

Annual Inspection Surveys 2009

Planning Your Work
And
Working Your Plan

Annual Inspection Surveys

- ❑ G.S. 131D-2(b)(1a) mandates DHSR inspect each family care and adult care home annually.
 - ❑ AHS is invited to participate as a member of the ACLS survey team.
 - ❑ Annual surveys began on October 1, 2005.
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Annual Inspection/ Annual Monitoring Plan (AMP)

- AMP developed from the Statement of Deficiencies (SOD) from ACLS's annual survey, rules areas noted on DSS annual oversight form, and other identified current compliance concerns.
- The AHS will continue to monitor via targeted probe the fundamental rule areas in Medication Administration, Health Care, Personal Care and Supervision and Food Service if not cited on annual inspection. Through observation and interview monitor any other rule areas of concern.

The Annual Inspection

- ❑ A snapshot of the facility's compliance with key rule areas.
 - ❑ Using the fundamental focus form as a tool, monitor key areas to determine where in depth monitoring is needed.
-

Annual Monitoring Plan must include:

- Monitoring for compliance with criminal history records checks (GS 114-19.3)
 - Facility compliance with Health Care Personnel Registry reporting (GS131E-265)
-

Annual Monitoring Plan must include:

- ❑ Facility compliance with Health Care Personnel Registry for negative findings (GS 131E-256)
 - ❑ Facility Compliance with Staff qualification, training and competency Rule (.0403, .0406, .0407, .0501, .0502, .0503, .0504, &.0507)
-

Facility Census determines # Records for review:

- ❑ **Sample 0-30=3, 31-80=5, 81-120=7, 121 – 200=9**
 - ❑ The above guide is for determining sample size or number of records to review in facilities. When problems are identified, the sample size may need to be expanded for the specific area in order to determine the severity or lack of system regarding the noncompliance.
 - ❑ Revised: 01/18/07
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Additional DSS monitoring

- Is performed
 - Annually with DHSR
 - Change of Ownership
 - Change of Management
 - Poor Compliance History with DHSR
-

How?

- Use the six step process
- Use survey protocols
- Smaller Sample Size

Why?

- Saves YOU time
 - Improves the quality of your monitoring
-

Believe it or not...

Skill and a commitment to routine monitoring directly impact the frequency and severity of complaints received.

In Office Prep

- Determine What You Already Know
 - Review Facility file for:
 - monitoring reports
 - CARs
 - incident & accident reports
 - complaints
 - AHS talk to your co-workers
 - ACLS also look in ACTS

What is YOUR game plan?

Entrance Conference

- Administrator or SIC
 - Purpose of visit
 - Share your Plan
 - Approximate how long survey will take
-

Fundamental Focus Form

- Our guide
 - Now includes Activities
 - Now includes Star Rating
 - Focused on critical rule areas
 - Organized approach to evaluating compliance
-

Sample Selection

Smaller, but well chosen

Residents on sliding scale insulin/Coumadin

- Reliable historians
 - LHPS needs
 - Enhanced care needs
 - Case management needs
-

Evaluating the Data...

- Analyze the “big picture”
 - Determine Scope (extent)
 - Determine Severity (impact)
-

Plan Exit Conference

- Review Initial Plan
 - Ensure Findings are Complete, Accurate, Rule-Based
 - Determine Actions
 - Complete Track and Field form/ and Monitoring Report
-

The Exit Conference

- Administrator or SIC
 - Manage the Conference
 - Manage Provider Feedback
 - Report Planned Action
 - Provide Written Reports
-

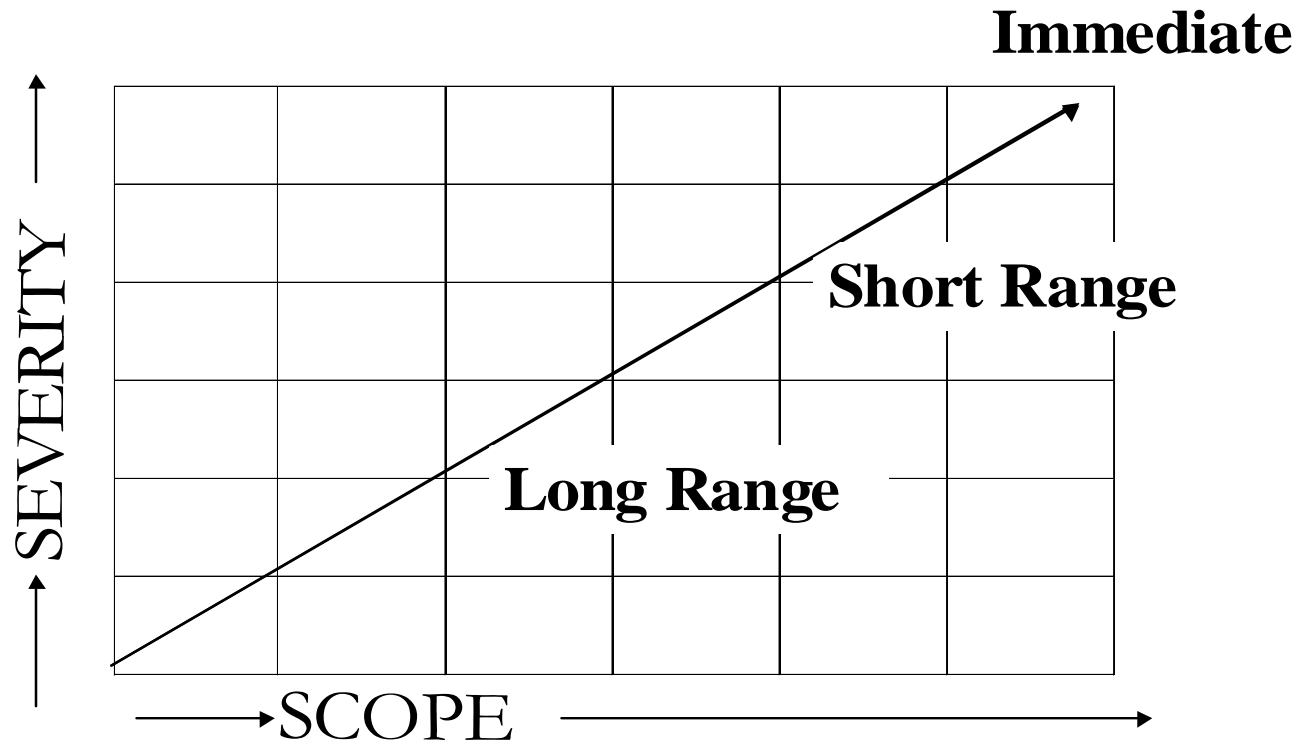
Analyzing Your Data

- Reason for Noncompliance
 - Impact on Residents
 - Priorities
 - Potential Actions
 - Monitoring Intervals
-

Potential Actions

- Provide Technical Assistance
 - Be alert to life threatening situations
 - Perform a Targeted Probe
 - Recommend ACLS Consultation
-

Setting Priorities



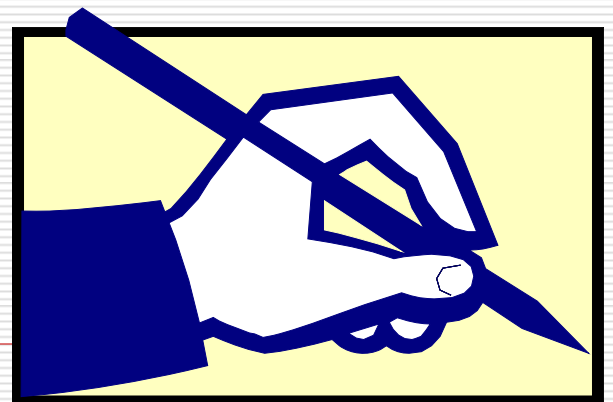
Developing Your Plan

- Monitoring Intervals (at least quarterly)
 - ✓ one week
 - ✓ two months
 - ✓ six months
 - ✓ on-going

MAKE SURE YOUR TIMEFRAMES ARE REASONABLE & DOABLE

Field Notes

- Maintain a sensitive file for field notes.
- Maintain a current public file.



Final steps to the AMP...

- Do not share the AMP with facility
 - Follow up according to plan
 - Review and Revise as needed based on complaints or observation interviews and record reviews.
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Adult Care Licensure Section

Guide for Sample Size or Number of Records to Review

Facility Census	# Records for Sample
0-30	3
31-80	5
81-120	7
121 - 200	9

The above guide is for determining sample size or number of records to review in facilities. When problems are identified, the sample size may need to be expanded for the specific area in order to determine the severity or lack of system regarding the noncompliance.

Revised: 01/18/07

Adult Care Licensure Fundamental Rules Form

Rule #	Fundamental Focus	If Concerns, Add these Rule Areas
PHYSICAL PLANT - .0300		
13F/G .0305(h)(4)	Exit Door Alarms	
13F .0311(d)	Hot Water Maintained between 100 – 116°F	Use Self Survey Module to guide
13F/G .0306(a)(4)	Sanitation Grade of 85 or above	
ADMISSION AND DISCHARGE - .0700		
13F/G .0703(a)(b)(c)	TB test, Medical Examination for Residents	
RESIDENT ASSESSMENT - .0800		
13F/G .0801(a)(b)	72 hours; 30 Days & Annually	
RESIDENT CARE AND SERVICES - .0900		
13F/G .0901(a)	Personal Care	13F/G .0801(c)(1) & (d) Significant Change Assessment & Referral 13F/G .0311(h)(i) Operational call system
		13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(b)	Supervision	13F/G .0906(f)(3) Sign-out Register 13F/G .0906(f)(4) Notify Law, RP & DSS for missing resident 13F/G .1212(f)(g)(1-5) Resident-to-Resident Abuse 13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(c)	Respond IMMEDIATELY to Incidents & Accidents to provide care interventions per facility's P & P	13F/G .1212 Reporting Incidents/Accidents that result in injury/death
13F/G .0902(b)(c)	Health Care	13F/G .0504 Staff Competency 13F/G .0801(c)(1)(d) Significant Change Assessment & Referral 13F/G .0903(c) LHPS
13F/G .0904(d)	Nutritious Meals 3 times per day	13F/G .0904(a)(4) Adequate Food Supply 13F/G .0909 Residents Rights RE: food likes/dislikes
13F/G .0904(e)(4)	Therapeutic diets, Thickened Liquids, Supplements	
13F/G .0904(f)(2)	Feeding Assistance	
13F/G.0905(a)(b)(e)(f)	Activities Program (calendar, resident interview)	13F/G .0905 (c)(d)(g) Activities Program
MEDICATION MANAGEMENT - .1000		
13F/G .1004(a)	Medications administered as ordered by the physician	13F/G .1002(a) Clarification of medication and treatment orders 13F/G .1006(a)(b) Self-administered medications stored safely & secured when not under direct supervision 13F/G .1008(a)(h) Administration of controlled substances 13F/G .0403(a)(b) Qualifications of med staff & supervisors 13F/G .1211(a)(1-11)Written P & P for med management
13F/G .1009(a)(b)	Pharmaceutical Care, quarterly reviews & follow-up	
SPECIAL CARE UNITS FOR ALZHEIMER'S AND RELATED DISORDERS - .1300		
13F .1306(1)(2)	SCU admission diagnosis & pre-screening	
13F .1307(1)(2)	SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	13F/G .1309(2)(3) SCU staff orientation & training
13F .1308(a)	SCU Staffing to meet needs of SCU residents	
SPECIAL CARE UNITS FOR MENTAL HEALTH DISORDERS - .1400		
13F .1406(1)(2)	MH SCU admission diagnosis & pre-screening for appropriate admission to unit	
13F .1407(1-3)	MH SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	
13F .1408(a)	MH SCU staffing to meet needs of MH SCU residents	13F/G .1409 MH SCU staff orientation & training
USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES - .1500		
13F/G .1501(c)	Assessment for restraints/care plan for alternatives, restraint type & care provided during time restrained	13F/G .0506 Training on physical restraints
13F/G .1501(d)	Physician order for restraints	

Adult Care Licensure Fundamental Focus Rules Form - WORKSHEET

Facility: _____

Date: _____

Rule #	Fundamental Focus	If Concerns, Add these Rule Areas
PHYSICAL PLANT - .0300		
13F/G .0305(h)(4)	Exit Door Alarms	
13F .0311(d)	Hot Water Maintained between 100 – 116°F	Use Self Survey Module to guide
13F/G .0306(a)(4)	Sanitation Grade of 85 or above <i>(Note: FCH's do not receive a grade.)</i>	
ADMISSION AND DISCHARGE - .0700		
13F/G .0703(a)(b)(c)	TB test, Medical Examination for Residents	
RESIDENT ASSESSMENT - .0800		
13F/G .0801(a)(b)	72 hours; 30 Days & Annually <i>Resident Register, Assessment, Care Plan</i>	
RESIDENT CARE AND SERVICES - .0900		
13F/G .0901(a)	Personal Care	13F/G .0801(c)(1) & (d) Significant Change Assessment & Referral
		13F/G .0311(h)(i) Operational call system
		13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(b)	Supervision	13F/G .0906(f)(3) Sign-out Register
		13F/G .0906(f)(4) Notify Law, RP & DSS for missing resident

		13F/G .1212(f)(g)(1-5) Resident-to-Resident Abuse
		13F/G .0604(b)(5-6)(d)(4)(e)(1)(E)(2)(A)(E) Adequate Staff
13F/G .0901(c)	Respond IMMEDIATELY to Incidents & Accidents to provide care interventions per facility's P & P	13F/G .1212 Reporting Incidents/Accidents that result in injury/death
13F/G .0902(b) Referral and Follow-ups, Labs, Coordination of Care .0902(c) Labs, weights, accuchecks, BP, V/S, Incidental Health Care	Health Care	13F/G .0504 Staff Competency
		13F/G .0801(c)(1)(d) Significant Change Assessment & Referral
		13F/G .0903(c) LHPS
13F/G .0904(d)	Nutritious Meals 3 times per day	13F/G .0904(a)(4) Adequate Food Supply
		13F/G .0909 Residents Rights RE: food likes/dislikes
13F/G .0904(e)(4)	Therapeutic diets, Thickened Liquids, Supplements	

13F/G .0904(f)(2)	Feeding Assistance	
13F/G.0905(a)(b)(e)(f)	Activities Program (<i>calendar, resident interview, observations</i>)	13F/G .0905 (c)(d)(g) Activities Program
MEDICATION MANAGEMENT - .1000		
13F/G .1004(a)	Medications administered as ordered by the physician	13F/G .1002(a) Clarification of medication and treatment orders
		13F/G .1006(a)(b) Self-administered medications stored safely & secured when not under direct supervision
		13F/G .1008(a)(h) Administration of controlled substances
		13F/G .0403(a)(b) Qualifications of med staff & supervisors
		13F/G .1211(a)(1-11)Written P & P for med management
13F/G .1009(a)(b)	Pharmaceutical Care (<i>Quarterly reviews & follow-up</i>)	
SPECIAL CARE UNITS FOR ALZHEIMER'S AND RELATED DISORDERS - .1300		
13F .1306(1)(2)	SCU admission diagnosis & pre-screening	
13F .1307(1)(2)	SCU resident profile & care plan w/in 30 days & quarterly & revised as needed	13F/G .1309(2)(3) SCU staff orientation & training
13F .1308(a)	SCU Staffing to meet needs of SCU residents	

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13F .1406(1)(2)	MH SCU admission diagnosis & pre-screening for appropriate admission to unit	
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USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES - .1500		
13F/G .1501(c)	Assessment for restraints/care plan for alternatives, restraint type & care provided during time restrained	13F/G .0506 Training on physical restraints
13F/G .1501(d)	Physician order for restraints	
DECLARATION OF RESIDENT'S RIGHTS – G.S. 131D-21		
G.S. 131D-21	Residents' Rights	13F/G .0407(a)(4) Not hinder/ interfere in exercise of residents' rights
		13F/G .0407(a)(5) Findings on NC HCPR
		13F/G .0407(a)(7) Criminal Background check in accordance with G.S. 114-19.10 & 131D-40
STAR RATING MERIT POINT OPPORTUNITIES - .1600 <i>(evaluate upon annual survey inspections only)</i>		
13F/G .1604(c)(1)(F)	Participation in a Quality Improvement Program	Meets Criteria: Yes _____ No _____
13F/G.1604(c)(1)(G)	NC NOVA Special Licensure Designation	Meets Criteria: Yes _____ No _____
13F/G.1604(c)(1)(H)	Generator/Emergency Power Back-Up <i>(Generator on premises OR current contract with emergency power back-up provider)</i>	<i>Check one if applicable:</i> NEW ---Installed after Jan. 1, 2009 _____ or EXISTING---Installed prior to Jan. 1, 2009 _____ or CURRENT CONTRACT with provider _____
13F/G.1604(c)(1)(I)	Automatic Sprinkler System	<i>Check one if applicable:</i> NEW--- Installed after Jan. 1, 2009 _____ or EXISTING--- Installed prior to Jan. 1, 2009 _____

Annual Monitoring Plan

Name of Facility: _____

Census: 57

Date of Plan: November 7 2005

Areas targeted for probes are prioritized according to potential impact on the health, safety, and welfare of residents. The work plan may change based on results of the targeted probe.

Problem Area(s)	Monitoring Plan	Probe Interval	In Compliance Non-Compliance	Monitoring Intervals	Date(s) Monitored
Medication Administration	Review rule areas regarding .1000 rules, medication administration, medication ordering, polices and procedures, and pharmaceutical care and services.	Within 1 month			
Staff Qualifications Competency	Review staff qualifications to include areas of CPR, TB requirements, HCPR checks, Criminal Background checks	3-4 months			
Health Care	Review area in resident care & services in regard to written orders and implementation of procedures, assessments completed in timely manner, & TB testing completed in timely manner.	5-6 months			
Nutrition and Food Services	Review areas in Resident care and services in regard to nutrition & food service including menus, therapeutic diets, food requirements	7-8 months			
Physical Environment	Review area in rule for requirements for the building. Monitor hot water temperatures	9-10 months			

Problem Area(s)	Monitoring Plan	Probe Interval	In Compliance Non-Compliance	Monitoring Intervals	Date(s) Monitored
Housekeeping and Furnishings	Review areas in rule, specifically related to cleanliness and maintenance of the facility	11-12 months			

Adult Care Home Monitoring Guideline 2009

On all visits, note general environment and personal care conditions as well as staff interactions with Residents in recognition of their rights.

OPTIONAL FORM

Instructions: Use sample size based on survey protocol and Always observe Residents Rights.

*** Use all 3 sources of Evidence: O= Observation, I = Interview, R = Record Review No = May lead you to survey other rule areas.**

**** Primary Rule Area to monitor**

<u>FACILITY TOUR: Appropriate To The Rule Area Being Surveyed</u>	No	Comments at least for "N" (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/ potential outcome?</u>
A. PERSONAL CARE/SUPERVISION		
Residents well groomed, care provided as needed. Staff responds immediately in case of accident or incident. 10A NCAC 13 F/G .0901 (a)(b)(c)		
REPORTING OF ACCIDENTS AND INCIDENTS 10A NCAC 13 F .1212/ 10A NCAC 13 G.1213		
Resident's LHPS needs identified (oxygen, tubes, dressings, help transferring, restraints, etc.) 10A NCAC 13 F/G .0903		
Signaling devices for semi-and-non-ambulatory residents (available and functioning) What is the staff response time? 10A NCAC 13F .0311 (h)(i)(j) 10A NCAC 13G .0317 (F)		
Door alarms operable (for wanderers or residents designated as disoriented or with a diagnosis of dementia)and facility appropriate. 10A NCAC 13F .0304 (h)(4) 10A NCAC 13G .0312 (g)		
Environmental Observations:		
Essential equipment in safe operating condition (major appliances, heating/cooling system, lighting, call systems) 10A NCAC 13F .0311 (a) 10A NCAC 13G .0317 (a)		
Hot Water maintained between 100-116 F. (use self survey module) 10A NCAC 13F .0311 (d)		

Adult Care Home Monitoring Guideline 2009

On all visits, note general environment and personal care conditions as well as staff interactions with Residents in recognition of their rights.

Building in good repair (exterior and interior) and free of hazards. 10A NCAC 13F .0306(a)(5) 10A NCAC 13F .0315 (a)(5)		
Facility has a current sanitation and fire inspection report 10A NCAC 13F .0302(f) 10A NCAC 13G .0302(N)		
Rooms clean, i.e. floors, walls, fixtures, furnishings, free of chronic pervasive odors. 10A NCAC 13F .0306 (a)(1)(2)(3) 10A NCAC 13G .0315 (a)(1)(2)(3)		
Resident's Rights observed by staff (do staff knock on doors before entering, address resident in a respectful manner, etc) 10A NCAC 13F/G .0909/GS 131D-21 Staff has familiarity with Resident's Bill of Rights GS 131D-21 (do staff respect confidentiality, privacy curtains used when personal care is provided, bathroom door closed when in use, a telephone available for private conversations, do residents receive mail unopened, etc)		
B. FOOD SERVICE	No	Comments at least for "N" (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/Potential outcome</u>
Food stored/prepared/served to protect from contamination 13A NCAC 13 F/G .0904(a)(b)		
Therapeutic diets and thickened liquids served as ordered by the physician and posted in the kitchen. Matching therapeutic menus for all therapeutic diets. ** 10A NCAC 13 F/G .0904(e)(3)(4)		
Food being served matches menu or equal substitutions made. Serving size adequate and served appropriately (hot or cold). 10A NCAC 13F/G .0904(b)(3);(c)(2)(3);(d)		
Sufficient food to meet at least a 3 day supply of perishable and 5 day supply of non-perishable food in the facility based on menus. 10A NCAC 13F/G .0904(a)(4)		

Adult Care Home Monitoring Guideline 2009

On all visits, note general environment and personal care conditions as well as staff interactions with Residents in recognition of their rights.

Feeding assistance provided as needed. 10A NCAC 13F/G .0904(f)(1)(2) **		
Resident's Rights RE: food likes/dislikes 10A NCAC 13F/G .0909/G.S.131D-21(1)		
C. HEALTH CARE	No	Comments at least for "N" (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/ Potential outcome?</u>
Resident initial assessment completed and signed within 72 hours of admission. Assessment (care plan) is completed within 30 days of admission and annually thereafter on DMA 3050-R or approved document. Care plan signed and dated by physician within 15 days of completion of assessment. 10A NCAC 13F/G .0801(a)(b)		
Residents reassessed within 10 days of significant change, such as weight loss, deterioration in behavior or mood, new onset of impaired decision-making, etc. 10A NCAC 13F/G .0801(c) **		
Current , complete, signed FL-2/MR-2, 10A NCAC 13F .0703(c)(5) 10A NCAC 13G .0702(c)(5)		
Documentation of the 2-step TB testing on file in residents' records 10A NCAC 13F .0703(a) 10A NCAC 13G .0702(a)		
If resident hospitalized, a completed FL-2, transfer form or discharge summary with signed orders upon return to facility. 10A NCAC 13F .0703(c)(6)		
Health care provided as ordered, i.e., medical appointments, labs, vital signs, blood sugars, and weights. ** 10A NCAC 13F/G .0902(a)(b)(c)(1)(2)(3)(4)		
Documentation of licensed health professional review and evaluation within 30 days of admission or within 30 days from date resident develops need for task and quarterly thereafter for residents receiving personal care tasks listed under F/G .0903 10A NCAC 13F/G .0903(a)(c)(1)(2)(3)(4)(d)		

Adult Care Home Monitoring Guideline 2009

On all visits, note general environment and personal care conditions as well as staff interactions with Residents in recognition of their rights.

<p>Competency validation for personal care staff performing tasks under F/G .0900. Include additional tasks certified by MD for individual residents on a temporary basis. 10A NCAC 13F/G .0504 (a)(b)(1)(2)(3)(4)(c)</p>		
<p>Mental health or physician contacts are documented for residents with psychiatric diagnoses and/or receiving psychotropic drugs. 10A NCAC 13F .0902(c)(2) **</p>		
<p>NOTE: One resident in restraints triggers a restraint monitoring visit. ** 10A NCAC 13F .1501/10A NCAC 13G .1301</p>		
<p>D. MEDICATIONS</p>	No	<p>Comments at least for “N” (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/ Potential outcome?</u></p>
<p>Medications are administered as prescribed ** 10A NCAC 13F/G .1004(a)(1)(2)(g)</p>		
<p>Orders for medications to be administered are located in the record and signed by a practitioner licensed by the law to prescribe medication and accurately transcribed on MAR, clarification as needed. ** 10A NCAC 13F/G .1002(b)</p>		
<p>Medication reviews every three months by appropriate health care professional. Follow up to recommendations or problems identified in medication reviews. ** 10A NCAC 13 F/G .1009(b)</p>		

Adult Care Home Monitoring Guideline 2009

On all visits, note general environment and personal care conditions as well as staff interactions with Residents in recognition of their rights.

Resident's MAR shall be accurate and complete and include items 1-8 listed in the rule. 10A NCAC 13F/G .1004(j)		
E. MANAGEMENT/PERSONNEL/TRAINING	No	Comments at least for "N" (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/ Potential outcome?</u>
Staff meet qualification requirements a. TB testing 10A NCAC 13F/G .0405(a)(b) b. CPR 10A NCAC 13F/G .0507		
Health Care Personnel Registry Checks 10 NCAC 13F .0407(a)(5) NCAC 13G .0406(a)(5)		
Medication aide and their direct supervisors are skill validated and pass written test within 90 days of validation. 10A NCAC 13F/G .0403(a)(b)(c)		
Training/competency documentation (25, 45, 80-hr or competency) 10A NCAC 13F .05019a)(b)(c)(d) 10A NCAC 13G .0501 (a)(b)(c)(d)(e)(f)(g)(h)(i)(j)		
Competency validated for LHPS tasks performed by staff 10 NCAC 13F/G .0504(a)(b)(c) **		
Staffing in accordance with regulations and sufficient staff to assure safety, supervision, and meeting needs of residents 10A NCAC 13F .0604 10A NCAC 13G .0601		
Staff has been trained on facility policies regarding infection control, missing residents, supervision of wandering residents, management of physical aggression or assault, alcohol and visitation (do staff wash hands appropriately, supervise residents appropriately, etc.) 10A NCAC 13F/G .1211		
Staff familiar with accident, fire, safety and emergency procedures 10A NCAC 13F .0407(2) 10A NCAC 13G .0406(2) **		

Adult Care Home Monitoring Guideline 2009

On all visits, note general environment and personal care conditions as well as staff interactions with Residents in recognition of their rights.

F. ADMISSION, DISCHARGE, AND TRANSFER	No	Comments at least for “N” (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/ Potential outcome?</u>
Residents with inpatient psychiatric hospitalizations within 12 months of admission to the facility and without current plans for psychiatric care have documentation of evaluation by a physician and a plan for follow up care when indicated. 10A NCAC 13F .0703(e)(6) 10A NCAC 13G .0702(e)(6)		
G. BUILDING FIRE SAFETY AND PHYSICAL ENVIRONMENT	No	Comments at least for “N” (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident/ Potential outcome?</u>
Approved disaster plan and documented fire rehearsals 10A NCAC 13F .0309 (a)(c)(d) 10A NCAC 13G .0316(d)(e)(f)		
Approved sanitation and fire inspection report 10A NCAC 13F .0302(f) 10A NCAC 13G .0302(n)		
H. SPECIAL CARE UNITS-10A NCAC 13F .1300 SECTION	No	Comments at least for “N” (Record Sample Size and descriptive, specific findings) <u>What is impact to Resident?</u>
NOTE: Any special care unit will automatically trigger a monitoring probe on the Annual Monitoring Plan (AMP)		

Annual Oversight Review of County Department of Social Services

Ongoing Review Process

Includes review of the following: complaint investigation reports, monitoring reports, corrective action reports, annual monitoring plan, participation in annual surveys and penalty proposals

Discussions with county supervisor or designee based on interactions, problems or issues

Documentation will occur when problems or issues are identified and filed in county file. Additionally, each Penalty Proposal report will be filed in ACLS county file.

At time of the annual review, the DFS county file will be reviewed in conjunction with sampled facility files.

1. Sample Size

# of Facilities in County	# Facility Files for Sample
0-30	3
31-80	5
81-120	7
121 and above	9

2. Sample Selection Criteria Facilities will include those that had enforcement action recommended and/or complaint investigations and may include closed facilities.

- A. Licensure Action Imposed
 - 1. Adult Care Data Management staff will provide report with data of negative licensure imposed by region/county/facility
 - 2. Adult Care staff will use report provided to begin selection of facilities
- B. Penalty Proposals from penalty proposal reports
Penalty Proposal Report completed at time of penalty proposal processing and filed in county file
- C. Complaints utilizing reports from ACTS

3. Review Procedure ACLS staff will:

- A. Review Documents
 - 1. Facility files, public and sensitive files, for each facility
 - 2. ACLS County files
 - 3. Monitoring Report Logs
- B. Complete Facility Review Form for each sampled facility
- C. Compile data from Facility Review forms and ACLS County file review and complete the Oversight Annual Review Form
- D. Submit completed Facility Review and Oversight Review forms to county designee for review
- E. Discuss results of Oversight review with county designee

4. Evaluation and Final Action The ACLS staff will:

- A. Issue final Annual Oversight Report to county DSS
- B. Determine and communicate any recommendations to county DSS
- C. Issue any intervention deemed necessary for improvement to county DSS. An implementation date will be established and progress monitored
- D. When an intervention is required, re-evaluation of performance will be assessed on a quarterly basis until acceptable improvement has occurred
- E. Provide quarterly status report to county DSS until compliance achieved

5. Resolution of Disagreement: The county will:

- A. Request ACLS' Chief to review the county's Annual Oversight Review for action
- B. If continued disagreement with findings, request DFS Director to review for action

Dev. 01/04/07

Rev. 01/18/07; 02/13/2009

FACILITY REVIEW FOR ANNUAL OVERSIGHT
 (completed for each facility file reviewed)

Facility Name:
 License Number
 Date of Review
 DHSR Consultant

COMPLIANCE CODES: Y = Yes N = No

Expectations FOR SAMPLED FACILITY - REVIEW FOR THE FOLLOWING CRITERIA:

	QUALITY			TIMELINESS			QUALITY	TIMELINESS
	APPLICABLE	COMPLIANCE CODES	COMPLIANCE	APPLICABLE	COMPLIANCE CODES	COMPLIANCE	COMPLIANCE	COMPLIANCE
A. STAFF QUALIFICATIONS		Evaluated by Review of ACLS County File: Criteria Documentation by Exception						
1. Monitor facility compliance with criminal history records checks (GS 131D-40)		Y N						
2. Monitor facility compliance with Health Care Personnel Registry reporting (GS 131E-256)		Y N						
3. Monitor facility compliance with Health Care Personnel Registry for negative findings (GS 131E-256)		Y N						
4. Monitor facility compliance with Staff Qualifications (Rule .0403, .0406; .0407; .0501; .0502; .0503; .0504, .0507)		Y N						
B. ROUTINE MONITORING AND CORRECTION ACTION REPORTS (CARs)		Evaluated by Review of Facility File and ACLS County File: Criteria Documentation by Exception						
1. All visits unannounced		Y N						
2. Visits are at least quarterly.					Y N			
3. Reports document facility visits and outcome clearly, concisely and completely and submitted to DHSR		Y N						
4. Previous concerns and POCs are followed up within defined timeframes and specific findings documented on reports or forms reflect compliance or identified non-compliance		Y N			Y N			
5. CARs, warranted by scope and severity, were issued timely and supported by clear, concise documentation of findings.		Y N			Y N			
6. Type A & B violations are clearly identified based on scope and severity of sample		Y N						
7. Type A & Unabated B violations are submitted to DHSR for review prior to sending to facility		Y N						

C. COMPLAINT INVESTIGATION INCLUDING COMPLAINTS IN LICENSED AND UNLICENSED FACILITIES Evaluated by Review of Facility File and ACLS County File: Criteria Documentation by Exception

	QUALITY			TIMELINESS			QUALITY	TIMELINESS
	APPLICABLE	COMPLIANCE	COMPLIANCE	APPLICABLE	COMPLIANCE	COMPLIANCE	COMPLIANCE	COMPLIANCE
		CODES			CODES			
1. Allegations investigated are rule based		Y N						
2. Complaint investigation procedures are followed		Y N			Y N			
2.a. Appropriate sample based on intake and census		Y N						
2.b. Observation included		Y N						
2.c. Record Review included		Y N						
2.d. Interviews included		Y N						
3. Allegations are documented substantiated & or unsubstantiated		Y N						
4. Substantiation/unsubstantiation determination is based on compliance to regulatory area.		Y N						
5. If substantiated CAR issued based on scope and/or severity.		Y N NA						
6. All onsite visit reports are submitted to DHSR within 20 working days					Y N			
7. All complaint investigations are initiated in accordance with GS 131D-26					Y N			
D. PENALTY PROPOSAL/NEGATIVE LICENSURE ACTIONS	Evaluated by review of ACLS county file; Criteria Documentation from reports when penalty proposal processed							
1. Findings support decision to recommend penalty/negative action		Y N						
2. Findings of violations clearly reflect the scope and severity of violations and subsequent/potential impact on residents' health, safety, welfare		Y N						
3. CARs directed plans of correction (DPOCs) for type A Violations are issued within 10 working days of completion of the visit/complaint investigation					Y N			
4. Licensee notified 5 days prior to writing Type A penalty proposal					Y N			
5. Licensee offered 10 days to submit or provide additional information or respond for a conference to a Type A penalty proposal					Y N			
6. Additional information provided by licensee reviewed or conference held when requested.		Y N			Y N			
7. Penalty Proposal attachments redacted		Y N						
8. Penalty proposals sent to DHSR within 45 days of facility notification of intent to recommend a penalty					Y N			

	QUALITY			TIMELINESS			QUALITY	TIMELINESS
	APPLICABLE	COMPLIANCE CODES	COMPLIANCE	APPLICABLE	COMPLIANCE CODES	COMPLIANCE	COMPLIANCE	COMPLIANCE
E. ANNUAL SURVEYS	Evaluated by Review of Facility File and ACLS County File: Criteria Documentation by Exception							
1. Information regarding facility compliance or monitoring (including outstanding CARs, complaint investigations) is provided prior to presurvey meeting/offsite preparation.					Y N			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH SERVICE REGULATION-ADULT CARE LICENSURE SECTION

COUNTY: _____

OVERSIGHT ANNUAL REVIEW VISIT TO COUNTY DEPARTMENT OF SOCIAL SERVICES

DATE OF VISIT: _____

PARTICIPATING DSS MANAGEMENT: _____

of Adult Home Specialists & Supervisors: _____

DATE COMPLETED: _____

DHSR CONSULTANT: _____

Facilities/beds in County:

FCH: _____/beds ACH: _____/beds

COMPLIANCE CODES: N = Not Met P = Partially Met M = Met

Records Reviewed:

FCH: _____ ACH: _____

Expectations	Procedure Followed DHSR: Observation, Record Review, Interview							
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	QUALITY			TIMELINESS			QUALITY	TIMELINESS
	APPLICABLE	COMPLIANCE CODES	COMPLIANCE STATUS	APPLICABLE	COMPLIANCE CODES	COMPLIANCE STATUS	Q COMPLIANCE STATUS	T COMPLIANCE STATUS
A. STAFF QUALIFICATIONS								
1. Monitor facility compliance with criminal history records checks (GS 114-19.3)		N P M						
2. Monitor facility compliance with Health Care Personnel Registry reporting (GS 131E-256)		N P M						
3. Monitor facility compliance with Health Care Personnel Registry for negative findings (GS 131E-256)		N P M						
4. Monitor facility compliance with Staff Qualifications (Rule .0403 .0406; .0407; .0501; .0502; .0503; .0504, .0507)		N P M						
B. ROUTINE MONITORING AND CORRECTION ACTION REPORTS (CARs)								
1. All visits unannounced		N P M						
2. Visits are at least quarterly and submitted to DHSR					N P M			
3. Reports document facility visits and outcome clearly, concisely and completely and submitted to DHSR		N P M						
4. Previous concerns and POCs are followed up within defined timeframes and specific findings documented on reports or forms reflect compliance or identified non-compliance		N P M			N P M			
5. CARs, warranted by scope and severity, were issued timely and supported by clear, concise documentation of findings.		N P M			N P M			
6. Type A & B violations are clearly identified based on scope and severity of sample		N P M						

	QUALITY			TIMELINESS			QUALITY	TIMELINESS
	APPLICABLE	COMPLIANCE CODES	COMPLIANCE STATUS	APPLICABLE	COMPLIANCE CODES	COMPLIANCE STATUS	Q COMPLIANCE STATUS	T COMPLIANCE STATUS
7. Type A & Unabated B violations are submitted to DHSR for review prior to sending to facility		N P M			N P M			
C. COMPLAINT INVESTIGATION INCLUDING COMPLAINTS IN LICENSED AND UNLICENSED FACILITIES								
1. Allegations investigated are rule based		N P M						
2. Complaint investigation procedures are followed		N P M			N P M			
2a. Appropriate sample based on intake and census		N P M						
2b. Observations included		N P M						
2c. Record Review included		N P M						
2d. Interviews included		N P M						
3. Allegations are documented substantiated & unsubstantiated and based on determination of compliance to regulatory area.		N P M						
4. Substantiation/unsubstantiation determination is based on compliance to regulatory area		N P M						
5. If substantiated, CAR issued based on scope and/or severity.		N P M						
6. All onsite visit reports are submitted to DHSR within 20 working days					N P M			
7. All complaint investigations are initiated in accordance with GS 131D-26					N P M			
D. PENALTY PROPOSAL/NEGATIVE LICENSURE ACTIONS								
1. Findings support decision to recommend penalty/negative action		N P M						
2. Findings of violations clearly reflect the scope and severity of violations and subsequent/potential impact on residents' health, safety, welfare		N P M						
3. CARs directed plans of correction (DPOCs) for type A Violations are issued within 10 working days of completion of the visit/complaint investigation					N P M			
4. Licensee notified 5 days prior to writing Type A penalty proposal					N P M			
5. Licensee offered 10 days to submit or provide additional information or respond for a conference to a Type A penalty proposal					N P M			
6. Additional information provided by licensee reviewed or conference held when requested.		N P M			N P M			
7. Penalty Proposal attachments redacted		N P M						

	QUALITY			TIMELINESS			QUALITY	TIMELINESS
	APPLICABLE	COMPLIANCE CODES	COMPLIANCE STATUS	APPLICABLE	COMPLIANCE CODES	COMPLIANCE STATUS	Q COMPLIANCE STATUS	T COMPLIANCE STATUS
8.. Penalty proposals sent to DHSR within 45 days of facility notification of intent to recommend a penalty					N P M			
E. TRAINING								
1. AHS/Supervisor has participated in prebasic training		N P M						
2. AHS/Supervisor has participated in basic training		N P M						
3. AHS/Supervisor has participated in postbasic training		N P M						
4. AHS/Supervisor has participated in a minimum of 8 hours of complaint investigation training		N P M						
5. All have participated in a minimum of 16 hours of statewide training annually		N P M						
F. ANNUAL SURVEYS								
1. In information regarding facility compliance or monitoring (including outstanding CARs, complaint investigations) is provided prior to presurvey meeting/offsite preparation.					N P M			