

Introduction:

During the course of a survey, a team member may encounter a situation that either creates an immediate threat to the health or safety of an individual, or if not corrected in a timely manner would place the individual in harm's way.

In these situations, two courses of action exist; the issuance of an

- Immediate Jeopardy or
- Action Required

In both instances, the issuance of either Notice represents a departure from the ongoing flow of the survey. Providers need to act promptly to correct these situations.

IMMEDIATE JEOPARDY

A situation where the life, health, safety and/or dignity of an individual is severely jeopardized if not immediately corrected is deemed to be an "Immediate Jeopardy."

Corrective Action needs to be taken within 24-48 hours and the provider must take any and all actions necessary to correct the situation.

CATEGORY	EXAMPLES OF IMMEDIATE JEOPARDY SITUATIONS <i>Based on the type of situation and needs and capabilities of the individual, the following are examples of immediate jeopardy:</i>
Environmental	Hot water above 120 degrees in a living situation where individuals cannot regulate the water temperature independently
	Condition that creates an immediate risk for fire (e.g., storage of flammable materials, furnace is smoking)
	Smoke detectors not operable
	Both means of egress obstructed (e.g., ice or snow, materials blocking the exit); OR Lack of access to a means of egress that is used as a primary or secondary escape route in case of a fire or other emergency
	Heat not working (winter)
	Assistive device necessary for emergency evacuation not working (e.g., bed shaker, strobe light)
Health/Medication	Medication Administration – Omission of administration, lack of physician's orders.
	Health or Risk Management Protocol not implemented
Evacuation	Individuals not able to evacuate their home in 2 ½ minutes in the event of an emergency.
Other	Observation of harmful acts (e.g., aggression) to others with no implementation of planned intervention by staff
Safety in Community	Leaving a person who has not been assessed as capable unsupervised in the community
Safety in the Home	A person has a history of falls and there is no fall prevention strategy in place.

ACTION REQUIRED

During the course of the survey, a team member may encounter a situation that, while not placing an individual in immediate jeopardy, has the potential for harm if not corrected. In such circumstances, the team member completes an “Action Required” notice and the issue will be subject to follow-up, typically within a 30-day time frame.

Category	Examples of Issues for issuance of Action Required
Funds	A review of funds indicated that individual’s was paying for provider expenses; such as paying for parking for medical appointments, buying supplies that the house should cover, paying for staff meals.
Environmental	A home or apartment has unsanitary conditions.
Human Rights	Staff did not receive training in mandated reporting.
Health/Medication	1. Placement Services: There is a lack of a current physician orders in the home. 2. The discovery of several medication discrepancies or omissions, which do not put an individual at immediate risk.
Evacuation	The number of evacuation drills completed are less than the minimum required in the EESP
Safety in the Home	The lock on the door where cleaning supplies are kept to protect individuals with PICA is broken.
Safety in the Community	No example given.

PROCESSING NOTICES OF IMMEDIATE JEOPARDY/ACTION REQUIRED

1. The team member that identifies an issue will consult with the QE Director/team leader prior to issuing an action.
2. If the determination is made that a notice is warranted, the team member notifies the provider, the Regional QE Director, the team leader of the survey, and forwards a copy of the Notice of Action Required form (with the immediate jeopardy box or the action required box checked) to the Provider, Regional Director and the Area Director.
 - There might be occasions when we should notify DDS operations of a serious problem before correction has occurred. Please confer with QED as needed on this.
3. Whenever possible, leave a copy/email of the Notice of Action (NOA) with the provider before leaving the site/survey.
 - If a copy of the NOA cannot be left onsite scan/email a copy to the provider as soon as you return to the office.
 - At the OQE Office, fill in the appropriate CCs on (DDS Regional Director, Area Director, MAP Coordinator, if medication-related etc.) to facilitate distribution.
 - Distribute to QE Director and team leader.
4. The team member validates that the situation has been corrected within the designated time frame. If the situation is not corrected, the Area and Regional Director must take appropriate action to assure the safety of the individual(s) deemed to be at risk as a result of the provider’s inaction.
5. After the issue has been corrected distribute finalized copies (with written evidence attached) of the Notice of Action to the Provider and all relevant CCs (QE Director, DDS Regional Director, Area Director, and MAP Coordinator, if medication-related).
6. Scan the corrected and signed NOA with all written evidence, *if applicable*, name it and save in the provider agency sub-folder/upload in QE 5.
 - Agency A_123 Elm St_Town_NOA_Medication

**DEVELOPMENTAL SERVICES
OFFICE OF QUALITY MANAGEMENT
LICENSURE AND CERTIFICATION
NOTICE OF IMMEDIATE ACTION REQUIRED**

Appendix K
revision 2020

TO:			
	Executive Director	Responsible Staff	Tel # & Email
FROM:			
	Team Member	Telephone # & Email	

IDENTIFYING INFORMATION:

Provider:	
Location:	
Date Identified:	

IJ/AR #	
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Please Check One:
Immediate Jeopardy: <input type="checkbox"/>
Action Required: <input type="checkbox"/>

Home Support ☐ Work/Day Support ☐

Type of Issue:	Human Rights <input type="checkbox"/>	Funds <input type="checkbox"/>	Health/Medication <input type="checkbox"/>	Safety in Home <input type="checkbox"/>
	Environmental <input type="checkbox"/>	Evacuation <input type="checkbox"/>	Other <input type="checkbox"/>	Safety in Community <input type="checkbox"/>

AREA REQUIRING ACTION	CORRECTIVE ACTION TO BE TAKEN	CORRECTION Due Date:

Provider Response (optional):

Status on "Correction Required By" Due Date:	Corrected <input type="checkbox"/> Partially Corrected <input type="checkbox"/> Not Corrected <input type="checkbox"/>
If Partially Corrected or Not Corrected, Note Additional Action To Be Taken.	
Date Corrective Action was fully Completed:	

CORRECTION CONFIRMATION (To be completed after full correction of action is confirmed.)

Team Member		Confirm Date:	
Site Visit <input type="checkbox"/> Written/Evidence (Attached) <input type="checkbox"/>			

cc: Team leader, Regional Quality Enhancement Director, Regional Director, Area Director