Compliance Summary Report

Compliance Summary Report of **Independent Review Tool 30Nov2014** on **Burton, Adam W.**

Reviewer: ***Teri Clark***	Total Cites: ***8***
Provider: ***Burton, Adam W.***	Total POCs: ***8***
County Name: ***Clermont County***	

CITE #1

Question	Explanation	
Is there evidence that the provider completed a semi-annual and annual review of MUI reports to identify trends and patterns?5123:2-17-02	The provider did not have evidence that he completed the semi-annual and annual reports of MUI's to the County Board.	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: adopted unusual incident report formsee attached form in email	Approved	

CITE #2

Question	Explanation	
Is there evidence that the Pattern and Trends Analysis report contains the following required elements:•Date of review;•Name of person completing review;•Time period of review;•Comparison of data for previous three years;•Explanation of data;•Data for review by major unusual incident category type;•Specific individuals involved in established trends and patterns (i.e., five major unusual incidents of any kind within six months, ten major unusual incidents of any kind within a year, or other pattern identified by the individual's team);•Specific trends by residence, region, or program;•Previously identified trends and patterns; and•Action plans and preventive measures to address noted trends and patterns5123:2-17-02	The Provider failed to provide evidence that there was a Trends and Analysis report containing the required elements.	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: adopted unusual incident report formsee attached form in email	Approved	

CITE #3

Question	Explanation	
Is there evidence that the independent provider reviewed all unusual incidents as necessary but no less than monthly to ensure appropriate preventative measure have been implemented and trends and patterns identified and addressed?5123:2-17-02	Provider failed to have a Log to show at least monthly reviews of the Unusual Incidents.	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: adopted unusual incident report formsee attached form in email	Approved	

CITE #4

Question	Explanation	
Did the provider/staff person providing HPC waiver services receive annual training in the principles to positive intervention culture?5123:2-9-30	The provider providing HPC waiver services failed to receive the annual training in the principles to positive intervention culture.	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: completed training workbookcertificate will be emailed upon retrieval	Approved	

CITE #5

Question	Explanation	
Did the provider/staff person providing HPC waiver services receive annual training in self-determination?5123:2-9-30	The provider providing HPC waiver services failed to receive the annual training in self-determination.	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: completed training workbookcertificate will be emailed upon retrieval	Approved	

CITE #6

Question	Explanation	
Did the provider/staff person providing HPC OR Adult Foster Care waiver services receive annual training in their role in providing behavior supports?5123:2-9-30; 5123:2-9-33	The provider providing HPC OR Adult Foster Care waiver services failed to receive the annual training in their role in providing behavior supports.	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: completed training workbookcertificate will be emailed upon retrieval	Approved	

CITE #7

Question	Explanation	
Did the independent provider maintain a log of unusual incidents which includes: •Name of Individual•Description of Incident•Identification of Injuries•Time/Date of Incident•Location of Incident•Preventative Measures5123:2-17-02	The Provider failed to maintain a log of Unusual Incidents	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: adopted unusual incident report formsee attached form in email	Approved	

CITE #8

Question	Explanation	
Begins UI Section Is there evidence that the Incident Report contains the following required elements?•Individual's name;•Individual's address;•Date of incident;•Location of incident;•Description of incident;•Type and location of injuries;•Immediate actions taken to ensure health and welfare of individual•involved and any at-risk individuals;•Name of primary person involved and his or her relationship to the•individual;•Names of witnesses;•Statements completed by persons who witnessed or have personal•knowledge of the incident;•Notifications with name, title, and time and date of notice;•Further medical follow-up; and•Name of signature of person completing the incident report.5123:2-17-02	Provider failed to ensure that all the areas were identified in the UI Log. As he failed to have a UI Log	
POC	**Status**	**Comments**
Date to Implement POC: December 5, 14POC Actions: adopted unusual incident report formsee attached form in email	Approved	