



Recertification Compliance Result Report

Survey Details

Provider Name: ARK REGIONAL SERVICES

Date Completed: 8/22/2024

PVS Name: Tawnya Mortenson

Compliance Percentage: 97.99%

Compliance Areas

Compliance Area	Points	Result	Comments	Guidance
All direct services staff are over the age of 18.	2	Compliance	Provider has met full compliance in this area.	0- Any direct service worker not over the age of 18 -R 1- All direct service workers reviewed over the age of 18 -C
All direct services staff have current CPR and First Aid Certification	3	Compliance	Provider has met full compliance in this area.	0- Any direct service worker without CPR/First Aid -R 3- All Direct Service Workers reviewed have CPR/First Aid -C
All employees providing waiver services as outlined in Section 14 (a) successfully passed a Wyoming Department of Family Services Central Registry Screening, Office of Inspector General's Exclusions Database, and successfully passed a state and national fingerprinted criminal history check	5	Compliance	Provider has met full compliance in this area.	0- Of any employees reviewed, no evidence of successful passing of a Wyoming Department of Family Services Registry, Office of Inspector General's Exclusion Database, and a state and national fingerprinted criminal history check -R 5- Of all employee reviewed, evidence of successful passing of a Wyoming Department of Family Services Registry, Office of Inspector General's Exclusion Database, and a state and national fingerprinted criminal history check -C

<p>Have documentation that staff are qualified to provide waiver services including completion dates and who provided the training</p>	<p>3</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- 0-50% of staff did not have required training-R 1- 51%-70% of staff reviewed did not have required training-TA 2- 71%-95% of staff reviewed did not have required training-TA 3- 100% of staff reviewed have required training-C</p>
<p>All staff qualified to provide waiver services completed training in all of the following areas within one month of hire/provider certification date: Participant Choice; The rights of participants in accordance with state and federal laws and any rights restrictions for each participant with whom a person works (environmental modification, specialized equipment and homemaker staff are exempt from this); Confidentiality; Dignity and respectful interactions with participants; Preventing, recognizing and reporting abuse, neglect, intimidation, exploitation, and all other categories listed in the Division's Notification of Incident form; Responding to injury, illness, and emergencies; Billing and documentation of services; Releases of information; Grievance and complaint procedures for participants, guardians, provider employees, and community members; Implementing and documenting participant objectives and progress on objectives;</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- 0%-75% of staff reviewed have been trained on all areas within one month of hire/provider certification date. -R 1- 76%-99% of staff reviewed have been trained on all areas within one month of hire/provider certification date-TA 2- 100% of staff reviewed have been trained on all areas within one month of hire/provider certification date-C</p>
<p>All staff implementing a PSBP have received participant specific training on the PBSP and on specific positive de-escalation techniques and interventions prior to beginning work with the participant</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Staff reviewed have no evidence of being trained on any PBSP used for the participants they serve. -R 1- Staff reviewed have evidence of being trained on any PBSP used for the participants they serve -C</p>
<p>All written policies and procedures are available upon request and updated or revised with rule or policy changes</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Policies and procedures are not available upon request or are not revised with rule or policy changes 1-Policies and procedures are available upon request and are revised with rule or policy changes -C</p>

All written policies and procedures have been reviewed at least annually with all employees.	2	Compliance	Provider has met full compliance in this area.	0- No, policies and procedures are not available, updated or revised or reviewed annually with staff-R 1- Yes, policies and procedures are available, updated or revised, and reviewed annually with staff-C
Have policies and procedures in place to ensure all critical incidents described in Section 20 are reported to the Division	2	Compliance	Provider has met full compliance in this area.	0- Provider does not have policies and procedures in place to ensure all critical incidents in Section 20 are reported to the Division-R 1- Provider has policies and procedures in place to ensure all critical incidents in Section 20 are reported to the Division-C
Have a process for the review of internal incident data including the incident, preceding events, follow up, causes of reoccurring critical incidents, other trends, actions taken to prevent similar events from reoccurring, evaluation of actions taken, education of personnel, and internal and external reporting requirements	2	Compliance	Provider has met full compliance in this area.	0- Provider does not have a process for reviewing critical incidents, preceding events, follow up, causes of reoccurrence, trends, actions taken to prevent similar incidents, evaluation of actions, education of personnel and internal and external reporting requirements. -R 2- Provider has a process for reviewing critical incidents, preceding events, follow up, causes of reoccurrence, trends, actions taken to prevent similar incidents, evaluation of actions, education of personnel and internal and external reporting requirements. -C
Provide access to internal incident data to case managers within 5 business days	2	Compliance	Provider has met full compliance in this area.	0- Provider does not provide internal incident data to case managers in 5 business days.-R 2- Provider does provide internal incident data to case managers in 5 business days. -C
Have a process in place to notify the Division, Protection and Advocacy, and other governmental agencies such as law enforcement and DFS if you believe a participant's health or safety is in jeopardy	2	Compliance	Provider has met full compliance in this area.	0- No process in place for notification of agencies when participant's health and safety are in jeopardy-R 1- Process in place for notification of agencies when participant's health and safety are in jeopardy. -C

<p>Have a system to notify participants and legal representatives (in writing) of any associated costs that are their responsibility</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No evidence of system to notify participants and legal representatives (in writing) of any associated costs that are their responsibility.-R 2- Evidence of system to notify participants and legal representatives (in writing) of any associated costs that are their responsibility.-C</p>
<p>Cost notice includes information on who is responsible for replacement or compensation when the participants' personal items are damaged or missing</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No evidence of cost notice to participants that includes information on who is responsible for replacement or compensation when the participants' personal items are damaged or missing.-R 2- Evidence of cost notice to participants that includes information on who is responsible for replacement or compensation when the participants' personal items are damaged or missing.-C</p>
<p>Cost notice include information on how participants will be compensated when staff, guests, or other participants in service, who do not reside in the location, utilize the environment and eat food paid for by participants</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- No evidence of cost notice on how participants will be compensated when staff, guests, or other participants in service, who do not reside in the location, utilize the environment and eat food paid for by participants.-R 2- Evidence of cost notice on how participants will be compensated when staff, guests, or other participants in service, who do not reside in the location, utilize the environment and eat food paid for by participants.-C</p>

<p>Have written policies and procedures to identify and detail the system used to protect participants funds and property as outlined below:</p> <ul style="list-style-type: none"> How the participant or legal representative will give informed consent How the participant or legal representative may access the records of the funds How funds are segregated for accounting and reporting purposes Safeguards to ensure funds are used for designated and appropriate purposes if interest is accrued, how interest is credited to the accounts of the participant How service fees are charged for managing funds How the persons funds or personal property will be replaced or recouped in the event of a theft or an unexplainable disappearance at the provider facility or during the provider's provision of services 	<p>1</p>	<p>Technical Assistance</p>	<p>Provider has need of technical assistance to meet full compliance. The answers provided via email meet the requirements of funds management. These should be part of a policy/procedure manual to ensure the participant(s) and team understand processes for funds management.</p>	<p>0- Provider does not have all of the following:</p> <ul style="list-style-type: none"> How the participant or legal representative will give informed consent How the participant or legal representative may access the records of the funds How funds are segregated for accounting and reporting purposes Safeguards to ensure funds are used for designated and appropriate purposes if interest is accrued, how interest is credited to the accounts of the participant How service fees are charged for managing funds How the persons funds or personal property will be replaced or recouped in the event of a theft or an unexplainable disappearance at the provider facility or during the provider's provision of services- <p>R</p> <p>1- Provider has all of the following:</p> <ul style="list-style-type: none"> How the participant or legal representative will give informed consent How the participant or legal representative may access the records of the funds How funds are segregated for accounting and reporting purposes Safeguards to ensure funds are used for designated and appropriate purposes if interest is accrued, how interest is credited to the accounts of the participant How service fees are charged for managing funds How the persons funds or personal property will be replaced or recouped in the event of a theft or an unexplainable disappearance at the provider facility or during the provider's provision of services- <p>C</p>
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<p>Ensure that participant funds or property are not used as a reward or punishment unless specified in the plan of care as a restriction of rights that complies with Chapter 45 and is approved by the participant and legally authorized representative</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area. This should be written in a funds management policy.</p>	<p>0-Of participants reviewed, evidence that participant funds or property are being used as a reward or punishment unless specified in the plan of care as a rights restriction.-R 1- Of participants reviewed, no evidence that participant funds or property are being used as a reward or punishment unless specified in the plan of care as a rights restriction.-C</p>
<p>Ensure that participant funds or property are not used as payment for damages unless otherwise specified in the lease or other written agreement with evidence showing the charge is appropriate for the participant to make restitution, the rationale is documented and the participant or legal representative gives written informed consent to make restitution for damages</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area. This should be written in a funds management policy.</p>	<p>0- Of participants reviewed, evidence that participant funds or property are used as payment for damages unless otherwise specified in the lease or other written agreement with evidence showing the charge is appropriate for the participant to make restitution, the rationale is documented and the participant or legal representative gives written informed consent to make restitution for damages-R 1- Of participants reviewed, no evidence that participant funds or property are used as payment for damages unless otherwise specified in the lease or other written agreement with evidence showing the charge is appropriate for the participant to make restitution, the rationale is documented and the participant or legal representative gives written informed consent to make restitution for damages-C</p>
<p>Ensure that participant funds or property are not used as payment for damages when the damage is the result of lack of appropriate supervision</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area. This should be written in a funds management policy.</p>	<p>0- Evidence that participant funds or property are being used as payment for damage when damage is result of lack of supervision-R 1- No evidence that participant funds or property are being used as payment for damage when damage is result of lack of supervision-C</p>

Ensure that participant funds or property are not used to purchase inventory or services for the provider	2	Compliance	Provider has met full compliance in this area. This should be written in a funds management policy.	0- Evidence that participant funds or property are not used to purchase inventory or services for the provider-R 1- No evidence that participant funds or property are not used to purchase inventory or services for the provider-C
Ensure that participant funds or property are not used on loan to the provider or the provider's employees	2	Compliance	Provider has met full compliance in this area. This should be written in a funds management policy.	0- Evidence that participant funds or property are not used on loan to the provider or the provider's employees-R 1- No evidence that participant funds or property are not used on loan to the provider or the provider's employees-C
Ensure that participant funds or property are not comingled with provider business accounts or monies	2	Compliance	Provider has met full compliance in this area. This should be written in a funds management policy.	0- Evidence that participant funds or property are not comingled with provider business accounts or monies-R 1- No evidence that participant funds or property are not comingled with provider business accounts or monies-C
If hiring of a legally authorized representative of a participant receiving services from the provider or the hiring of relatives of the provider is permitted, have a written policy on how it addresses potential conflicts that arise from these relationships, how the conflict of interest is mitigated, and is the policy shared with the participant and legally authorized representative	2	Compliance	Provider has met full compliance in this area. This should be written in a funds management policy.	0- Provider has hired a legally authorized representative or relative and does not have a written policy on how it addresses potential conflicts that arise from these relationships, how the conflict of interest is mitigated, and is the policy shared with the participant and legally authorized representative-R 1-Provider has hired a legally authorized representative or relative and has a written policy on how it addresses potential conflicts that arise from these relationships, how the conflict of interest is mitigated, and is the policy shared with the participant and legally authorized representative-C
Have a systematic organization of records and process related to storage, destruction, and retention of participants records to protect participant confidentiality.	2	Compliance	Provider has met full compliance in this area.	0- Organization of records not apparent and needs improvement-R 1- Organization of records apparent and easily retrieved-C
All service locations have an external inspection within the last 24 months	2	Compliance	Provider has met full compliance in this area.	0- Any site reviewed that did not have an inspection the past 24 months-R 1- All sites reviewed have an inspection in the past 36 months-C

Any service location inspections had identified deficiencies, they were corrected within 30 days	2	Compliance	Provider has met full compliance in this area.	0-Any site reviewed with outstanding deficiencies or no proof of correction-R 1- All sites reviewed had no outstanding deficiencies or corrections-C
All new location opened this survey year for services have an external inspection	2	Compliance	Provider has met full compliance in this area.	0- Any new location that did not have an external inspection-R 1- All new locations have an external inspection-C
Completed an annual self-inspection of your service locations within the last year	2	Compliance	Provider has met full compliance in this area.	0- Any site reviewed that did not have a self inspection within the year-R 1- All sites reviewed did have a self inspection within the year-C
Have emergency plans and procedures as outlined in Section 13 g (i) Fires Bomb Threats Natural Disasters earthquakes, blizzards, floods, tornados, fires Power Failures Medical Behavioral Emergencies Provider Incapacity Missing Person Safety During Violent or Threatening Situations Vehicle Emergency Supervision for both participants and children under 12	3	Compliance	Provider has met full compliance in this area.	0- No evidence of all emergency plans and procedures being implemented-R 3- All emergency plans and procedures being implemented-C
Emergency plans includes a plan that assures that there is a continuation of services when emergencies occur	2	Compliance	Provider has met full compliance in this area.	0- Any emergency plans reviewed did not have a plan to continue services in an emergency-R 1- All emergencies plans reviewed have a plan to continue services in an emergency-C

<p>If providing 24 hour services: Documentation of the review of all applicable emergency plans at least once a year Plan reviewed on each shift Documentation of follow-up to concerns One evacuation is required per shift annually for all emergency plans with the remainder being review of the plan if desired.</p>	1	Technical Assistance	<p>Provider has need of technical assistance to meet full compliance. The emergency plan reviews should document both staff and participants participating in the training. The training form should also state whether or not the drill included a full evacuation (some listed practicing evacuations, but it is not clear whether a full evacuation took place). Please refer to the HCBS Emergency Plan Review Form to ensure all components of the drills are captured in the documentation.</p>	<p>0- Of sites reviewed, documentation missing and needing improvement-R 1- Of sites reviewed, all documentation accurate and correct-C</p>
<p>Participants have access to food at all times and are provided nutritious meals and snack options</p>	3	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0- Participants do not have access to food at all times 1- Participant have access to food at all times -C</p>
<p>If 24 hour services are not provided: Documentation of the review of all applicable emergency plans at least once a year Plan reviewed during work hours Documentation of follow-up to concerns</p>	2	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0- Of sites reviewed, documentation missing and needing improvement-R 1- Of sites reviewed, all documentation accurate and correct-C</p>
<p>Food is kept and managed in accordance with Section 13, h (i-iii)</p>	2	Compliance	<p>Provider has met full compliance in this area.</p>	<p>0- In sites reviewed, food is not clean, covered, dated and labeled. Food not served in a sanitary manner and site needs improvement.-R 1- In sites reviewed, most food is clean, covered, dated and labeled. Food is served in a sanitary manner and sites could use minor improvements.-TA 2- In sites reviewed, food is clean, covered, dated and labeled. Food is served in a sanitary manner-IC</p>

Walls, wall coverings and ceilings maintained in good repair and are not visibly soiled or damaged	2	Compliance	Provider has met full compliance in this area.	0- In sites reviewed, walls, wall coverings, and ceilings are not in good repair and are visibly soiled or damaged-R 1- In sites reviewed, most sites have walls, wall coverings, and ceilings that are in good repair and are not visibly soiled or damaged but still need improvement in some sites-TA 2- If sites reviewed, walls, wall coverings, and ceilings are in good repair and not visibly soiled or damaged.-IC
Doors, windows, and other exits to the outside reasonably protected against the entrance of insects and rodents, and are in good repair	2	Compliance	Provider has met full compliance in this area.	0- Of any site reviewed, doors, windows or any exits are in need of repair-R 2- Of site reviewed, doors, windows or any exits are in good repair-IC
Windows free of cracks and breaks	2	Compliance	Provider has met full compliance in this area.	0- Of any site reviewed, windows have cracks or breaks-R 2- Of sites reviewed, no windows have cracks or breaks-IC
Chemicals, poisons, or household cleaners secured in a manner that prevents the risk of improper use or harm to individuals as outlined in the participants' plans of care	2	Compliance	Provider has met full compliance in this area.	0- Of any site reviewed, chemicals, poisons, or household cleaners not secured as outlined any participant plan of care residing at the home-R 1- Of sites reviewed, chemicals, poisons, or household cleaners are secured in a manner that is outlined in most participants residing in the house plan of care.-ta 2- Of sites reviewed, chemicals, poisons, or household cleaners are secured in a manner that is outlined in participants residing in the house plan of care-IC
Restrooms contain trash receptacles, towels, hand cleansers and toilet tissue at all times	2	Compliance	Provider has met full compliance in this area.	0- Of sites reviewed, any restroom not containing trash receptacles, towels, hand cleansers and toilet tissue at all times in not in compliance-R 1- Of sites reviewed, all restrooms contained trash receptacles, towels, hand cleansers, and toilet tissue.-IC

Toilet facilities clean, sanitary and in good repair	3	Compliance	Provider has met full compliance in this area.	<p>0- Of sites reviewed, toilet facilities are not clean, sanitary and not in good repair (facilities not working, broken toilet seats, dirty etc..)-R</p> <p>1- Of sites reviewed, less than 75% facilities are clean, sanitary and in good repair-TA</p> <p>2-Of sites reviewed, less than 90% of toilet facilities are clean, sanitary and in good repair-TA</p> <p>3- Of sites reviewed, all toilet facilities are clean, sanitary and in good repair-IC</p>
<p>Condition of the home or setting maintained in a clean, uncluttered, sanitary and healthful manner</p> <p>Does not impede mobility</p> <p>Jeopardize a participant's health or safety</p> <p>Allows physical access?</p>	3	Compliance	Provider has met full compliance in this area.	<p>0- Home or setting is not maintained in a clean, uncluttered, sanitary and healthful manner and jeopardizes health and safety of the participant and/or impedes mobility and/or does not allow physical access.-R</p> <p>3- Home or setting is maintained in a clean, uncluttered, sanitary and healthful manner and jeopardizes health and safety of the participant and does not impede mobility and does for allow physical access.-IC</p>
<p>Participants residing in a provider owned or leased facility have :</p> <p>a lease</p> <p>Freedom and support to control their schedules and activities</p> <p>Furnish and decorate their sleeping units within the lease or other agreement</p> <p>Have individual bed</p> <p>Access to egress</p> <p>Have a secure place for personal belongings which the participant may freely access</p>	5	Compliance	Provider has met full compliance in this area.	<p>0- Participants reviewed in residential services do not have five out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -R</p> <p>1- Participants reviewed in residential services do not have four out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -R</p> <p>2- Participants reviewed in residential services do not have three out of the six following: a lease, proof of how they</p>

				<p>control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -R</p> <p>3- Participants reviewed in residential services do not have two out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -TA</p> <p>4- Participants reviewed in residential services do not have one out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. -TA</p> <p>5- Participants reviewed in residential services provider has six out of the six following: a lease, proof of how they control their own schedules, can't decorate/furnish their sleeping units as specified by lease, have an individual bed, access to egress (MUST HAVE), or have a secure place for personal belonging with access. - C</p>
<p>Participants residing in provider owned or leased facilities have a private bedroom with no more than one person to a bedroom</p>	<p>2</p>	<p>Compliance</p>	<p>Provider has met full compliance in this area.</p>	<p>0- Participant residing in provider owned or leased facilities does not have a private bedroom with no more than one person to a bedroom.-R</p> <p>1- All participants reviewed residing in provider owned or leased facilities have a private bedroom with no more than one person to a bedroom. -C</p>

All participants residing in provider owned or leased facilities a lockable entrance which can be unlocked by the participant	3	Compliance	Provider has met full compliance in this area.	0- Participants reviewed that are in residential services do not have a lockable entrance which can be unlocked by the participant-R 3- Participants reviewed that are in residential services do have a lockable entrance which can be unlocked by the participant-C
All participants residing in provider owned or leased facilities have a key or other type of access to a lock for both the housing unit, the participants bedroom, and any form of locked storage where the participant's personal belonging are kept, with only appropriate staff having keys	2	Compliance	Provider has met full compliance in this area.	0- Any participants reviewed that are in residential services do not have a key for the house and their bedroom with appropriate staff having keys -R 1- All participants reviewed that are in residential services have a key for the house and their bedroom with appropriate staff having keys-C
Vehicles are in good repair	2	Compliance	Provider has met full compliance in this area.	0- Any vehicles used by the provider are not in working condition or not legal to operate (example, no working headlights, turn signals, brake lights, not starting, leaking fluids, no seat belts, flat tires etc..)-R 1- Any vehicles are legally operable but are in need of maintenance and repair. This could include any repair to the vehicle body, interior dirty, exterior rust, etc..-S 2- Vehicles are in good repair-IC
Ensure the staff have the ability to quickly access participant information	2	Compliance	Provider has met full compliance in this area.	0- Staff do not have easy access to emergency information.-R 2- Emergency information on each participant is easily accessed by staff.-C
Keep and replenish a first aid kit in the vehicle	2	Compliance	Provider has met full compliance in this area.	0- No first aid kit is in the vehicle or first aid kit-R 1- First Aid kit is kept in vehicle-IC
Conduct quarterly self-inspections or have the vehicle inspected by a mechanic to ensure the vehicle is operational, safe and in good repair	2	Compliance	Provider has met full compliance in this area.	0- No evidence of quarterly self inspection or mechanic inspections for any one of the vehicles used-R 1- All vehicles used have quarterly self inspections or mechanic inspections-IC

Provider has separate records for each participant served	2	Compliance	Provider has met full compliance in this area. Suggest adding a preferred name on the Clinician Report. DSPs used two different first names for one participant. The PSTF is the only place where both names were documented as acceptable for the one participant.	0- Reviewed files are not separate record for each participant-R 2- Reviewed files are separate record for each participant- C
Physical address of location of services	2	Compliance	Provider has met full compliance in this area. Some DSPs list the location as HOME. It is appropriate to list the physical address for the location (most entries did have physical address) to ensure it is on each single page.	0- Reviewed files did not have the physical location-R 2- Reviewed files did have the physical location- C
Date of service (year, month, day)	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the date of service-R 2- Reviewed files did have the date of service- C
Type of service provided, service name, billing code	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the type of service provided, name and billing code-R 2- Reviewed files did have the type of service provided, name and billing code- C
Time services began and ended	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the time services began and ended-R 2- Reviewed files did have the time services began and ended- C
Signature or initial of each person performing services	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have the signature or initial of each person providing a service-R 2- Reviewed files did have the signature or initial of each person providing a service- C

Detailed description of services provided - Consists of a personalized list of tasks or activities that describe a typical day, week or month	2	Compliance	Provider has met full compliance in this area. Suggest more description in documentation of how providers are assisting and/or interacting with participants during service. Many entries reviewed are repetitive and do not detail the services provided. The documentation focuses mostly on the overall location or observed task of the participant (hung out in room, had lunch, etc.).	0- Reviewed files did not have detailed description of services provided-R 2- Reviewed files did have detailed description of services provided- C
Includes specific objectives for habilitation services, support needs, health and safety needs, and approximate number of hours in service	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not have specific objectives etc-R 2- Reviewed files did have specific objectives etc- C
Services meet service definitions and are pursuant to participant's Plan of Care	2	Compliance	Provider has met full compliance in this area. Ensure the documentation supports the IPC service definitions.	0- Reviewed files did not show that the services meet service definitions and are pursuant to the IPC-R 2- Reviewed files did show that the services meet service definitions and are pursuant to the IPC-C
Provider not billing for more than one direct services for same participant at the same time	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did not show more than one direct service being billed at the same time-R 2- Reviewed files did show more than one direct service being billed at the same time- C
Provider not rounding up total service time to next unit (except for skilled nursing)	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files did round up to the next unit-R 2- Reviewed files did not round up to the next unit- C
Documentation is legible, retrieved easily, complete, and unaltered	2	Compliance	Provider has met full compliance in this area.	0- Reviewed files were not legible, easily retrieved, complete and unaltered-R 2- Reviewed files were legible, easily retrieved, complete and unaltered- C
Have a PRN medication protocol for each participant who has a prescription for a psychoactive medication	2	Compliance	Provider has met full compliance in this area.	0- No evidence of PRN protocol in review of participants prescribed psychoactive medications.-R 2- Up to date PRN protocol in review of participants prescribed psychoactive medications-IC

Have documentation on the non-pharmacological interventions which are used prior to the use of a psychoactive medication	2	Compliance	Provider has met full compliance in this area.	0- No evidence of documentation of interventions used before administering psychoactive medications. -R 2- Evidence of documentation of interventions used before administering psychoactive medications.-C
Monitor and document each participant's response to prescribed medications	2	Compliance	Provider has met full compliance in this area.	0- No evidence of review of participant's response to prescribed medications of participants reviewed.-R 2-Evidence of review of participant's response to prescribed medications of participants reviewed.-C
Review each participant's PRN usage on a monthly basis and notify the prescriber in if there is an upward trend in PRN usage	1	Technical Assistance	Provider has need of technical assistance to meet full compliance. The PRN Medication Administration and follow up were blank on reviewed MARs. If this is tracked separately, it is suggested to refer to the documentation where the information can be found. If no PRNs are administered, it is suggested to note that on the MAR in the charts for PRN Medication/Treatment Administrations.	0- No documented evidence of review of participant's PRN usage monthly-R 2- Documented evidence of review of participant's PRN usage monthly-C