

2.12 Periodic review and reevaluations of consumer progress are completed (*at least annually*) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation.
 (WIC §4646.5(a)(6))

Finding

Fifty-seven of the 62 (92%) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumers #16, #20, #27, #28 and #38 did not contain documentation that the consumer’s progress had been reviewed within the year. Specifically, there was no documentation (e.g. consumer signatures on a current IPP or standardized annual review form) to indicate the consumer’s progress or satisfaction with implementation of the IPP.

2.12 Recommendation	Regional Center Plan/Response
<p>SARC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumers #16, #20, #27, #28 and #38 is completed and documented at least annually.</p>	<p><u>Consumer #16</u>: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement.</p> <p><u>Consumer #20</u>: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement.</p> <p><u>Consumer #27</u>: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is reminded of this requirement.</p> <p><u>Consumer #28</u>: SARC will endeavor to ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers is completed and documented at least annually. Staff is</p>

- psychologist will provide training to SARC staff and vendors regarding behavior plans.
4. The clinical team provides ongoing training and support to service coordinators, as well as new employee orientation. The nurses offer provider training on topics such as medications, dysphagia, nutrition, obesity, emergency preparedness, and restricting health care plans.
 5. SARC has improved health care access for its consumers through the following resources and/or programs:
 - a. SARC dental coordinators provide dental screenings for consumers and review dental plans of care. Dentists vendored by SARC are available to provide anesthesia care as needed. For complex cases, the dental coordinator will assess and help coordinate dental case based on consumer need.
 - b. The regional center has collaborated with Golden Gate Regional Center and the Regional Center of the East Bay to provided crisis support services.
 - c. The clinical team works with the local managed care health plan to coordinate care for consumers.
 - d. Members of the clinical team attend county emergency preparedness meetings to obtain information for staff, consumers and providers.
 6. Members of the clinical team participate on the Risk Management Committee by reviewing all death and hospital related SIRs. Other medically related SIRs are reviewed as needed. The regional center also utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up and training as needed.
-

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed a service coordinator who is part of the team responsible for conducting SARC's QA activities.

III. Results of Interview

1. Service coordinators (SCs) are responsible for conducting the Title 17 monitoring reviews for the CCF homes. As needed, QA, clinical staff, and behaviorist are invited to attend. In addition, two unannounced visits are conducted by SC's or other regional center staff as appropriate. Reviews are generally conducted in the afternoon so that consumer may be interviewed and observed.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA Manager and the Standards Compliance Coordinator who oversee corrective action plans (CAPs). The QA manager and the Standards Compliance Coordinator oversee activities related to CAPs, special incident report (SIRs) and trends. Additional visits can occur to ensure that CAP issues have been resolved or to follow-up on SIRs. When issues of substantial inadequacies are identified, SCs are responsible for developing CAPs and ensuring providers complete the requirements.
3. SARC maintains a Resource Development Department that interviews potential providers, reviews applications and program designs and conducts new provider orientation. In addition, staff monitors ongoing compliance issues, certifications and updating of continuing educational hours. The Resource Development Department investigates CAPs or substantial inadequacies for non-licensed vendors and providers where there is no regulatory requirement to monitor.

4. SARC's QA manager, district managers and the SIR Coordinator participate on the QA Advisory Committee which meets monthly. The Committee reviews information regarding SIRs, CAPs and trends and makes recommendations and/or conducts trainings for both providers and SCs.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed 12 service providers at nine community care facilities (CCFs) and three day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed 12 direct service staff at seven community care facilities (CCFs) and five day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of nine CCFs and five day programs.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs and the day programs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Finding and Recommendation

8.3 c First Aid

CCF #2 had six direct care staff that did not have current first aid certificates.

8.3 c Recommendation	Regional Center Plan/Response
SARC should ensure that the provider at CCF #2 have current first aid certificates for all direct care staff.	CCF #2 and SARC Liaison will ensure that all vendors have updated personnel records for all direct care staff to be in compliance with first aid certifications and all required trainings. SARC QA liaison will continue to provide all CCF staff with a checklist of requirements for all direct care staff.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

Special incident reporting of deaths by San Andreas Regional Center (SARC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).

The records of the 62 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.

A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SARC reported all deaths during the review period to DDS.
2. SARC reported all special incidents in the sample of 62 records selected for the HCBS Waiver review to DDS.
3. SARC's vendors reported eight of the 10 (80%) special incidents in the supplemental sample within the required timeframes.
4. SARC reported nine of the 10 (90%) incidents to DDS within the required timeframes.
5. SARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

Finding

Consumer #5: The incident occurred on May 25, 2014. However, the vendor did not submit a written report to SARC until August 22, 2014.

Consumer #10: The incident occurred on November 8, 2013. However, the vendor did not submit a written report to SARC until November 12, 2013.

Consumer #8: The incident was reported to SARC on January 2, 2014. However, SARC did not report the incident to DDS until January 9, 2014.

Recommendation	Regional Center Plan/Response
<p>SARC should ensure that the vendors for consumers #5 and #10 report special incidents within the required timeframes.</p>	<p><u>Consumer #5:</u> SC shared there was no SIR on file for the month of May 2014. SARC will endeavor towards compliance in assuring all special incidents are reported to DDS within the required time frame.</p> <p><u>Consumer #10:</u> SC shared there was no SIR on file for the month of November 2013. SARC will endeavor towards compliance in assuring all special incidents are reported to DDS within the required time frame.</p> <p><u>Consumer #8:</u> SARC will endeavor towards compliance in assuring all special incidents are reported to DDS within the required time frame.</p>
<p>SARC should ensure that all special incidents are reported to DDS within the required timeframe.</p>	<p>SARC will continue utilizing ongoing quarterly vendor training in order to target compliance. SARC SIR manager will continue to provide manager and SC's trainings with the goal of targeting and maintaining compliance.</p>

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXXXX	11	
2	XXXXXXXX		17
3	XXXXXXXX		9
4	XXXXXXXX		
5	XXXXXXXX		7
6	XXXXXXXX	2	
7	XXXXXXXX		
8	XXXXXXXX		
9	XXXXXXXX		
10	XXXXXXXX	5	
11	XXXXXXXX	12	
12	XXXXXXXX		15
13	XXXXXXXX		8
14	XXXXXXXX		6
15	XXXXXXXX		
16	XXXXXXXX		
17	XXXXXXXX		2
18	XXXXXXXX	6	
19	XXXXXXXX		
20	XXXXXXXX		
21	XXXXXXXX		
22	XXXXXXXX	10	
23	XXXXXXXX	9	
24	XXXXXXXX		
25	XXXXXXXX		
26	XXXXXXXX		1
27	XXXXXXXX		14
28	XXXXXXXX		
29	XXXXXXXX		
30	XXXXXXXX		6
31	XXXXXXXX	4	
32	XXXXXXXX		
33	XXXXXXXX	3	
34	XXXXXXXX	13	
35	XXXXXXXX		19
36	XXXXXXXX		
37	XXXXXXXX		3

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		12
40	XXXXXXXX	7	
41	XXXXXXXX		18
42	XXXXXXXX	1	
43	XXXXXXXX		
44	XXXXXXXX		10
45	XXXXXXXX		
46	XXXXXXXX		20
47	XXXXXXXX	14	
48	XXXXXXXX	6	
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX	8	
52	XXXXXXXX		13
53	XXXXXXXX		5
54	XXXXXXXX		
55	XXXXXXXX		11
56	XXXXXXXX		
57	XXXXXXXX		9
58	XXXXXXXX		
59	XXXXXXXX		4
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		17

Supplemental Sample DC Consumer

#	UCI
DC-1	XXXXXXXX
DC-2	XXXXXXXX
DC-3	XXXXXXXX

Supplemental Sample of Terminated Consumers

#	UCI
T-1	XXXXXXXX
T-2	XXXXXXXX
T-3	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX

HCBS Waiver Review Service Providers

Day Program #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX

10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	Removed
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
1	XXXXXXXX	XXXXXXXX
2	XXXXXXXX	XXXXXXXX
3	XXXXXXXX	XXXXXXXX
4	XXXXXXXX	XXXXXXXX
5	XXXXXXXX	XXXXXXXX
6	XXXXXXXX	XXXXXXXX
7	XXXXXXXX	XXXXXXXX
8	XXXXXXXX	XXXXXXXX
9	XXXXXXXX	XXXXXXXX
10	XXXXXXXX	XXXXXXXX