

ICF/MR BRANCH NEWSLETTER Mental Health Licensure and Certification Section



July, 2009

Division of Health Service Regulation NC Department of Health and Human Services

This Newsletter provides information and updates on Intermediate Care Facilities/Mental Retardation (ICF/MR) issues in North Carolina. We ask that you pass it on to the homes, facilities and organizations that serve your clients. Additionally, if you have any questions, comments or suggestions, do not hesitate to contact us at jay.silva@ncmail.net or denise.erwin@ncmail.net. You may also contact us by calling (919) 855-3795 and asking for an ICF/MR facility consultant or writing to:

ICF/MR Survey Team 2718 Mail Service Center Raleigh, North Carolina 27699-2718



Stats for July - December 2008 **Deficiency Free Surveys Creative Corner Kudos General Information**

ICF/MR Surveys for North Carolina Statistics for July 01, 2008 through December 31, 2008:

The Most Frequently Cited Deficiencies Are:

TAGS	Total Times Cited
W-249 IPP provided as written	129
W-227 IPP contains objectives for relevant training	34
W-369 All Drugs Administered without Error	33
W-288 Management of Inappropriate Behavior	29
W-257 Programs revised as needed	28
W-350 Dental Services	23
W-240 Plan contains relevant information	21
W-436 Space and Equipment	21
W-154 Incidents must be thoroughly investigated	18
W-331 Nursing Services to meet client needs	17
W-255 Programs revised as needed	17
W-104 Governing Body responsible for oversight	14

The information listed above does not include citations from life safety code (LSC) surveys. (Note: All Wtags may be evaluated and cited by the General Health Survey)

ICF/MR Surveys for North Carolina continued:

Notes of Interest Related to Deficiencies:

The following citations have significantly increased in frequency compared to the first half of 2008

W-454 Infection Control * (increased from 4 to 13)
W-455 Infection Control * (increased from 5 to 9)
W-249 IPP provided as written
W-255 IPP Revision when Objective Completed
W-350 Dental Services
W-369 All Drugs Administered without Error
W-130 Protection of Client Rights
*large increase in number of times cited

The following citations have decreased (reflecting improvement) when compared to the first half of 2008

W-154 Incidents must be thoroughly investigated	
W-331 Nursing Services	
W-382 Drug Storage and Recordkeeping	
W-149 Staff Treatment of Clients - Neglect	

Information Related to Conditions of Participation

W195 Active Treatment Services	10* (increased from 4)
W318 Health Care Services	6* (increased from 4)
W266 Client Behavior and Facility Practice	1* (not cited)
W102 Governing Body	0
W122 Client Protections	0
W158 Facility Staffing	0
W406 Physical Environment	0
W459 Dietetic Services	0

*increase in times cited

The Following Facilities Had Deficiency-free Annual Recertification Surveys:

1. Voca Mallard Group Home, Charlotte	
2. Webster Group Home, Webster	
3. Voca Blairfield, North Wilkesboro	
4 Mantle Court #6, Charlotte	
5. Woodbend, Charlotte	
6. Greenville Loop Group Home, Wilmington	

During the last time period there were 16 facilities with deficiency-free surveys.

If you received a deficiency-free annual survey (General) and we failed to identify your facility, please notify us at **joyce.cooper@** ncmail.net for inclusion in the next edition of the newsletter.

General Information

International Visitors to an ICF/MR Facility

Recently, GHA, Inc., a nonprofit organization in Stanly County, hosted several international visitors during the month of May 2009. This included a pediatrician from Japan who visited Carolina Farms and Day Services and several Denmark professionals who visited on May 11, 2009. The Denmark professionals are planning another visit later in the year for training at GHA.

Changes to Survey Process Utilizing Electronic Format

Transition to a paperless ICF/MR survey process was initiated in 2009. Information related to this transition will be disseminated through the newsletter and during survey activity.

Summary of Changes:

- 2567 (SOD) and letters can be sent optionally via email.
- Client Audit lists are not being sent via mail or email. Client Identifying numbers will be given during the exit.
- Individual surveyors are signing their own letters.
- The Medicaid application form will now include a line requesting an email address from the provider.
- The designated e-mail will be used for electronic distribution of 2567's and the accompanying letter.
- If electronic signatures are a problem, the POC's can still be sent electronically in combination with a faxed/mailed front page that includes the provider signature and date.
- Plan of Corrections (POC's) can be in Word documents (or whatever software program you use).
 They do not have to be pasted/entered directly onto the 2567 form. **Remember to include a "Ready Date".

As the process evolves, more information will be provided.

Miscellaneous:

Specific additional information about ICF/MR programs can be found at the CMS ICF/MR Home Page: http://cms.hhs.gov/medicaid/icfmr/default.asp. All regulations and manuals are on-line and available on CD's.

Providers: Remember the **Complaint** section contact information is: (800) 624-3004 or (919) 733-8499. You may also Fax the complaint section at (919) 715-7724.

We hope that you have found all the information we have provided helpful and educational. The ICF/MR Branch has a common goal with the various ICF/MR facilities in North Carolina to ensure the clients have the best life experience available to them.

Please forward any questions/comments to michele.brandow@ncmail.net or joyce.cooper@ncmail.net.

Creative Corner Kudos

This portion of the newsletter highlights a facility's creativity in providing services for individuals. The intent is not to outline "best practices," but to acknowledge unique and beneficial events/services/approaches provided to or for consumers in ICF/ MR facilities.

1. A. Jack Wall Group Home in Albemarle offers clients their choice of relaxation music CD's to play prior to bedtime. Staff have reported that clients love this routine and it has resulted in fewer behaviors during the evenings.

2. VOCA Dartmouth Group Home in Raleigh tracks client preferred outings as objectives. This supports client choices and provides a mechanism for staff to track and monitor preferred client activities. An example would be; Client A likes to go to church – an objective would be established for staff to take client A to church regularly. The objective would identify where the client would attend church and schedule a person to accompany the client. A minimum number of times per quarter could be established as a baseline. This would be incorporated into the client's plan and be discussed during team meetings. This process could raise awareness of the activity and focus on the importance of the activity in the client's life.

3. Clients at RHA/Maxton are working on a Janitorial crew to clean up the town buildings in Maxton. This helps the town and the individuals who are getting paid for their work.

4. In the Michigan Street home in Kannapolis, staff have attached a rocking chair to their wheelchair scale. This allows individuals to be more comfortable when being weighed and eliminates the discrepancies between weights often found with wheelchairs and adaptive equipment on chairs.

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