Appendix K

Immediate Action Required

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During the licensing and certification survey process, or at any other time DDS's Office of Quality Enhancement (OQE) staff may be in the field, concerns may be identified that require prompt corrective action. When such concerns arise, they are formally documented and communicated to the provider through a Notice of Immediate Jeopardy (IJ) or a Notice of Action Required (AR), regardless of when the issue is resolved**.**

This guidance outlines what providers can expect when a notice is issued, the actions required in response, and how OQE will follow up to ensure that the concerns are addressed.

Types of Notices

Type of Notice	Definition	Response Timeframe
Immediate Jeopardy (IJ)	A situation where an individual's life, health, safety, or dignity is at serious risk and immediate action is necessary to eliminate the risk.	Within 48 hours
Action Required (AR)	A situation that does not rise to the level of immediate jeopardy but presents a potential risk if not corrected.	Within 30 calendar days

Note: *Timeframes may be shortened or otherwise adjusted by the QED based on the nature, severity, and complexity of the issue.*

Examples of Immediate Jeopardy Situations by Category

These examples are organized by risk category. Determination of IJ must consider both the nature of the issue and the individual's specific needs and vulnerabilities. This is not an exhaustive list; other situations may constitute Immediate Jeopardy based on risk and individual impact.

Category	Examples of Immediate Jeopardy
Environmental Safety	• Hot water temperature exceeds 120°F within a residential or day service site. • No hot water (below 100°F), and no other accessible sink or shower within the same space provides water within the safe range (100–120°F), resulting in no safe access to hot water until corrections are made. • Any egress is blocked (e.g., by snow, furniture, or debris, not functioning/broken), creating no safe path for evacuation. • Smoke detectors are inoperable and/or not interconnected (when required to be) throughout the residence. • Furnace is emitting smoke or flammable materials are improperly stored. • No heat in the home or bedrooms during winter months. • Critical assistive devices for emergency alerts (e.g., bed shaker, strobe light) are non-functional or missing, and the individual relies solely on the device to be alerted during emergencies, with no staff identified as responsible for providing evacuation support. • The home or apartment exhibits ongoing unsanitary conditions, including but not limited to accumulated garbage, untreated pest infestations, urine-damaged flooring or odors, and the presence of mold.

Health / Medication Administration	• Multiple missed doses of essential medication (e.g., seizure or insulin) due to lack of staff follow-through or missing physician orders. • Medication for standing orders are not on site and available for administration. • Medication administered without a valid prescription or not per physician's instructions. • Required health protocols (e.g., for seizures, significant allergies, aspiration, diabetes, swallowing risks) are not developed, not implemented, or implemented incorrectly, placing the individual at serious risk. • Lack of staff training in proper implementation of medical protocols, monitoring, or response procedures, defined as no trained staff present and on shift with the individual. *If at least one staff person who is trained in the required protocols is present and not leaving untrained staff alone with the individual, this would not constitute a lack of training for the purpose of this determination*.
Evacuation	• The agency is unable to demonstrate that they are able to successfully evacuate individuals within 2.5 minutes (or identified timeframe for day services) during a fire drill, with no effective staffing plan or support in place. • Most recent planned fire drill has not occurred with the minimum staffing ratios identified in the Emergency Evacuation Safety Plan (EESP). • In residential services, none of the last 3 quarterly fire drills recorded have been asleep overnight drills.
Failure to Implement Critical Behavioral or Risk Management Supports	• Individual exhibiting aggressive or self-injurious behavior or other behaviors that put people in immediate harm with no staff response or lack of a PBS Plan. • Individual with known choking risk given food or allowed unsupervised access to food(s) of unsafe consistency, contrary to dietary protocols. • PICA plans are not being implemented correctly. • Lack of staff training for critical RISK plans (e.g., protocols to respond to life-saving emergency medical conditions), defined as no staff trained in the applicable plan being present and on shift with the individual. *If at least one staff member trained in the relevant plan is present and the individual is not left alone with untrained staff, this does not constitute a lack of training for the purpose of this determination*.
Safety in the Home	• The lock on a storage cabinet used to secure hazardous or unsafe materials (e.g., for an individual with PICA, sharps protocol) is broken.

Examples of Action Required Situations by Category

Category	Examples of Situations Warranting Action Required
Funds	• There are instances of the individual's personal funds being used to pay for expenses that are the provider's responsibility, including but not limited to parking fees for medical appointments, household supplies, staff meals, laundry, and gas for agency vehicles. • There are significant discrepancies in financial records, including gaps in tracking, overcharges to the individual, missing funds, or late fees incurred due to agency error.
Environmental Conditions	• The physical environment may not be accessible to the individual's needs (e.g., a non-accessible bathroom for a person who uses a wheelchair), posing barriers to safety, independence, or dignity.
Human Rights	• Staff have not received training in mandated reporting.
Health / Medication	• For Placement Services: There is a lack of current physician orders present in the home.

	• Multiple medication discrepancies or omissions are found that do not rise to Immediate Jeopardy but indicate lapses in medication oversight.

Notification and Determination

- During any visit to a site, whether conducted as part of a survey, technical assistance, or other field activity, an OQE team member may identify concerns that require corrective action.
- When a concern is identified, the OQE team member will inform on-site staff of the issue at the time of the visit.

Issuance and Delivery

- A formal Notice of Action Required or Immediate Jeopardy will be completed electronically and emailed to the provider.
- The notice will outline:
    - A description of the issue
    - The type of notice (Action Required or Immediate Jeopardy)
    - Required corrective actions
    - The expected timeframe for resolution
- The notice will also be cc'd to the DDS Area Director and Regional Director to ensure coordinated oversight and follow-up.

Provider Responsibilities

- Take the necessary corrective action within the designated timeframe (up to 30 days for AR, no more than 48 hours for IJ).
- Submit documentation of the completed correction, including supporting evidence such as protocols, staff training logs, photos, or receipts.
- When appropriate, complete Provider Response section of the Action.

DDS Follow-Up and Verification

- An OQE team member will:
    - Review submitted documentation.
    - Verify that the issue has been fully resolved.
    - Verify on site if required.
- If corrective action is not completed by the deadline:
    - OQE may follow up with the DDS Area and Regional Offices to determine next steps and ensure individual safety.

Finalization of the Notice

Once the corrective action is verified:

- OQE will:
    - Mark the notice as corrected.
    - Distribute a Correction Confirmation to all relevant DDS parties.
    - Retain the documentation in the official provider record.
    - The agency will receive a copy of the finalized notice for its records.