Gateway Community Health
Integrated Healthcare Services

1333 Brewery Park Blvd. · Suite 100 · Detroit, MI 48207
(800) 973-GATE (4283) · **TDD:** (313) 871-1806
www.gchi.org

Date

Re: Residential Environmental Health & Safety Home Inspection

Dear AFC Provider:

Attached are the results of the Health and Safety Review (HSR) conducted at by Gateway Quality Specialist In addition, a Clinical, Staff Record and Consumer Fund Review may have been conducted along with the HSR. If so, a copy of those results and any requests for documentation and a detailed explanation may be found at the close of this letter. Note: The Results of these reviews are entered in the Authority's MHWIN system and are reviewed regularly by Authority staff.

Please review the "Answer" column for each of the sections. If any of the items in the "Answer" column are indicated as "Not Met" or "Partially Met", that item is considered to be deficient and in need of correction.

A follow-up review will be scheduled for and conducted within 30 days from the date of this letter. At that appointment, the Quality Specialist will review the items and/or areas that were found in need of correction to determine if the deficiencies identified on the original report have been corrected and are in compliance with health and safety guidelines.

Your follow-up appointment is scheduled for

There will be no cancellations of or changes in, the date of your follow-up appointment. If the corrections cited on the original report cannot be completed within 30 days of this notice, you are required to notify the Gateway Quality Department in writing within five business days from receipt of this letter. Please include a specific description of the item/area in need of correction, the plan of correction, and the anticipated date of completion. Please fax this information to 1 (248) 406-1382. A copy of this notice and your plan of correction will be added to your contract file.

If any of the items listed on your report remain out of compliance, or new compliance issues are found, a notice will be sent to the Provider Relations Department for further review and discussion of your reasons for failure to meet the terms of our Provider Participation Agreement. The nature of the non-compliance will determine what if any sanctions may be imposed. A face to face meeting will be scheduled with you to determine the outcome.

If you have any questions and/or concerns, please contact , Gateway Quality Specialist at or David Taylor, Director of Compliance at (313) 263-2516 or via email at dtaylor@gchi.org.

Sincerely,

The Quality and Compliance Assurance Department

Cc: David Taylor, Director of Compliance
Eugene S. Gillespie, Quality Analyst

Attachment/Addendum: **Clinical Record Review Results**

Below are the results of a Clinical Record Review at on

Possible Score: Score:

The following is a list of documents by that were ***missing*** from 1 or more consumer clinical records. All records must be updated by:

1. Consumer Name:

- ☐ Health Care Appraisal
- ☐ Annual Recipient Rights Statement of Notification
- ☐ Incomplete Consumer Fund Record
- ☐ Evidence of Coordination of Care:
- ☐ Medication Administration Record
- ☐ DCW Progress Notes (all shifts) in compliance with IPOS goals/objectives

2. Consumer Name:

- ☐ Health Care Appraisal
- ☐ Annual Recipient Rights Statement of Notification
- ☐ Incomplete Consumer Fund Record
- ☐ Evidence of Coordination of Care:
- ☐ Medication Administration Record
- ☐ DCW Progress Notes (all shifts) in compliance with IPOS goals/objectives

3. Consumer Name:

- ☐ Health Care Appraisal
- ☐ Annual Recipient Rights Statement of Notification
- ☐ Incomplete Consumer Fund Record
- ☐ Evidence of Coordination of Care:
- ☐ Medication Administration Record
- ☐ DCW Progress Notes (all shifts) in compliance with IPOS goals/objectives

4. Consumer Name:

- ☐ Health Care Appraisal
- ☐ Annual Recipient Rights Statement of Notification
- ☐ Incomplete Consumer Fund Record
- ☐ Evidence of Coordination of Care:
- ☐ Medication Administration Record
- ☐ DCW Progress Notes (all shifts) in compliance with IPOS goals/objectives

5. Consumer Name:

- ☐ Health Care Appraisal
- ☐ Annual Recipient Rights Statement of Notification
- ☐ Incomplete Consumer Fund Record
- ☐ Evidence of Coordination of Care:
- ☐ Medication Administration Record
- ☐ DCW Progress Notes (all shifts) in compliance with IPOS goals/objectives

6. Consumer Name:

- ☐ Health Care Appraisal
- ☐ Annual Recipient Rights Statement of Notification
- ☐ Incomplete Consumer Fund Record
- ☐ Evidence of Coordination of Care:
- ☐ Medication Administration Record
- ☐ DCW Progress Notes (all shifts) in compliance with IPOS goals/objectives

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Staff Record Review
Below are the results of a Staff Record Review at on

Possible Score: Score:

The following is a list of documents by that were ***missing*** from 1 or more staff records. All records must be updated by:

1. Employee: **Date:**

Required Documentation

- ☐ EVIDENCE OF EMPLOYEE HIRE DATE
- ☐ EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF JOB DESCRIPTION (ANNUAL)
- ☐ MDHS – EMPLOYMENT APPLICATION OR ITS EQUIVALENCY
- ☐ EMPLOYEE'S DIPLOMA, DEGREE, OR TRANSCRIPT
- ☐ EMPLOYEE ANNUAL JOB PERFORMANCE EVALUATION
- ☐ MEDICAL/PHYSICAL EXAM (10 DAYS OF HIRE AFTER HIRE DATE)

Verification of Background Check

- ☐ FINGERPRINT ANALYSIS (10 DAYS OF NEW HIRE)
- ☐ OIG MEDICAID EXCLUSIONS REVIEW (UPON HIRE)
- ☐ I-CHAT ANALYSIS (PRIOR TO HIRE DATE)

Training Requirements

- ☐ DCW TRAINING COMPLETION (INITIAL)
- ☐ REPORTING REQUIREMENTS (INCIDENT REPORTING, DOCUMENTATION
- ☐ SAFETY AND FIRE PREVENTION
- ☐ PERSONAL CARE, SUPERVISION AND PROTECTION
- ☐ RESIDENTS RIGHTS
- ☐ PREVENTION AND CONTAINMENT OF COMMUNICABLE DISEASES
- ☐ BEHAVIOR INTERVENTION TECHNIQUES, CRISIS INTERVENTION
- ☐ RECIPIENT RIGHTS TRAINING (ANNUALLY)
- ☐ CARDIO-PULMONARY RESUSCITATION (CPR) (MUST BE CURRENT)
- ☐ T.B SKIN TEST (CURRENT AT HIRE AND RENEWED EVERY 3 YRS., THEREAFTER)

Training Requirements (renewable every 2 years)

- ☐ CULTURAL DIVERSITY/ COMPETENCY
- ☐ HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIIPA)
- ☐ LIMITED ENGLISH PROFICIENCY (LEP) LANGUAGE PROFICIENCY
- ☐ UNIVERSAL PRECAUTIONS/ BLOOD BORNE PATHOGENS/INFECTION CONTROL
- ☐ PERSON CENTERED PLANNING
- ☐ CORPORATE COMPLIANCE
- ☐ MEDICAID FAIR HEARING AND GRIEVANCE AND APPEALS
- ☐ TRAINED AND ORIENTED ON FIRE SAFETY AND EMERGENCY PREPAREDNESS
- ☐ RECOVERY ENHANCEMENT ENVIRONMENT (REE)
- ☐ FIRST AID
- ☐ MEDICATION MANAGEMENT UPDATE TRAINING

2. Employee: **Date:**

Required Documentation

- ☐ EVIDENCE OF EMPLOYEE HIRE DATE
- ☐ EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF JOB DESCRIPTION (ANNUAL)
- ☐ MDHS – EMPLOYMENT APPLICATION OR ITS EQUIVALENCY
- ☐ EMPLOYEE'S DIPLOMA, DEGREE, OR TRANSCRIPT
- ☐ EMPLOYEE ANNUAL JOB PERFORMANCE EVALUATION
- ☐ MEDICAL/PHYSICAL EXAM (10 DAYS OF HIRE AFTER HIRE DATE)

Verification of Background Check

- ☐ FINGERPRINT ANALYSIS (10 DAYS OF NEW HIRE)
- ☐ OIG MEDICAID EXCLUSIONS REVIEW (UPON HIRE)
- ☐ I-CHAT ANALYSIS (PRIOR TO HIRE DATE)

Training Requirements

- ☐ DCW TRAINING COMPLETION (INITIAL)
- ☐ REPORTING REQUIREMENTS (INCIDENT REPORTING, DOCUMENTATION
- ☐ SAFETY AND FIRE PREVENTION
- ☐ PERSONAL CARE, SUPERVISION AND PROTECTION
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4. Employee: **Date:**

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