

1.1.17 - 3.31.17
Citation by Standard

Row Labels	Count of Citation
Behavior Support	5
MUI/UI	9
Personal Funds	2
Person-Centered Planning	8
Personnel	8
Physical Environment	5
Provision of Services/IP Implementation	17
Grand Total	54

ICF Licensure Citations 1.1.17 - 3.31.17			
Q Sub Section (Question) (Review Question)	Provider Review Question	Question	Immedia te Citation
Personnel	2.003	Are all ICF staff enrolled in RAPBACK within 30 days of his or her initial criminal records check by the bureau of criminal investigation 5123:2-2-01	No
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Personnel	2.003	Are all ICF staff enrolled in RAPBACK within 30 days of his or her initial criminal records check by the bureau of criminal investigation 5123:2-2-01	No
Personnel	2.019	For direct service staff, did the staff person receive annual training prior to providing services that included: (i) The role and responsibilities of direct services staff with regard to services including person-centered planning, community integration, self-determination, and self-advocacy; (ii) Initial rights training including the health and welfare alerts issued by the department. (iii) MUI training 5123:2-3-01	No
Personnel	2.020	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP? 5123:2-3-01	No
Personnel	2.020	For all direct service staff, did the staff person, prior to implementation, receive training on the individual's IP/BSP? 5123:2-3-01	No
Personnel	2.024	Is staff available based on the assessed needs of the individuals? 5123:2-3-01	No
Personnel	2.024	Is staff available based on the assessed needs of the individuals? 5123:2-3-01	No
Physical Environment	3.001	Has the ICF-IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-02	No

Physical Environment	3.001	Has the ICF-IID completed emergency drills (tornado and fire) and completed a written record of each drill which addresses individual specific needs based on the outcome of these drills? 5123:2-3-02	No
Physical Environment	3.003	Did the ICF ensure that each individual participated in annual fire safety and emergency response training? 5123:2-3-02	No
Physical Environment	3.004	Are the interior, exterior and grounds of the building maintained in good repair and in a clean and sanitary manner? 5123:2-3-02	No
Physical Environment	3.008	Was the individual able to independently get around his/her home and have unrestricted access to all areas of the home and grounds unless otherwise indicated in the IP? 5123:2-3-02	No
Person-Centered Planning	4.001	Did the ICF complete a Comprehensive Functional Assessment (CFA) that included; •A General Health Evaluation •A General Dental Health Evaluation •An Adaptive Behavior Evaluation •A Social History •Other Evaluations as needed 5123:2-3-03	No
Person-Centered Planning	4.001	Did the ICF complete a Comprehensive Functional Assessment (CFA) that included; •A General Health Evaluation •A General Dental Health Evaluation •An Adaptive Behavior Evaluation •A Social History •Other Evaluations as needed 5123:2-3-03	No
Person-Centered Planning	4.001	Did the ICF complete a Comprehensive Functional Assessment (CFA) that included; •A General Health Evaluation •A General Dental Health Evaluation •An Adaptive Behavior Evaluation •A Social History •Other Evaluations as needed 5123:2-3-03	No

Person-Centered Planning	4.001	<p>Did the ICF complete a Comprehensive Functional Assessment (CFA) that included;</p> <ul style="list-style-type: none"> •A General Health Evaluation •A General Dental Health Evaluation •An Adaptive Behavior Evaluation •A Social History •Other Evaluations as needed <p>5123:2-3-03</p>	No
Person-Centered Planning	4.002	<p>Using person centered planning, has the plan been developed based on the results of the Comprehensive Functional Assessment (CFA) as it relates to:</p> <ul style="list-style-type: none"> •Ensure health and welfare, •Assist the individual to engage in meaningful activities •Support community connections •Assist in improving self-advocacy skills •Ensure achievement of outcomes •Identify risks include supports to prevent or minimize risks •Ensure employment services that are consistent with the individual's identified employment outcome <p>5123:2-1-11; 5123:2-2-05</p>	No
Person-Centered Planning	4.003	<p>Does the assessment/planning process consider;</p> <ul style="list-style-type: none"> •What is important to the individual •What is important for the individual •Known and likely risk •Place on the path to employment •Desired community employment outcome •What is working and not working <p>5123:2-3-03</p>	No
Person-Centered Planning	4.008	<p>Was the IP revised based on the changes in the individuals needs/wants?</p> <p>5123:2-3-03</p>	No
Person-Centered Planning	4.009	<p>Does the IP include a discharge plan that identifies;</p> <ul style="list-style-type: none"> •The supports and services necessary for the individual's transition to an integrated community setting •Strategies for overcoming barriers to community integration <p>5123:2-3-03</p>	No
Provision of Services/IP Implementation	5.001	<p>Are medication, treatments and dietary orders being followed as indicated in the IP?</p> <p>5123:2-3-04</p>	No

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Provision of Services/IP Implementation	5.001	Are medication, treatments and dietary orders being followed as indicated in the IP? 5123:2-3-04	No
Provision of Services/IP Implementation	5.2	Is the IP being implemented as written? 5123:2-3-04	No
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Provision of Services/IP Implementation	5.2	Is the IP being implemented as written? 5123:2-3-04	No
Provision of Services/IP Implementation	5.3	Is there evidence that the provider took action on an individual's need/want, when they were aware of it? 5123:2-3-03	No
Provision of Services/IP Implementation	5.4	Was the individual actively participating in activities throughout the review? 5123:2-3-04	No
Provision of Services/IP Implementation	5.5	Does the individual participate in day programming that fosters community participation? 5123:2-3-04	No
Behavior Support	7.004	Were all restrictive measures addressed in the plan and approved by the Human Rights Committee? 5123:2-2-06; 5123:2-3-04	No
Behavior Support	7.010	Does the provider/county board have a human rights committee that includes the following? <ul style="list-style-type: none"> • At least 4 people • At least 1 individual who receives or is eligible to receive specialized services • Qualified persons with training or experience in contemporary practices of Behavior Support • Reflect a balance of: <ul style="list-style-type: none"> o Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive services. o County boards or providers 5123:2-2-06; 5123:2-3-04	No
Behavior Support	7.011	Did all members of the Human Rights Committee receive department approved training within three months of appointment to the committee in: rights of individuals with disabilities, person-centered planning, informed consent, confidentiality, and the requirements of 5123:2-2-06? 5123:2-2-06; 5123:2-3-04	No
Behavior Support	7.012	If the service plan includes restrictive measures, did the Human Rights Committee review and approve the plan prior to implementation? 5123:2-2-06; 5123:2-3-04	No

Behavior Support	7.015	<p>If the plan includes a restrictive measure, is there evidence that the Restrictive Measure Notification was submitted prior to implementation?</p> <p>5123:2-2-06; 5123:2-3-04</p>	No
MUI/UI	8.001	<p>Upon identification of a MUI, is there evidence that the ICF-IID took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> • Immediate and on-going medical attention • Removal of an employee from direct contact with any at-risk individual when the employee is alleged to have been involved in abuse or neglect until such time as the ICF-IID/DD has reasonably determined that such removal is no longer necessary • Other necessary measures to protect the health and safety of at-risk individuals <p>5123:2-17-02</p>	No
MUI/UI	8.002	<p>Is there evidence that the ICF-IID notified the county board about the below listed incidents within 4 hours of discovery?</p> <ul style="list-style-type: none"> • Abuse (physical, sexual and verbal) • Exploitation • Misappropriation • Neglect • Suspicious/Accidental Death • Media Inquiry • Peer to Peer <p>5123:2-17-02</p>	No
MUI/UI	8.003	<p>Is there evidence that the ICF-IID submitted a written incident report to the county board contact or designee no later than three p.m. the next working day following initial knowledge of a potential or determined major unusual incident?</p> <p>5123:2-17-02</p>	No
MUI/UI	8.007	<p>Is there evidence that a prevention plan was identified, that the prevention plan addressed the causes and contributing factors identified in the investigation and that the individual's IP was revised if necessary?</p> <p>5123:2-17-02</p>	No
MUI/UI	8.010	<p>During the review, was there evidence of any unreported incidents that should have been reported as either an Unusual Incident or a Major Unusual Incident?</p> <p>5123:2-17-02</p>	No

MUI/UI	8.012	<p>Is there evidence that the ICF-IDD developed and implemented a written unusual incident policy and procedure that:</p> <ul style="list-style-type: none"> •Identifies what is to be reported as an unusual incident which shall include unusual incidents as defined in this rule; •Requires an employee who becomes aware of an unusual incident to report it to the person designated by the agency provider who can •initiate proper action; •Requires the report to be made no later than twenty-four hours after the occurrence of the unusual incident; and •Requires the agency provider to investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals. <p>5123:2-17-02</p>	No
MUI/UI	8.017	<p>Upon identification of an unusual incident, is there evidence that the ICF-IDD took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> •Report was made to the designated person •The UI report was made within 24 hours of the incident •Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals. <p>5123:2-17-02</p>	No
MUI/UI	8.017	<p>Upon identification of an unusual incident, is there evidence that the ICF-IDD took the following immediate actions as appropriate:</p> <ul style="list-style-type: none"> •Report was made to the designated person •The UI report was made within 24 hours of the incident •Investigate unusual incidents, identify the cause and contributing factors when applicable, and develop preventive measures to protect the health and welfare of any at-risk individuals. <p>5123:2-17-02</p>	No
MUI/UI	8.019	<p>Did the facility report all allegations of mistreatment, abuse, neglect, as well as injuries of unknown sources to the administrator immediately?</p> <p>5123:2-17-02</p>	No

		<p>Does the ICF-IID ensure that the account transaction records/ledgers include the following;</p> <ul style="list-style-type: none"> •The name of the individual •The source, amount, and date of all funds received •The purpose, amount, recipient, and date of all funds withdrawn •Individual or staff signatures for withdrawals and deposits 	
Personal Funds	9.003	5123:2-2-07	No
		<p>Is there evidence that the individual is able to purchase items, goods, and services of his/her preference?</p>	
Personal Funds	9.004	5123:2-2-07	No

1.1.17 - 3.31.17
Immediate Citations

Row Labels	Count of Citation
Yes	0
No	54
Grand Total	54