

**Westside Regional Center  
Home and Community-Based Services Waiver  
Monitoring Review Report**

**Conducted by:**

**Department of Developmental Services  
and  
Department of Health Care Services**

**September 14 - 18, 2015**

## TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	page 3
SECTION I REGIONAL CENTER SELF-ASSESSMENT.....	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW.....	page 10
SECTION III COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW....	page 20
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW.....	page 23
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS.....	page 27
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS.....	page 29
B. CLINICAL SERVICES INTERVIEW.....	page 31
C. QUALITY ASSURANCE INTERVIEW.....	page 33
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS.....	page 35
B. DIRECT SERVICE STAFF INTERVIEWS.....	page 36
SECTION VIII VENDOR STANDARDS REVIEW.....	page 38
SECTION IX SPECIAL INCIDENT REPORTING.....	page 41
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS.....	page 42

## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from September 14-18, 2015, at Westside Regional Center (WRC). The monitoring team members were Kathy Benson (Team Leader), Linda Rhoades, Jennifer Parsons, and Corbett Bray from DDS, and Annette Hanson and Raylyn Garrett from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of thirty-three HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers who moved from a developmental center; and 2) 10 consumers who had special incidents reported to DDS during the review period of July 1, 2014 through June 30, 2015.

The monitoring team completed visits to two community care facilities (CCFs) and eight day programs. The team reviewed two CCF and 12 day program consumer records and 26 selected sample consumers were interviewed and/or observed.

## Overall Conclusion

WRC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by WRC are included in the report findings. DDS is requesting documentation of follow-up actions taken by WRC in response to each of the specific recommendations within 30 days following receipt of this report.

## Major Findings

### Section I – Regional Center Self-Assessment

The self-assessment responses indicated that WRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

### Section II – Regional Center Consumer Record Review

Thirty-three sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Criterion 2.13.a and 2.13.b were 63% in compliance because seven of the 19 applicable sample consumers did not contain documentation of all required quarterly face-to-face visits and progress reports. Four criteria were rated as not applicable for this review.

The sample records were 97% in overall compliance for this review. WRC's records were 98% in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

### Section III – Community Care Facility (CCF) Consumer Record Review

Two consumer records were reviewed at two CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for 16 applicable criteria. Three criteria were not applicable for this review.

WRC's records were 100% in overall compliance for the collaborative reviews conducted in 2013 and in 2011.

### Section IV – Day Program Consumer Record Review

Twelve consumer records were reviewed at eight day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 98% in overall compliance for this review.

WRC's records were 98% and 97% in overall compliance for the collaborative reviews conducted in 2013 and 2011, respectively.

#### Section V – Consumer Observations and Interviews

Twenty-six sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All but one of the interviewed consumers/parents indicated they were satisfied with their services, health and choices.

#### Section VI A – Service Coordinator Interviews

Six service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

#### Section VI B – Clinical Services Interview

A Director of Clinical Services and a staff psychologist were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management and Mitigation Committee.

#### Section VI C – Quality Assurance Interview

A quality assurance specialist was interviewed using a standard interview instrument. She responded to questions regarding how WRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

#### Section VII A – Service Provider Interviews

Two CCF and three day program service providers were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

### Section VII B – Direct Service Staff Interviews

Two CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities. All but one of the direct service staff were familiar with procedures to prepare for and respond to emergency situations and to properly document PRN medication information.

### Section VIII – Vendor Standards Review

The monitoring team reviewed two CCFs and three day programs utilizing a standard checklist with 24 criteria that are consistent with HCBS Waiver requirements. All but one of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

### Section IX – Special Incident Reporting

The monitoring team reviewed the records of the HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. WRC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported all 10 incidents to WRC within the required timeframes, and WRC subsequently transmitted all 10 special incidents to DDS within the required timeframes. WRC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

## SECTION I

### REGIONAL CENTER SELF-ASSESSMENT

#### I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about Westside Regional Center's (WRC) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations, as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

WRC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

#### III. Results of Assessment

The self-assessment responses indicate that WRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>The regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meets the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the memorandum of understanding (MOU) between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each CCF annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts no less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

<b>Regional Center Self-Assessment HCBS Waiver Assurances</b>	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.</p>
Only qualified providers serve HCBS Waiver participants	<p>The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver. The criteria addresses requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs), periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

#### II. Scope of Review

1. Thirty-three HCBS Waiver consumer records were selected for the review sample.

<b>Living Arrangement</b>	<b># of Consumers</b>
Community Care Facility (CCF)	6
With Family	12
Independent or Supported Living Setting	15

2. The review period covered activity from July 1, 2014 to June 30, 2015.

#### III. Results of Review

The sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Additionally, three supplemental records were reviewed solely for documentation indicating that the consumer received face-to-face reviews every 30 days after moving from a developmental center. Four criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 19 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for eight criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Finding

Thirty-two of the 33 (97%) sample consumer records contained a dated and signed DS 2200 form. However, the DS 2200 form for consumer #8 was not signed by the conservator. During the monitoring review, the conservator signed the DS 2200. Accordingly, no recommendation is required.

- 2.5.b The consumer’s qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer’s record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Finding

Thirty-two of the 33 (97%) sample consumer records documented level of care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in the record for consumer #23 did not support the determination that all of the issues identified in the CDER and DS 3770 could be considered qualifying conditions. “Dresses self, but needs assistance” was identified as a qualifying condition on the DS 3770, but there was no supporting information in the consumer’s record (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports.

2.5.b Recommendation	Regional Center Plan/Response
WRC should determine if the item listed above for consumer #23 is appropriately identified as a qualifying condition. The consumer’s DS 3770 form should be corrected to ensure that any items that do not represent substantial limitations in the consumer’s ability to perform activities of daily living and/or participate in community activities are no longer identified as qualifying conditions.	Consumer #23’s CDER and 3770 have been changed to “Dresses self independently, but needs reminders to complete,” which is supported by consumer #23’s IPP. Training has been provided to SCs to reinforce the importance of accurate/matching recording of deficit information in the IPP and CDER.

- 2.6.a The IPP is reviewed (*at least annually*) by the planning team and modified as necessary, in response to the consumer’s changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Finding

Thirty-two of the 33 (97%) sample consumer records contained documentation that the consumer’s IPP had been reviewed annually by the planning team. However, there was no documentation that the IPP for consumer #33 had been reviewed during the monitoring review period.

2.6.a Recommendation	Regional Center Plan/Response
WRC should ensure that the IPP for consumer #33 is reviewed at least annually.	An IPP for consumer #33 was completed on 8/26/15. SCs have been reminded to complete annual IPPs.

- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. [WIC §4646(g)]

Finding

Thirty-two of the 33 (97%) sample consumer records contained IPPs that were signed by WRC and the consumers or their legal representatives. However, the IPP for consumer #8 was not signed by the conservator. During the monitoring review, the conservator signed the IPP. Accordingly, no recommendation is required.

- 2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]

Findings

Thirty of the 33 (91%) sample consumer records contained IPPs that included all services and supports purchased by the regional center. However, the IPPs for three consumers did not indicate WRC funded services as indicated below:

1. Consumer #1: Dental services
2. Consumer #12: Transportation
3. Consumer #15: Psychiatrist

2.10.a Recommendation	Regional Center Plan/Response
WRC should ensure that the IPPs for consumers #1, #12, and #15 include a schedule of the type and amount of all services and supports purchased by WRC.	An addendum for consumer #1, a quarterly for consumer #12, and an IPP correction for consumer #15 have been made for each case to properly identify services and supports funded by WRC. Training has been provided to reinforce the importance of listing all WRC funded services in the IPP.

- 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

Thirty-two of the 33 (97%) sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the record for consumer #33 did not contain documentation that the consumer’s progress had been reviewed within the year.

2.12 Recommendation	Regional Center Plan/Response
WRC should ensure that a review and reevaluation of progress regarding planned services, timeframes and satisfaction for consumer #33 is completed and documented at least annually.	An IPP for consumer #33 was completed on 8/26/15. SCs have been reminded to complete IPPs annually.

- 2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities (CCFs), family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twelve of the 19 (63%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for seven consumers did not meet the requirements as indicated below:

1. The records for consumers #17, #18, #22, and #23 contained documentation of three of the required meetings.
3. The records for consumers #12, #14, and #16 contained documentation of one of the required meetings.

2.13.a Recommendation	Regional Center Plan/Response
WRC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #12, #14, #16, #17, #18, #22, and #23.	The importance of face-to face quarterly meetings has been stressed and reinforced. On-going training will be provided in this area.

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 CCFs, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Twelve of the 19 (63%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for seven consumers did not meet the requirements as indicated below:

1. The records for consumers #17, #18, #22, and #23 contained documentation of three of the required quarterly reports of progress.
2. The records for consumers #12, #14, and #16 contained documentation of one of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
WRC should ensure that future quarterly reports of progress are completed for consumers #12, #14, #16, #17, #18, #22, and #23.	The importance of completing quarterly progress reports has been stressed and reinforced. On-going training will be provided in this area.

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 33 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	33			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	33			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	33			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	33			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	3		30	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	32	1		97	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the			33	N/A	None

Regional Center Consumer Record Review Summary Sample Size = 33 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; WIC §4646(g)]					
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5; 42 CFR 441.302)	33			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]	33			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	32	1		97	See Narrative
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]	32	1		97	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the			33	N/A	None

Regional Center Consumer Record Review Summary Sample Size = 33 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
	planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. ( <i>HCBS Waiver requirement</i> )					
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. [ <i>WIC §4646(g)</i> ]	32	1		97	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.			33	N/A	None
2.7.c	The IPP is prepared jointly with the planning team. [ <i>WIC §4646(d)</i> ]	33			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. [ <i>WIC §4646.5(a)</i> ]	33			100	None
2.9	The IPP addresses the consumer's goals and needs. [ <i>WIC §4646.5(a)(2)</i> ]	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	33			100	None
2.9.b	The IPP addresses special health care requirements.	8		25	100	None
2.9.c	The IPP addresses the services for which the CCF provider is responsible for implementing.	6		27	100	None
2.9.d	The IPP addresses the services for which the day program provider is responsible for	18		15	100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 33 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
	implementing.					
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	15		18	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	33			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [WIC §4685(c)(2)]	7		26	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [WIC §4646.5(a)(4)]	30	3		91	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [WIC §4646.5(a)(4)]	33			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [WIC §4646.5(a)(4)]			33	N/A	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. [WIC §4646.5(a)(4)]	33			100	None

<b>Regional Center Consumer Record Review Summary</b>						
<b>Sample Size = 33 + 3 Supplemental Records</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) 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)]	32	1		97	See Narrative
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	12	7	14	63	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement</i> )	12	7	14	63	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (WIC §4418.3)	3		33	100	None

## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Two consumer records were reviewed at two CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 16 criteria. Three criteria were not applicable for this review.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 2; CCFs = 2</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. [Title 17, CCR, §56017(b); Title 17, CCR §56059(b); Title 22, CCR, §80069]	2			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	2			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	1		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer, including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	2			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	2			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	2			100	None
3.1.i	Special safety and behavior needs are addressed.	2			100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. [Title 17, CCR, §56019(c)(1)]	2			100	None
3.3	The facility has a copy of the consumer's current IPP. [Title 17, CCR, §56022(c)]	2			100	None

<b>Community Care Facility Record Review Summary</b>						
<b>Sample Size: Consumers = 2; CCFs = 2</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semi-annual reports of consumer progress. [ <i>Title 17, CCR, §56026(b)</i> ]	1		1	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		1	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. [ <i>Title 17, CCR, §56026(c)</i> ]	1		1	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		1	100	None
3.5.c	Quarterly reports include a summary of data collected. [ <i>Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026</i> ]	1		1	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. [ <i>Title 17, CCR §56026(a)</i> ]	2			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	2			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			2	N/A	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )			2	N/A	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )			2	N/A	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Twelve sample consumer records were reviewed at eight day programs (DP) visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 15 of the 17 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for two criteria are detailed below.

#### IV. Findings and Recommendations

- 4.2 The day program has a copy of the consumer's current IPP.  
[Title 17, CCR, § 56720)(b)]

##### Findings

Ten of the 12 (83%) sample consumer records contained a copy of the consumer's current IPP. However, the records for consumers #16 and #25 at DP #2 did not have a copy of their current IPP.

4.2 Recommendation	Regional Center Plan/Response
WRC should ensure that the provider at day program #2 receives a copy of the current IPP for consumers #16 and #25.	Copies of the IPPs for consumers #16 and #25 have been sent to the provider at day program #2. Staff has received reminder training on the importance of sending copies of current IPPs to providers. WRC QA staff will monitor

	during site visits. DPs have been instructed to notify QA staff if the IPP is not received after two attempts to obtain it from the SC.
--	---

4.4.a The day program prepares and maintains written semiannual reports.  
 [Title 17, CCR, § 56720(c)]

Finding

Eleven of the 12 (91%) sample consumer records contained written semiannual reports of consumer progress. However, the record for consumer #7 at day program #8 contained only one of the required written semiannual reports.

4.4.a Recommendation	Regional Center Plan/Response
WRC should ensure that the provider at day program #8 completes semiannual reports for consumer #7.	WRC QA staff instructed DP to provide required documentation. WRC will continue to instruct DP to provide semi-annual reports at all DP in-service trainings.

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 12; Day Programs = 8</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (Title 17, CCR, §56730)	12			100	None
4.1.a	The consumer record contains current emergency and personal identification information, including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	12			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	12			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	12			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	10		2	100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	12			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	12			100	None

<b>Day Program Record Review Summary</b>						
<b>Sample Size: Consumers = 12; Day Programs = 8</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	12			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	11		1	100	None
4.2	The day program has a copy of the consumer's current IPP. [ <i>Title 17, CCR §56720(b)</i> ]	10	2		83	See Narrative
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. [ <i>Title 17, CCR, §56720(a)</i> ]	12			100	None
4.3.b	The day program's Individual Service Plan (ISP) or other program documentation is consistent with the services addressed in the consumer's IPP.	12			100	None
4.4.a	The day program prepares and maintains written semi-annual reports. [ <i>Title 17, CCR, §56720(c)</i> ]	11	1		91	See Narrative
4.4.b	Semi-annual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	12			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		11	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		11	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		11	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

#### II. Scope of Observations and Interviews

Twenty-six of the 33 consumers, or in the case of minors, their parents, were interviewed and/or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Fifteen adult consumers agreed to be interviewed by the monitoring teams.
- ✓ Seven consumers did not communicate verbally or declined an interview, but were observed.
- ✓ Four interviews were conducted with parents of minors.
- ✓ Seven consumers/parents of minors were unavailable for or declined interviews.

#### III. Results of Observations and Interviews

All consumers and parents of minors, except one, who were interviewed, indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

#### IV. Finding and Recommendation

Consumer #2 at CCF #1 states that he has requested that staff look at his picture in the medication administration record (MAR) for identification purposes before assisting him with his medication. They have told him that they feel it is not necessary since they know who he is. Also, he stated that he would like the choice of fresh fruit and vegetables occasionally.

Recommendation	Regional Center Plan/Response
WRC should follow-up with CCF #1 to respect the consumer's request regarding medication administration procedures and the availability of fresh fruit and vegetables.	WRC QA staff follow-up with residential provider to indicate client requests and also that they are required to have fresh fruits available at all times and fresh vegetables with meals and for snacks available at all times. WRC has been conducting unannounced visits to ensure that this requirement is being met.

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP/annual review process, and how they monitor services, health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed six Westside Regional Center (WRC ) service coordinators.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize WRC's clinical team and internet medication guides as resources.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident report process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

## SECTION VI B

### CLINICAL SERVICES INTERVIEW

#### I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. The interview with clinical services staff aids in determining what measures the regional center utilizes to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

#### II. Scope of Interview

1. The monitoring team interviewed Westside Regional Center's (WRC) Director of Clinical Services and a staff psychologist.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; and role in Risk Management and Mitigation Committee and special incident reports.

#### III. Results of Interview

The WRC clinical team includes physicians, clinical psychologists, a behavioral/autism specialist, registered nurses, and occupational, speech and physical therapists. The team also includes dental, wellness and intake coordinators. In addition, the WRC clinical team utilizes consultants for pediatric, neurology, psychiatric, and pharmacy services.

The clinical team nurses and physicians provide support in the management of clients with health care issues. Nurses are available to assist with on-site nursing assessments and hospital discharge planning, as requested. The team also provides a variety of training and education to staff, consumers, families and providers. Recent topics have included seizures, stress reduction, mental health conditions, feeding issues, medications and dental needs.

The clinical team participates in monitoring consumers' medications. If requested, a physician or nurse may review consumers who are prescribed multiple medications and contact their primary physician if needed. The WRC pharmacist and nurses are also available to provide additional medication monitoring and training to residential providers.

Members of the clinical team review reports from Mission Analytics regarding polypharmacy and follow-up as needed.

The clinical team is involved with consumers' behavioral plans and mental health issues. The behavioral/autism specialist reviews behavior plans and makes recommendations; if needed, a team approach is utilized for challenging behavioral issues. When appropriate, on-site visits are made to observe implementation and effectiveness of behavior plans. Members of the clinical team participate in meetings and provider trainings with the Department of Mental Health.

WRC has relationships with University California, Los Angeles (UCLA) and Kaiser Hospital to perform dental procedures at these facilities. The dental coordinator performs dental screenings and provides education and training to providers.

WRC has improved access to healthcare resources through the following programs:

- ✓ Managed care liaison
- ✓ Wellness grants and special projects for dual diagnosis, mental health, and transitional age supports
- ✓ Weight and exercise program
- ✓ Collaboration with local crisis support teams
- ✓ Mobility equipment clinic
- ✓ Vision and hearing screening done with Early Start assessment
- ✓ Collaboration with the UCLA Neuropsychiatric Institute
- ✓ Internship with University of Southern California MSW students
- ✓ Internship with Mount Saint Mary's nursing students
- ✓ Collaboration with Achievable (Community Health Center) that provides medical and mental health services
- ✓ Trainings for UCLA medical residents
- ✓ Parent mentor training

The clinical team has an active role in risk management. Medical related special incident reports are referred to the team for review and follow-up as indicated. A clinical team physician and nurse review all deaths and participate on the morbidity and mortality review committee. The regional center utilizes Mission Analytics Group Inc., the State's risk management contractor, to analyze special incidents for trends. The committee uses the trend analysis to provide training to regional center staff and providers.

## 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 quality assurance specialist who is part of the team responsible for conducting WRC's QA activities.

#### III. Results of Interview

1. The quality assurance specialist provided specific information about WRC's process for conducting annual Title 17 reviews, unannounced visits and provider training. The annual Title 17 visits are completed by quality assurance specialists. Title 17 visits include a comprehensive review of the home, client record review, and other items on a checklist. A service coordinator (facility liaison) assigned to the home does the two unannounced visits each year. When issues of substantial inadequacies are identified, a form is completed and sent to the quality assurance team. A QA specialist investigates to determine whether a Corrective Action Plan (CAP) will be issued and will conduct the follow-up with the assistance of facility liaisons to ensure providers complete the CAP requirements.
2. The risk management and mitigation coordinator reviews all special incident reports (SIRs) and ensures effective follow-up on an individual and systemic basis. The coordinator develops trend analysis reports for the Risk Management and Mitigation Committee. The committee reviews these reports and trends on a bi-monthly basis. These trends are then provided to all program managers and quality assurance managers to share with case management staff. The quality assurance team meets bi-monthly to review and discuss the reports and trends.

3. The information obtained from QA activities is compiled and analyzed for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. Case management staff and QA staff meet monthly to discuss trends and develop appropriate vendor training. They also meet on a quarterly basis with Community Care Licensing. All vendors are encouraged to attend trainings. The "Training and Events Calendar" is posted on the internet with the topics, dates and times of available trainings offered by WRC.
4. The resource development committee reviews and recommends for approval vendor applications for CCF's, independent living services, supported living services, and day programs. The QA team also monitors day programs and provides support of other vendored providers periodically.

## 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 five service providers at two 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, 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 five direct service staff at two 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 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. All but one of the direct service staff demonstrated an understanding about emergency preparedness.
6. All but one of the direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

IV. Findings and Recommendations

7.B.2.b Direct care staff are familiar with emergency preparedness.

Finding

The direct service staff at CCF #1 was not familiar with what actions to take in the event of a natural disaster.

7.B.2.b Recommendation	Regional Center Plan/Response
WRC should ensure that the direct service staff at CCF #1 is knowledgeable regarding natural disaster procedures.	WRC QA staff met with CCF #1 regarding staff training around natural disaster procedure training. WRC QA is completing unannounced visits to ensure that staff is knowledgeable. These procedures are also reviewed during every annual audit of CCFs.

7.B.2.c Direct care staff are knowledgeable regarding safeguarding and assisting with self-administration of medicines.

Finding

The direct service staff at CCF #1 did not know how to properly document PRN medication information.

7.B.2.c Recommendation	Regional Center Plan/Response
WRC should ensure that the direct service staff at CCF #1 knows how to properly document PRN medication information.	WRC has provided in-service training to CCF #1 regarding medication documentation including PRN procedures. WRC QA will provide monitoring and further training to ensure that staff properly document medication administration. WRC QA staff have been conducting unannounced visits to monitor medication protocols and administration.

## 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 two CCFs and three 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. Findings and Recommendations

##### 8.1.c Maintenance

CCF #1 was found to have a consumer bed with no sheets and pillow case. The bedding consisted of a waterproof mattress cover and comforter.

8.1.c Recommendation	Regional Center Plan/Response
WRC should ensure that CCF #1 provides adequate bedding for consumers.	WRC is working closely with CCF #1 in regards to client's rights to adequate living supports and client's rights to live in a home like setting. WRC has been and will continue to conduct unannounced visits and provide technical assistance to this vendor.

8.1.g Appropriate Storage

CCF #1 had cleaning compounds on the floor in the food preparation area of the kitchen.

8.1.g Recommendation	Regional Center Plan/Response
WRC should ensure that CCF #1 stores cleaning compounds properly.	WRC is working closely with CCF #1 in regards to client's rights to adequate living supports and client's rights to live in a safe, home like setting. WRC has been and will continue to conduct unannounced visits and provide technical assistance to this vendor.

8.2.d PRN Medication Records

CCF #1 did not document the time and consumers' response to PRN medications.

8.2.d Recommendation	Regional Center Plan/Response
WRC should ensure CCF #1 properly documents all required PRN medication information.	WRC has provided in-service training to CCF #1 regarding medication documentation including PRN procedures. WRC QA will provide monitoring and further training to ensure that staff properly document medication administration. WRC QA staff has been conducting unannounced visits to monitor medication protocols and administration.

8.5.b Privacy

Staff at CCF #1 was observed unlocking and entering a consumer's bedroom door without knocking first.

8.2.b Recommendation	Regional Center Plan/Response
WRC should ensure that staff at CCF #1 observes consumers' privacy by knocking before entering their bedroom.	WRC is working closely with CCF #1 in regards to client's rights to adequate living supports and client's rights to live in a home like setting. WRC has been and will continue to conduct unannounced visits and

	technical assistance to this vendor. WRC has provided CCF #1 with technical assistance regarding client's rights.
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During the review at CCF #1, we were told by the consumer that new management and staff was brought in and that they lacked the friendliness of the old management and he misses them. The consumer reported his mother had placed him there before she passed away and thought that this was a good place for him and that he should stay. The consumer reported he also has a roommate that he likes and does not want to leave. The consumer reported he likes the area and can walk everywhere in the community. The consumer reported he has been offered alternate living arrangements, though he chooses to remain at the CCF. The home is on a "due not refer status" with WRC.

The home is not currently under a Corrective Action Plan (CAP); the last one issued was February 10, 2015. The CAP was issued after quality assurance (QA) staff found two Title 17 Substantial Inadequacies; there were numerous medication administration and documentation errors, and the CCF staff had not completed their Direct Support Professional (DSP) training within the required timeframes. The WRC Community Services department completes quarterly visits to the home to ensure compliance with Title 22 and Title 17 regulations. In addition, they also attend quarterly meetings with Community Care Licensing (CCL) to share all quality assurance and home specific issues. The home continues to be reviewed for licensing revocation with CCL. The process is usually lengthy and often is resolved through a settlement. WRC is supporting their clients during this process.

81. Recommendation	Regional Center Plan/Response
WRC should ensure that the residents residing in CCF #1 are in a safe, healthy, positive environment where their rights are respected.	WRC is working closely with CCF #1 in regards to client's rights to adequate living supports and client's rights to live in a safe, home like setting. WRC has been and will continue to conduct unannounced visits and technical assistance to this vendor. WRC continues to work with CCL to monitor this facility.

## 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 Westside Regional Center (WRC) 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 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 10 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. WRC reported all deaths during the review period to DDS.
2. WRC reported all special incidents in the sample of records selected for the HCBS Waiver review to DDS.
3. WRC's vendors reported all 10 (100%) special incidents in the supplemental sample within the required timeframes.
4. WRC reported all 10 (100%) incidents to DDS within the required timeframes.
5. WRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

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

**Supplemental Sample DC Consumer**

#	UCI
46-DC	XXXXXXXX
47-DC	XXXXXXXX
48-DC	XXXXXXXX

**HCBS Waiver Review Service Providers**

CCF #	Vendor
1	XXXXXXXX
2	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

**SIR Review Consumers**

#	UCI	Vendor
34-S	XXXXXXXX	XXXXXXXX
35-S	XXXXXXXX	XXXXXXXX
36-S	XXXXXXXX	XXXXXXXX
37-S	XXXXXXXX	XXXXXXXX
38-S	XXXXXXXX	XXXXXXXX
39-S	XXXXXXXX	XXXXXXXX
40-S	XXXXXXXX	XXXXXXXX
41-S	XXXXXXXX	XXXXXXXX
42-S	XXXXXXXX	XXXXXXXX
43-S	XXXXXXXX	XXXXXXXX