

# Compliance Summary Report

Compliance Summary Report of **ENRICHMENT CENTER INC. #2 28Feb2013** on **ENRICHMENT CENTER INC.**

Reviewer: *Kateri Hargrove*  
 Provider: **ENRICHMENT CENTER INC.**  
 County Name: *Trumbull County*

Total Cites: **14**  
 Total POCs: **14**

## CITE #1

Question	Explanation
Was the IP revised based on the changes in the individuals needs/wants?	The ICF/DD did not ensure that the IP was revised based on changes in the individual's needs and wants. The BSP for ID#1 included in the 4/4/12 ISP was not changed to reflect the team's decision to discontinue the 2 person escort to be used if needed.
POC	Status
After reviewing and investigating the IP for Individual #1, it was discovered that neither the Interdisciplinary team nor Psychologist discontinued the 2 person escort or the intervention for physical aggression. The statement in the minutes was an error. The team continued the behavior support plan with the intervention for physical aggression. Special team was held on 3/07/2012 to correct the statement in IP. QMRP will monitor and review all minutes thoroughly. Completion Date: 3/07/2013	Approved

## CITE #2

Question	Explanation
Is there evidence that the ICF/DD notified the county board about the below listed incidents within 4 hours of discovery?• Abuse• Exploitation• Misappropriation• Neglect• Suspicious/Accidental Death• Media Inquiry	The ICF/DD did not ensure there was evidence of ICF/DD notifications within 4 hours of discovery in cases of abuse, exploitation, misappropriation, neglect. A review of the MUI dated 10/6/12-7:15-pm involving ID#6 and an allegation of physical abuse was not reported to the Trumbull county board until 10/8/12-11:15 A. M.
POC	Status
Staff receives initial training on MUI reporting upon hire. Staff was rein-service on MUI reporting on 02/26/2013. MUI Coordinator will monitor for compliance Completion Date: 03/29/2013	Approved

## CITE #3

Question	Explanation
Is there evidence that notifications were made on the same day of the incident to the following as applicable:• Guardian• Residential Provider	The ICF/DD did not ensure there was evidence of same day notification of the incident to the guardian.A review of the MUI dated 10/6/12-7:15-pm involving ID#6 and an allegation of physical abuse was not reported to the legal guardian(APSI) until 10/8/12-11:07 A. M.
POC	Status
Staff receives initial training on MUI reporting upon hire. Staff was rein-service on MUI reporting on 02/26/2013. MUI Coordinator will monitor for compliance Completion Date: 03/29/2013	Approved



**CITE #4**

Question	Explanation
<p>Is the plan being implemented as written?</p>	<p>Documentation sheets for ID#1's programs did not include the medication program for January 2013, hand washing for December 2012 and identifying food groups for December 2012 and January 2013. Also, the ISP and quarterlies are not consistent when addressing ID #1's priority needs. For example, a self- medication program was not addressed in the ISP dated 4/4/12, and the quarterly dated 7/2/12. This program was listed in the quarterly dated 10/3/12 but was absent from the quarterly dated 1/2/13. There was no explanation for the addition and then the deletion of this goal. The provider failed to implement the behavior plan for ID #2 as written as evidenced by the following:-The interventions listed on the behavior intervention data sheets are not the interventions that are to be implemented per the Behavior Support Plan. The provider also failed to implement the ISP for ID #2 as written as evidenced by the following:-The IP dated 8/2/12 indicated she was going to be learning to brush her hair with physical prompts and to prepare a simple sugar free recipe with physical prompts. It also indicated that her communication program was going to be revised to using a communication board. There was no evidence that these programs had been implemented or that the revision has occurred.</p>

POC	Status	Comments
<p>Special Team was held on 03/07/2013 regarding ID#1's programs of medication, hand washing and identifying food groups. Team stated that Self-Medication and Identifying food groups are not a priority for Ray at this time due to his dementia. QMRP's and QMRP Specialist and Active Treatment Assistant's will be in-service to ensure hand-washing programs and all other programs are implemented, documented and monitored each month. QMRP has reorganized the department to eliminate not being able to locate items in a timely manner. QMRP will monitor for compliance. Completion Date: 03/29/2013 Behavior Data sheet for ID#2 and any other applicable individuals will be revised to reflect interventions in the Behavior Support Plan. QMRP &amp; QMRP Specialist will monitor for compliance. Completion Date: 03/29/2013 Special Team Meeting was held on 3/7/13 for ID#2 regarding programs that were to be implemented in the ISP. QMRP has reorganized the department to eliminate not being able to locate items in a timely manner. QMRP &amp; QMRP Specialist will monitor for compliance. Completion Date: 03/29/2013</p>	<p>Approved</p>	

**CITE #5**

Question	Explanation
<p>If the plan includes aversive interventions (including rights restrictions), did the specially constituted committee (Behavior Support/Human Rights Committee) review and approve the plan prior to implementation?</p>	<p>The BSP for ID#2, which included aversive interventions and rights restrictions, was implemented (8/16/12) prior to Human Rights review and approval (8/27/12). A review of ID #2's ISP and BSP indicated chemicals are to be kept locked due to her inability to safely use them independently and her arms are wrapped at all times during the day due to self-injurious behavior. There was no evidence of Human Rights approval for these rights restrictions/restraints.</p>

POC	Status	Comments

QMRP's will be in-service regarding implementing behavior support plans and aversives. This will include ensuring the behavior support plans and aversives have been approved by the Human Rights Committee prior to implementation. Special team was held for ID#2 regarding arm wraps on 02/25/2013 and the restriction approved by Human Rights Committee on 02/25/2013. QMRP will monitor for compliance. See attached Completion Date: 03/07/2013. Special Team was held on 03/07/2013 for ID#2 regarding chemical restriction. Household chemicals are not locked away for ID#2's living unit. ID#2 requires supervision from staff when using household chemicals. QMRP will monitor for compliance. Completion Date: 03/29/2013

Approved

#### CITE #6

Question	Explanation
If the IP includes aversive interventions (including rights restrictions), was informed consent obtained prior to implementation?	The ICF/DD did not ensure that the individual/guardian gave consent to the IP prior to implementation. The BSP for ID#1, dated 4/4/12 which included an aversive for a 2 person escort if needed, did not have evidence of guardian consent.

POC	Status	Comments
Consent of IP for individual #1 was not available at the time of survey due to not being located. Consent of IP dated 4/4/2012 for individual #1 has been provided. QMRP has reorganized the department to eliminate not being able to locate items in a timely manner. QMRP will monitor for compliance. Completion Date: 3/04/2013	Approved	

#### CITE #7

Question	Explanation
For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP?	There was no evidence that staff persons had been trained on the ISP or BSP dated 8-16-12 for ID#2 prior to implementation. There was no evidence that staff had been trained on the BSP dated 12/6/12 for ID#4 prior to implementation.

POC	Status	Comments
In-service completed with staff for Individual #2 for ISP and BSP dated 8-16-12. In-service completed with staff for Individual #4 concerning BSP. QMRP's and QMRP Specialist in-serviced regarding in-service & training on ISP and BSP with staff prior to implementation. QMRP and QMRP Specialist will monitor for compliance. Completion Date: 03/29/2013	Approved	

#### CITE #8

Question	Explanation
During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?	A review of the MUI dated 9/26/12 for ID#4 reported by the day program staff revealed he was transported to his day program with a malfunctioning wheelchair lap belt. ECI staff tied the lap belt in a knot an attempt to secure the lap belt. And failed to write an incident report to document the malfunctioning equipment.

POC	Status	Comments

Enrichment Center Inc. and the Nicholson Center staff were in-serviced on 10/3/2012 on Plan of Prevention regarding when equipment is broken or in need of repair. QMRP will implement a policy for staff to systematically check clients prior to leaving the facility to ensure that any safety devices are operating properly. All staff will be rein-serviced. QMRP will monitor for compliance. Completion Date: 03/29/2013

Approved

**CITE #9**

Question	Explanation	
Does the plan address the individual's assessed needs in the area of fire safety?	The facility was not able to provide evidence of annual fire safety training for any of the individuals at the facility.	
POC	Status	Comments
Facility has provided evidence of annual fire safety training for individuals of the facility. QMRP will monitor for compliance. QMRP has reorganized the department to eliminate not being able to locate items in a timely manner. Completion Date: 3/04/2013	Approved	

**CITE #10**

Question	Explanation	
Does the plan address the individual's assessed needs in the area of emergency response?	The facility was not able to provide evidence of annual emergency response training for any of the individuals at the facility.	
POC	Status	Comments
Facility has provided evidence of annual emergency response training for individuals of facility. QMRP will monitor for compliance. QMRP has reorganized the department to eliminate not being able to locate items in a timely manner. Completion Date: 3/04/2013	Approved	

**CITE #11**

Question	Explanation	
Does the ICF/ID ensure that the account transaction records/ledgers include Individual or staff signatures for withdrawals?	The ICF/DD did not include individual signatures on the transactions for withdrawals. A review of the funds authorization form for ID #1, ID#2, ID #3, and ID#4 had no evidence of their signature for personal funds spent. The form stated "authorization on file."	
POC	Status	Comments
ID#1, ID#2, ID#3, and ID#4 and all other clients will acknowledge their individual by signing the Enrichment Center Requisition Form for funds to be withdrawn out of the personal account. QMRP will in-service all staff responsible for requisitioning funds regarding the individual's signature is present on the requisition form before submitting. QMRP and Staff Accountant will monitor to ensure compliance. Completion Date: 03/01/2013	Approved	

**CITE #12**

Question	Explanation	
Does the ICF/ID ensure that individuals have access to their funds as stipulated in the IP?	A review of the financial records revealed that funds were not made available to the individuals within 5 business days. The Personal Allowance checks for December 2012, which would have been received by the agency on or about the 3rd of December, were not deposited into the accounts for all of the individuals in the sample until December 13th.	
POC	Status	Comments
The personal allowance checks for all individual's accounts will be deposited five days after receipt of check. The staff accountant will in-service all bookkeepers regarding the deposit of individuals' personal allowance checks 5 days after receipt. The staff accountant will monitor to ensure compliance. Completion Date: 02/28/2013	Approved	

**CITE #13**

Question	Explanation
Did the individual or guardian give informed consent to the IP prior to implementation?	The ICF/DD did not ensure that the individual/guardian gave consent to the IP prior to implementation. A review of ID#1's annual ISP, dated 4/4/12, and quarterly ISP reviews dated 10/3/12 and 7/2/12 did not include evidence of guardian consent.

  

POC	Status	Comments
Consent of IP for individual #1 was not available at the time of survey due to not being located. Consent of IP dated 4/4/2012 for individual #1 has been provided. QMRP has reorganized the department to eliminate not being able to locate items in a timely manner. QMRP will monitor for compliance. Completion Date: 3/04/2013	Approved	

CITE #14

Question	Explanation
Are medication, treatments and dietary orders being followed?	A review of the ISP and dietary order for Individual #2 revealed she is to follow a diet of no pork and no meat with dairy products for religious reasons. In reviewing the menu, there was no indication that a separate meal item was planned or prepared for the individual on dates when pork was on the menu. The facility had no evidence of menu modifications that were made for this individual and there was also no indication during the file review or in conversations with the QIDP and dietary supervisory that she chooses to not follow her dietary order.

POC	Status	Comments
On 3/12/13 the Dietitian developed a men addressing ID #2's dietary restriction related to religious preference. Direct Care and Dietary Staff will be inserviced on the new menu. The Food Service supervisor will monitor to ensure compliance. Completion Date: 03/29/2013	Approved	