

Compliance Summary Report

Compliance Summary Report of **ICF/ID Review Tool 31Dec2013** on **ELMWOOD CENTERS INC**

Reviewer: **Mark Gadzinski**
 Provider: **ELMWOOD CENTERS INC**
 County Name: **Sandusky County**

Total Cites: **6**
 Total POCs: **6**

CITE #1

Question	Explanation	
<p>For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP?</p>	<p>Based on personnel record review, there was no documented evidence that the following employees received training on the residents' service plans prior to implementation:Cheri Hohenstein, hired 7/20/13 (no longer employed)Stacy Gibbs, hired 9/10/12Breanna O'Quinn, hired 5/4/13</p>	
POC	Status	Comments
<p>The Executive Director will ensure Stacy Gibbs and Breanna O'Quinn have been trained on resident's Individual Habilitation Plans (IHP) and Behavior Support Plans (BSP), which is documented on their employee Orientation Checklist. All employees receive training on individual resident IHP's/BSP's within their 3 day training orientation, which is documented on their employee Orientation Checklist. Then additionally, within 90 days upon hire, the Executive Director will provide all direct care staff with Intro to IID/DD Training that includes understanding IHPs/BSPs. Evidence of training will be documented on the employee's Orientation Checklist and on the training program in-service sheet. The Executive Director will review the personnel record of any new hire for the following three months and randomly thereafter to ensure appropriate training has been received and documented.Implementation date: 12/20/13</p>	<p>Approved</p>	

CITE #2

Question	Explanation	
<p>Does the plan address the individual's assessed needs in the area of money management/personal funds?</p>	<p>Based on examination of Comprehensive Functional Assessments, and IHPs, ID#1, ID#2, and ID#3 are not able to pay bills and manage money independently and consistently. The IHPs did not specify the parameters for managing the individual's funds including the amount the individual can manage independently and the need for maintaining receipts. Additionally, it was discovered during the review per interview with staff that signatures are necessary for expenditures in excess of \$25.00, however, this protocol was not specified in the IHPs of ID#1, ID#2, and ID#3.</p>	
POC	Status	Comments
<p>ID#1, ID#2, and ID#3 have Comprehensive Functional Assessments (CFA) that addresses their needs and abilities in the area of money management/personal funds. The QIDP has revised the facility's policy on CFAs to be more specific in regards to identifying individual needs in the area of money management/personal funds. All resident Individual Habilitation Plans (IHPs) will more clearly identify the parameters for managing the individual's funds to include the amount of money the individual can manage independently, the individual's need to manage receipts, and the need for signatures for determined expenditures. The QIDP has revised the IHP to include the identification of parameters. The Executive Director was in-serviced on the facility's policy revisions. The Executive Director and QIDP will review the CFA and IHP within thirty (30) days of admission, and annually thereafter, to ensure all CFAs include the individual's assessed needs in the area of money management/personal funds and that all IHP's include the parameters for managing individual funds. Implementation date: 12/20/13</p>	<p>Approved</p>	

CITE #3

Question	Explanation	
<p>Does the ICF/ID ensure that the account transaction records/ledgers include Descriptions for each withdrawal and deposit?</p>	<p>Based on consumer financial record review, a description for each withdrawal and deposit was not evident. For example, on 2/7/13, there was a deposit in the amount of \$78.71 into the account of ID#1, but the transaction ledger did not include a description of this deposit; on 9/6/13, there was a deposit in the amount of \$80.00 into the account of ID#3, but the account ledger did not include a description of this deposit; on 10/1/13, there was a deposit in the amount of \$256.56 into the account of ID#3, but the transaction ledger did not include a description of this deposit.</p>	
POC	Status	Comments
<p>ID#1 account transaction record/ledger includes a description for the deposit identified on 2/7/13 in the amount of \$78.71. ID#3 account transaction record/ledger includes a description for the deposit identified on 9/6/13 in the amount of \$80.00 and for the deposit identified on 10/1/13 in the amount of \$256.56. The Client Funds Designee (CFD) will ensure all resident account ledger sheets will have a documented description for each withdrawal and deposit. The facility's Chief Financial Officer (CFO) will monitor the resident transaction record/ledger on a monthly basis to ensure transactions include a description. The CFD and CFO were in-serviced on the facility's policy on Resident Finances that explains the resident "account ledger sheet shall include the source/description of the funds received or debited".Implementation date: 12/20/13</p>	<p>Approved</p>	

CITE #4

Question	Explanation	
<p>Did the ICF/ID staff have annual notification explaining conduct for which a DD employee may be included on the Abuser Registry?</p>	<p>Based on personnel record review, there was no documented evidence that employee, Stacy Gibbs, hired 9/10/12, received annual notification explaining conduct for which a DD employee may be included on the Abuser Registry.</p>	
POC	Status	Comments
<p>Stacy Gibbs has received annual notification explaining conduct for which a DD employee may be included on the Abuser Registry. The facility's training program Intro to IID/DD has been revised to include notification explaining conduct for which a DD employee may be included on the Abuser Registry. This training/notification is provided to all direct care staff upon hire and annually thereafter. All training will be documented on the training program in-service sheet. The Executive Director will review the personnel and/or training records quarterly for the following year to ensure appropriate notification has been provided. Implementation date: 12/20/13</p>	<p>Approved</p>	

CITE #5

Question	Explanation	
Did the ICF/ID staff have an abuser registry check completed prior to direct contact with individuals?	Based on personnel record review, there was no documented evidence that an Abuser Registry check was completed on Stacy Gibbs, hired 9/10/12, prior to direct contact with individuals. Records showed that an Abuser Registry check was completed on 11/9/12.	
POC	Status	Comments
The Human Resource Assistant (HRA) is responsible for conducting and documenting an Abuser Registry check for new hires has been completed prior to any direct contact with individuals. The Director of Human Resources (DHR) will monitor on a quarterly basis that Abuser Registry checks are being completed and documented timely. The DHR will be responsible for conducting Abuser Registry checks in the HRA's absence. The DHR and HRA have been in-serviced on the facility's policy on Reference, Criminal Record Background, and Exclusion Checks regarding the need for conducting Abuser Registry checks. Implementation date: 12/20/13	Approved	

CITE #6

Question	Explanation	
Did the ICF/ID staff have a nurse aide registry check completed prior to direct contact with the individuals?	Based on personnel record review, there was no documented evidence that a Nurse Aide Registry check was completed on Stacy Gibbs, hired 9/10/12, prior to direct contact with individuals. Records showed that a Nurse Aide Registry check was completed on 1/15/13.	
POC	Status	Comments
The Human Resource Assistant (HRA) is responsible for conducting and documenting a Nurse Aide Registry check for new hires has been completed prior to any direct contact with individuals. The Director of Human Resources (DHR) will monitor on a quarterly basis that Nurse Aide Registry checks are being completed and documented timely. The DHR will be responsible for conducting Abuser Registry checks in the HRA's absence. The DHR and HRA have been in-serviced on the facility's policy on Reference, Criminal Record Background, and Exclusion Checks regarding the need for conducting Nurse Aide Registry checks. Implementation date: 12/20/13	Approved	