

Principles of Documentation Question Cards  
Non-Long Term Care Learning Activity

Item	Description
Objective:	Given a sample Form CMS-2567, the surveyor will identify the specific content in Form CMS-2567 which is, or is not, written in accordance with the principles of documentation.
Materials Needed:	Standard size paper 3" x 5" index cards Optional: Small items for prizes
Total Time for Activity:	55 minutes* (*Activity times are highly dependent on class size and dynamics. The time given is approximate.)
Prior to Class:	Read the preceptor instructions below. Then, print one sample Form CMS-2567 for each team from the samples beginning on page three. Place 10-20 index cards on each team's table. For larger groups, place more cards.

Step:	Preceptor Instructions:	Activity Time:
1.	Divide the class into 2-4 groups. (Option: Conduct the activity as a large group discussion). Provide each group with the sample Form CMS-2567.	5 min.
2.	Ask each surveyor to read the Form CMS-2567. Ask the teams to prepare 10-20 question cards based on the form's content. The questions should all relate to the form's compliance, or lack of compliance, with the POD. Each card should have a closed question on one side and the single correct answer on the other.	20 min.
3.	After the questions are prepared, ask each group to mix up the question cards and exchange the whole pile with another group.	5 min.
4.	The first player reads the question on the top card without removing it from the pile. This player gives an answer within ten seconds. <ul style="list-style-type: none"> <li>a) Any player may challenge by giving a different answer.</li> <li>b) If there is no challenge, the first player wins the card. If there is a challenge, the card is turned over to reveal the correct answer. The surveyor that gave the correct answer (the original player or the challenger) wins the card.</li> <li>c) If neither answer is correct, the card is buried in the middle of the pile for recycling.</li> </ul>	15 min.

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Step:	Preceptor Instructions:	Activity Time:
5.	The game comes to an end when the group runs out of the question cards. (Option: You can stop the game at the end of a pre-determined period of time.) The player with the most cards wins the game.	
6.	Debrief the exercise by reinforcing the POD and their importance to the survey process.	10 min.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</b>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: XXXXXX	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  11/18/2011
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NAME OF FACILITY CMS ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 111 Any town Rd., ANYTOWN, USA 112233
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	<p>INITIAL COMMENTS</p> <p>Representatives of the Centers for Medicare &amp; Medicaid Services conducted a Federal survey at the CMS ICF November 15 -18, 2011.</p> <p>The facility is certified for a capacity of 48 individuals, and the census on the first survey day was 47 individuals.</p> <p>Based on survey findings, the facility was not in compliance with 42 CFR 483, Subpart I, the requirements for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).</p> <p>Glossary of Abbreviations</p> <p>OPWDD- Office for People with Developmental Disabilities</p> <p>ATC- Active Treatment Coordinator DSA- Direct Support Assistant DA- Developmental Assistant TTL- Treatment Team Leader HOS- Head of Shift</p> <p>483.420(d)(1) STAFF TREATMENT The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement policy related to allegations of abuse/neglect investigated by the facility between 1/1/11 and 10/31/11 by failing to: immediately report four (4) of forty-three allegations of abuse/neglect (W153); to implement actions to protect clients during one (1) of forty-four investigations investigations (W155);</p>	W 000		

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W 149	<p>Continued from XX</p> <p>to present to the administrator or others in accordance with state law, the preliminary results of five (5) of forty-three allegations (W156); and to document timely completion of corrective actions for six (6) of forty-four investigations (W157). These failures potentially affected all clients living at the facility.</p> <p>Findings include:</p> <p>The facility's investigative reports related to abuse/neglect were reviewed beginning at 11:15 AM on 11/15/11 and on each subsequent day of the survey. The facility presented for review forty-three investigations of abuse/neglect, and one (1) investigation of a client death, conducted between 1/1/11 and 10/31/11.</p> <p>[NOTE: The investigative reports used the word "disconfirmed" when allegations were not substantiated.]</p> <p>Of the twenty-seven allegations of physical abuse, four (4) were substantiated, nineteen (19) were disconfirmed, and four (4) remained under investigation as of 11/18/11.</p> <p>Of the six (6) allegations of neglect, three (3) were substantiated, one (1) was disconfirmed, and two (2) remained under investigation as of 11/18/11. Of the six (6) allegations of psychological abuse, all were disconfirmed. One allegation of mistreatment was investigated and was determined to be "inconclusive." One allegation of the use of seclusion was substantiated. One allegation of sexual abuse was disconfirmed.</p>	W 149		

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W 149	<p>Continued from XX</p> <p>One investigation was identified as "possible criminal" that was disconfirmed. The investigation report related to the death of the only client who died between 1/1/11 and 10/31/11 described the circumstances related to the client's death.</p> <p>The provider's policy titled, "Incident Reporting, Recording and Investigation of Incidents," dated as revised in 9/2008, was reviewed with the Acting Facility Director and the Deputy Director of Community Services and Administration (Deputy Director) at 8:45 AM on 11/18/11. The Acting Facility Director confirmed the policy dated as revised in 9/2008 was the codified policy under which the facility operated in regard to investigations of allegations of abuse/neglect.</p> <p>The Acting Facility Director also provided for review a document titled, "OPWDD Reform Priorities," dated August 2011. The Acting Facility Director confirmed the OPWDD Reform Priorities document provided directives related to some processes for the reporting of, investigation of, and disposition of all allegations, but was not codified policy.</p> <p>The Acting Facility Director and the Deputy Director confirmed that current policy required all allegations of abuse/neglect to be immediately reported and thoroughly investigated as stated in the Section No. 320-3. The Acting Director clarified that "Attachment 1," also referred to as The "Process Summary," provided specific direction to staff about immediate reporting.</p>	W 149		

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W 149	<p>Continued from XX</p> <p>Number 1 included in Attachment 1 documented, "All reportable incidents, serious reportable incidents, and allegations of abuse must be verbally reported to the appropriate Team Leader immediately." The Deputy Director confirmed that not all allegations had been immediately reported. The Acting Facility Director and the Deputy Director confirmed that the policy stated, "This process will result in immediate protective measures being implemented and the development of long term preventive strategies for the person receiving services and for the service provider."</p> <p>The Deputy Director confirmed this section of the policy required that immediate protections were to be put in place during the conduct of an investigation and that corrective actions were to be implemented. The Deputy Director confirmed that the facility had not put immediate protections in place in some instances. The Deputy Director confirmed the facility had failed to implement recommendations/corrective actions in a timely manner as identified in each Investigation Report.</p>	W 149		

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W 149	<p>Continued from XX</p> <p>Failure to Immediately Report: (See W153)</p> <p>Of the four (4) substantiated allegations of physical abuse, one (1) was not immediately reported. This failure to immediately report related an allegation involving Client #23. Of the nineteen (19) disconfirmed allegations of physical abuse, one (1) was not immediately reported. This failure to immediately report related an allegation involving Client #45. Of the three (3) substantiated allegations of neglect, one (1) was not immediately reported. This failure to immediately report related an allegation involving Client #45. Of the six (6) disconfirmed allegations of psychological abuse, two (2) were not immediately reported. This failure to immediately report related allegations involving Client #39 and Client #46.</p> <p>Failure to Put Protections In Place During the Investigation: (See W155)</p> <p>Of the forty-three investigations of abuse/neglect, the facility failed to put protections in place during the investigation for one (1) client. (Client #45)</p> <p>Report to the Administrator or Designee Within Five Days: (See W156)</p> <p>Of the twenty-seven allegations of physical abuse, the facility failed to report the findings of three (3) investigations to the Administrator or designee within five working days. (Client #6, Client #36, Client #46)</p> <p>Of the six (6) allegations of neglect, the facility failed to report the findings of one (1) investigation to the Administrator or designee within five working days. (Client #41)</p>	W 149		

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W 149	<p>Continued from XX</p> <p>Of the six (6) allegations of psychological abuse, the facility failed to report the findings of one (1) investigation to the Administrator or designee within five working days. (Client #45)</p> <p>Corrective Actions: (See W157) Allegations of Physical Abuse (Substantiated): Of the four substantiated allegations of physical abuse, corrective actions identified in the Investigative Report were not completed in a timely manner for two (2) investigations. This failure to implement corrective actions in a timely manner involved Client #23 and Client #38.</p> <p>Allegations of Physical Abuse (Disconfirmed): Of the nineteen disconfirmed allegations of physical abuse, corrective actions identified in the Investigative Report were not completed in a timely manner for one (1) investigation. This failure to implement corrective actions in a timely manner involved Client #39.</p> <p>Allegations of Neglect (Substantiated): Of the three (3) substantiated allegations of neglect, corrective actions identified in the Investigative Report were not completed in a timely manner for two (2) investigations. This failure to implement corrective actions in a timely manner involved Client #16 and Client #18, Allegations of Psychological Abuse (Disconfirmed): Of the six (6) disconfirmed allegations of psychological abuse, corrective actions identified in the Investigative Report were not completed in a timely manner for one (1) investigation. This failure to implement corrective actions in a timely manner involved Client 46.</p>	W 149		

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W 153	Continued from XX  483.420(d)(2) STAFF TREATMENT OF CLIENTS  The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures.	W 153		

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