Compliance Summary Report of Belinda Anderson - CUYA - 2023

County Name: CUYA	Reviewer: Ljiljana Bobinac
Facility:	Lead Reviewer:
Review Type: Regular	Group Manager: Jennifer Krzynowek
Review Date: 2/20/2024	Onsite Review

Cite #1

Question	Explanation
 Beginning in 2022, did the provider annually complete: 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 	The provider did not participate in the review.
Plan of Correction	Status
Yes: I did complete two hours of training provided by department and six hours of training on topics that are relevant to people served in the areas of quality care and positive behavior support and health and safety.5123-2-09 that is my plan of correction is to show the person whom does the review. To prevent this from happening in the future I'm aware that I have to take eight hours training a year. Implementation date is April 12,2024.	Approved
IP sent copy of her annual training certificate in meantim	ie

Question	Explanation
If responsible for assisting with personal funds, did the provider manage the person's funds as required by rule?	The provider did not participate in the review.
Plan of Correction	Status
Corrective actions I, Belinda Anderson will assist with managing personal funds and follow the rules and provide dates. Moving forward I, know how to prevent these mistakes. keep all Review Appointments. An a Ledger of Proof of Purchase. The implement date is April 12,2024.	Approved

Cite #3

Question	Explanation
Does the provider ensure that individuals: • Have access to their funds, and • Are able to purchase items, goods, and services of their preference? 5123-2-07	Provider did not participate in the review.
Plan of Correction	Status
The corrective action I will do is to show that the client has access to their funds and is able to purchase items, goods and services of their own preference . ,participates in the community events. How I would prevent this from happing in the future is have a Ledger showing purchase. to prevent future occurrences is to keep Review dates and compliances, and keep a Ledger stating and showing recites of what client spent. Date of corrective action is April12/2024.	Approved

Cite #4

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	The provider did not participate in the review.
Plan of Correction	Status
Yes: The waiver service delivery documentation for all waiver Billing codes include scope 5123-9-06; 5123-9- 40; 5123-9-39, and 5123-9-37. This is what I have to correct citation. How I would prevent this from happening in the future is to keep all Review Appointments unless I call and reschedule with the person Whom is doing the review. Implementation date is April 12,2024.	Approved
Cite #5	

Question

Explanation

Did the provider maintain a log that contains the unusual incidents defined in rule with the following elements: • 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	The provider did not participate in the review.
Plan of Correction	Status
Yes: I can provide a log to correct this citation of unusual incidents that defined in rule with name of Individual, description of incident, Identification of injuries. Time/date of incident, location of incident and contributing factors and preventative measures. 5123- 17-02. How I can prevent this from happening in the future is maintaining Monthly reports implementation of date is April12,2024	Approved

Cite #6

Question	Explanation
 Does the provider ensure that account records include: 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 	Provider did not participate in the review.
Plan of Correction	Status
I, Belinda Anderson include all the require elements. I will reconcile a ledger every 30 day's. I will maintain account records. Implementation date of corrective action is April 12/2024. to prevent this from happening in the future is to keep all Review Appointments.& a Ledger to show purchase. Implement date is April 12,2024.	Approved

Cite #7

Question

Explanation

Does service delivery documentation include the following elements: • Date of service, • Individual's name, • Individual's Medicaid number, • Provider name, • Provider number, • Signature or initials of person delivering the service, • Place of service, and • Group size? 5123-9-06; 5123-9-40; 5123-9-39; 5123-9-20; 5123-9-24	The provider did not participate in the review.
Plan of Correction	Status
Yes the documentation will includes all require elements. How I will prevent this from happening in the future is maintain all documents. Implementation date April 12.2024	Approved

Cite #8

Question	Explanation
Are medication, treatments, health related activities, and dietary orders being followed? 5123-2-09; 5123-4-02, 5123:2-6-03; 5123-9-39	The provider did not participate in the review.
Plan of Correction	Status
Yes: medication are in lock container, treatments are follow by Doctor orders. Health being taken care of by going to Doctors appointments and Dental appointments. and their is no special dietary orders to follow. I will maintain documents. This is how I correct the citation by maintaining all the documents. How I would prevent this from happening in the future is to keep all Review Appointments to show the orders are being followed 5123-4-02; 5123-2-6-03; 5123-9-39. implementation date April 12,2024	Approved
Cite #9	

Question

Explanation

Is there evidence that the provider conducted an in- depth review and analysis of MUI trends and patterns during the preceding calendar year, compiled an annual report containing required elements, and submitted it to the County Board for all programs in the county by the deadline? 5123-17-02	The provider did not participate in the review.
Plan of Correction	Status
Plan to correct this citation is to summit an MUI once a year, an Annual report to the Count Board by dead line of February 2025 with information for 2024 with data information corrective for 2024. moving forward I know I need to do it every year.	Approved

Cite #10

Question	Explanation
Does provider staff have: • Current CPR certification and • Current first aid certification? 5123-2-09	The provider did not participate in the review.
Plan of Correction	Status
To correct this plan of action is to show the person whom is doing the review appointment current first aid certification 5123-2-09. and to prevent this from happening in the future I know I need to do it every year. Implementation date April 12,2024	Approved
IP sent FA/CPR to the reviewer in meantime	•

Question	Explanation
Does the waiver service delivery documentation for all waiver codes include the type of service? 5123-9-06; 5123-9-40; 5123-9-37; 5123-9-39; 5123 9-20	The provider did not participate in the review.
Plan of Correction	Status

Yes: The documentation for all waiver codes include the service 5123-9-06; and 5123-9-40; also 5123-9-37; as well as 5123-9-39; plus 5123-9-20; My documents will include the type of service. This how I would prevent this from happening in the future is by keeping all dates for Review Appointment unless I, call and reschedule with the person Whom is doing the review. Implementation date is April 12,2024.	Approved

Cite #12

Question	Explanation
Is the service plan and/or plan of care being implemented as written? 5123-2-09; 5123-9-39; 5123-9-37	The provider did not participate in the compliance review.
Plan of Correction	Status
corrective action is to show that all her needs are being meet such as communication, safety & security, daily life and healthy living is been meet and living in the community. To prevent this in the future keep Review Appointments and corrective actions is to document any changes in behaviors Implementation date of corrective action is April 12/2024 to prevent this from happing in the future keep all Review Appointments.	Approved

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	The provider did not participate in the review.
Plan of Correction	Status
Correction of citation is to show Provider monthly reports to ensure approximate prevented measures have been implemented and trends and patterns identified and addressed 5123-17-02. to prevent this from happening in the future is keep review appointments to show Annual MUI and Unusual incidents reports. Implementation date April 12,2024.	Approved

Question	Explanation
Are waiver services delivered in a manner which supports each individual's full participation in the greater community, considering their individual choices, preferences, and needs? 5123-9-02 42 CFR 441.301 (c) (4)(i) 42 CFR 441.710 (a)(1)(l)	The provider did not participate in the review.
Plan of Correction	Status
What I, plan to show correct citation is to show waiver services delivered in a manner which supports the client participation in the community is documents of outings in the community, and out comes. To prevent it from happening in the future maintain all records moving forward Implementation dates is April 12,2024	Approved