an off-site process, review a report of restraints to determine if restraints reported in the past year were reviewed by the Human Rights Committee within 120 days of the restraint.
- If the report shows that restraints were reviewed as required, the indicator is rated <u>Standard Met</u> and no further review is required.
- If restraints were not reviewed within the required timelines, this should be addressed during the administrative interview and review of Human Rights Committee minutes to see if the delayed review was an anomaly, e.g. snowstorm delayed review for one meeting.

Determining compliance/ Rating
L66 Review by HRC.
- 120 Days from event date: The HRC Review Occurred column denotes the date reviewed by the HRC. This must be within 120 days of the restraint.
- ***If the agency can verify through a review of the Human Rights Committee Meeting minutes that restraint reports were reviewed within required timeframes, the Team Leader may accept this finding to assign a rating of MET for L66.

Planning and quality improvement
C-1: The provider collects data regarding program quality including but not limited to incidents, investigations, restraints, and medication occurrences.
C-4: The provider receives and utilizes input received from internal systems, from DDS and other stakeholders to inform service improvement efforts.

During the off-site process, review the following information:
- HCSIS incidents for the past year; events by Provider, listed by locations
- MORs for the past year; events by Provider, listed by locations
- Information is used as general back-ground information for conducting the Administrative Review.

General Information as a whole
- Review information received from Operations and Others and communicate to the team, including:
- Any information received from the Area Office(s) as a result of the 45-day letter
- Determine date of last CORI audit/outcome to ensure it was completed within a year of the last Administrative review. (e.g., Provider CORI letter from Bob Cooney).

- Family Citizen Monitoring visits forward by AD's/program monitors
- MAP technical assistance visit reports
- Any information received from conversations with the Area Director(s), the Program Monitor(s), Human Rights Specialist(s), etc.
- Information is used as general background for conducting the survey.

Provider Self-Assessment

Note: For those agencies choosing a Self-Assessment (SA) as part of a Targeted Review, it is suggested the Team Leader request a copy of the agency Self-Assessment. It is suggested that the team leader speak with the agency liaison to get a copy of the self-assessment report at least one week before the administrative review.

In the event the SA is not submitted during this time frame, the Team Leader needs to ensure that the Self-Assessment is submitted by the signed authority on the first day of the Administrative Review.

B. ITEMS REVIEWED BY EACH SURVEYOR PERTAINING TO THE SPECIFIC LOCATIONS AND INDIVIDUALS

Location Information

- During the off-site process, the surveyor reviews all HCSIS incident reports and Risk Plans of all sites selected for review to help inform the survey visits.
- Review restraints for locations to be visited.

Individual Information

Goal Development
- During the off-site process, the surveyor reviews the ISPs for the individuals to be audited to familiarize with dates and timelines, to orient themselves to the goals and supports and to develop an understanding of the person's needs, abilities and aspirations.

Restrictive Practices
- During the off-site process, the surveyor reviews ISP information to determine the presence of and determination that restrictions, such as supports or health related protections, Level I behavior interventions, behavior modifying medications are least restrictive and agreement through the ISP is in place as needed.

Risk Plans
- During the off-site review, surveyors should review any risk plans to determine support strategies that are expected to be in place.

Current up-to-date medical information
- Beginning with an off-site process, review the HCSIS health care records for individuals to be audited to determine current medical status and health care information.
- An on-site review should be conducted to determine if the health care record contains current and up-to-date information.

Incident reports, physical restraint reports and action plans for the locations

Off-Site Review – Team leader and members reviews information relative to their assigned role in the Administrative Review and specific sites/individuals on their case load. Clarify which indicators will need to be rated on site.

Health Care Record Review - Complete for those people selected as part of the audit sample. **Not all residential services (e.g. 3798) are required to create a HCR – The need is determined by Area Director. **

The team leader/team members review HCSIS information for the individuals selected for assigned locations/audit(s) to determine if the related indicators may be answered via this information.

Each surveyor is responsible for obtaining Health Care Records, ISP information, including timelines for submission of assessments and support strategies, Incident Reports and Risk Plans for the each individual they are assigned in the survey. The following HCSIS information is reviewed:

Individual Health Care Record

Log into Virtual Gateway and Enter HCSIS –
- Click on QM tab
- Click on QM
- Click on HCR
- Click on HCR Data Entry
- Enter person's last name, first name or SSN
- Click on name that corresponds to the person you are searching for.
- Click on HCR Condensed Printable Form (PDF Format – Can enlarge on screen)

ISP DASHBOARD

Log into Virtual Gateway and Enter HCSIS
- Click on QM tab
- Click on ISP
- Click on Individual Search
- Enter person's last name, first name or SSN
- Click on name that corresponds to the person you are searching for.
- The ISP Dashboard for that individual will appear.
- To determine whether timelines have been met by the Provider with regards to the submission of required assessments click on the assessments box.
- Click on each required assessment (financial, health/dental, safety, update HCR)
- On the far right, click on view document history for each assessment
- A document history box will appear with the due date of the assessment in the upper right hand corner. This box will also include the dates when each assessment was requested, started, submitted and approved by the Service Coordinator.
- To determine whether timelines have been met by the Provider with regards to the submission of support strategies click on the Objectives/Support Strategies box.
- On the far right, click on view document history for each goal.
- A document history box will appear with the due date of the support strategy in the upper right hand corner. This box will also include the dates when each support strategy was started, submitted and approved by the Service Coordinator.

- The ISP Dashboard also provides links to other ISP information such as ISP Meeting Details, Vision, Safety/Risk, Legal/Financial, Success/Challenges, and Goals/Objectives. Click on each respective box for this information.