

Citation Report

All Citation Report of Ella R Rosemond - CUYA - 2023

County Name: CUYA
Facility:
Review Type: Regular
Review Date: 1/24/2024

Reviewer: Jasmine Perry
Lead Reviewer:
Group Manager: Jennifer Krzynowek
Onsite Review

Cite #1

Question	Explanation
Does the provider ensure that account records include: <ul style="list-style-type: none"> • A ledger with all required elements, • Evidence of reconciliation at the frequency required signed and dated by the person conducting the reconciliation? 5123-2-07	At the time of the review, IP did not have a ledger, reconciliation or any type of documentation for ID1 personal funds or food stamps.
Plan of Correction	Status
A ledger of accounts will be included in ID1 service book.	Approved
IP will provide monthly ledger for March to reviewer	

Cite #2

Question	Explanation
Does the waiver service delivery documentation for all waiver billing codes include scope? 5123-9-06; 5123-9-40; 5123-9-39; 5123-9-37	At the time of the review, there were services missing on the delivery documentation sheet from the ISP for ID1. In order to be in compliance with the rule, the provider must have documentation for the services identified in the ISP.
Plan of Correction	Status
Going forward all services listed in the ISP for ID1 will have documentation from date of review	Approved
IP will provide updated service delivery documentation fill out correctly for the month of March by the end of the month.	

Cite #3

Question	Explanation
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Are medication, treatments, health related activities, and dietary orders being followed? 5123-2-09; 5123-4-02, 5123:2-6-03; 5123-9-39	At the time of the review, provider was not able to provide medication administration records for meds administered for ID1, for October/November/December 2023. Per IP, she was not aware that keeping medication records is required for shared living provider. Advised IP on how this service needs to be documented.
Plan of Correction	Status
medication records for all meds administered will have documentation from date of review.	Approved
the month of March's documentation will need to be turned in	

Cite #4

Question	Explanation
Is the service plan and/or plan of care being implemented as written? 5123-2-09; 5123-9-39; 5123-9-37	At the time of the review, the provider did not have evidence of outcome/action steps documentation. In order to be in compliance with the rule, the provider must have outcome/action steps documentation.
Plan of Correction	Status
Starting Feb 1, 2024. ISP outcome/actions will be documented.	Approved
Updated documentation for the month of FMarch will need to be turned in.	

Cite #5

Question	Explanation
Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements: <ul style="list-style-type: none"> • Name of individual, • Description of incident, • Identification of injuries, • Time/date of incident, • Location of incident, • Cause and contributing factors, and • Preventative measures. 5123-17-02	At the time of the review, the IP was unable to show evidence of documenting/maintaining UI monthly logs for October, November, and December 2023. Reviewer shared with the provider that UI monthly logs have to be maintained even when no incidents occur.
Plan of Correction	Status

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UI logs will be completed monthly instead of noted at the time of incident in the future.	Approved
a completed UI log for the month of March needs to be turned in.	

Cite #6

Question	Explanation
Is there evidence that the 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? 5123-17-02	At the time of the review, the IP did not evidence that unusual incidents were being reviewed as necessary but no less than monthly at all.
Plan of Correction	Status
Compliance commenced after review.	Approved
completed monthly log for the month of march needs to be turned in.	

Cite #7

Question	Explanation
Beginning in 2022, did the provider annually complete: <ul style="list-style-type: none"> • Two hours of training provided by the Department or by an entity using department-provided curriculum • Six hours of training on topics selected by the provider that are relevant to services provided and people served in the areas of components of quality care, positive behavior support, or health and safety? 5123-2-09	At the time of review, IP provided about 2 hours and 25 minutes of training for the 2023 year, which does not meet the requirement of 8 hours of annual training required by rule.
Plan of Correction	Status
8 hr training will be completed yearly as required. Result will be printed and filed.	Approved
Annual 8 Hour Training for 2024 needs to be completed and results need to be turned in by the end of April 2024.	