Community Mental Health Newaygo

QUALITY AND COMPETENCY MONITORING Program: Type A

| | | ☐ Children Foster Care (CFC) ✓ Adult Specialized (A-S) |
|-----------------------------------|--|---|
| Date of Review: _ 90.20.16 | | Adult Non-Specialized (A-NS) |
| Reviewer Name: Cindy Ingers | <u>oll</u> | |
| Provider Name:_PINE REST CHRIST | TIAN MENTAL HEALTH SERVICES | S Home Name:_INTERACTIONS |
| RESIDENTIAL TREATMENT | | |
| Address 300 68TH ST. SE | | |
| City/Zip: GRAND RAPIDS MI P | Phone: 616.493.6013 | |
| Source of Information for this re | eview | |
| Accreditation (Date:) | Data Source(s) for Review | |
| □ CARF □ JCAHO | ✓ Clinical record review | ✓□ Licensing/Certification Reviews - Date of |
| □ NCQA □ COA | ✓Policies and Procedures | Last Review 2.27.15 |
| ☐ Other: | | |
| | √Tour of facility | ✓ Observation of care |
| ☐ Copy Obtained | ✓Interviews with staff | ☐ Other |
| | ✓Interviews with consumers/families | |
| | ✓ Certification (specialized) status confi | rmed by reviewer |
| | CONFIRM: | |
| | ✓Current License / Operating Certificat | te is posted ✓Copy Obtained |
| | ✓CMH Recipient Rights Policies and Pr | rocedures on site |
| | | |

RATING: 1 = Meets Standard 2=Partially Meets Standard 3 = Does Not Meet Standard

| | STAFF TRAINING (as evidenced by training records) | RATING |
|---|--|--------|
| | | |
| 1 | CPR (85% of staff) | 1 |
| 2 | First Aid (85% staff) | 1 |
| 3 | Medication Certification (85% of staff) | 1 |
| 4 | Environmental Safety (85% of staff) | 1 |
| 5 | PCP Training (85% of staff) | 1 |
| 6 | Recipient Rights - Basic Training (100% of staff within 30-days of contract start and/or date of hire) | 1 |
| 7 | Limited English Proficiency (85% of staff) | 1 |
| 8 | Cultural Competency (85%of staff) | 1 |
| | Comments: | |

| | QUALITY IMPROVEMENT | RATING |
|---|---|--------|
| 1 | Staff can identify or describe improvements in services to residents during the past year. | 1 |
| 2 | Residents have opportunities to provide suggestions for improvement. | 1 |
| 3 | Staff can locate the Residential Treatment section of the PCP and can describe how it is implemented. | 1 |
| 4 | Consumer satisfaction is at an adequate level*. | 1 |
| 5 | Guardian / Family satisfaction is at an adequate level*. | 1 |
| | Comments: | |
| | | |

| | RECIPIENT RIGHTS SITE VISIT | RATING |
|---|-----------------------------|--------|
| 1 | Poster (in view of public) | 1 |
| 2 | Complaint Forms (available) | 1 |
| 3 | Rights Booklets (available) | 1 |
| 4 | House Rules (posted) | 1 |
| | Comments: | |
| | | |

| | MANAGEMENT OF INFORMATION | RATING |
|---|---|--------|
| 1 | Consumer records are maintained in a way that ensures confidentiality. | 1 |
| 2 | Compliance with service documentation (e.g. Personal Care Service Logs, Treatment Data as applicable, etc.) | 1 |
| | Comments: | |
| | | |

| | MANAGEMENT OF HUMAN RESOURCES | RATING |
|---|---|--------|
| 1 | Provider has a system to ensure competency of staff is continually assessed, maintained and improved. (e.g. hiring documentation, annual evaluations, training records, etc.) | 1 |

| Comments: | |
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| | SAFETY/INFECTION CONTROL | RATING |
|---|--|--------|
| 1 | Staff can locate the mouth-to-mask (blob) resuscitation devices. | 1 |
| 2 | Staff can locate protective equipment (gloves). | 1 |
| 3 | Soap-filled dispensers, paper towels are available at all sinks. | 1 |
| 4 | Staff can locate the first aid kit with complete contents. | 1 |
| | Comments: | |
| | | |

| | MEDICATIONS | RATING |
|---|---|--------|
| 1 | Medication cupboards are locked. | 1 |
| 2 | Medication administration records are complete. | 1 |
| 3 | Medications are stored appropriately. | 1 |
| | Comments: | |
| | | |

| | FACILITY | RATING |
|---|---|--------|
| 1 | The exterior of the house is generally clean and well-maintained. (e.g. lawn mowed, landscaping maintained, | 1 |

| | snow shoveled, yard free of debris, etc.) | |
|---|--|---|
| 2 | The interior of the house is generally clean and well-maintained. (e.g. furniture clean and in good repair, floors | 1 |
| | and walls clean, house free of obvious offensive odors, bathroom clean and in good working order, etc.) | |
| 3 | If smoking occurs, smoking debris are disposed of in a fire safe container. | 1 |
| | Comments: | |
| | | |

| | RESIDENT TREATMENT | RATING |
|---|---|--------|
| 1 | Residents are treated in a respectful, positive and supportive manner | 1 |
| 2 | There is evidence that residents are allowed to make choices. | 1 |
| 3 | Residents are offered choices for activities, both in and out of the home, at least once per week. | 1 |
| 4 | Resident's clothing is generally clean, in good repair, fits properly and is seasonably and age appropriate or this issue is addressed in the treatment plan. | 1 |
| 5 | Residents are clean, their hair is trimmed and combed and good oral hygiene/treatment is addressed or this issue is addressed in the treatment plan | 1 |
| | Comments: | |
| | | |

| | RESIDENT FUNDS AND VALUABLES | RATING |
|---|--|--------|
| 1 | For all residents who do not keep their own funds, any residents' funds that are maintained at the home are kept | 1 |
| | in individual containers, with withdrawals and deposits logged. | |
| | Comment: | |
| | | |

| | REVIEWER COMMENTS | |
|---|--|--|
| | This is the only locked AFC in the State of Michigan. All persons were determined to require this Level of care to avoid inpatient or state psychiatric facility. Our only admission to date was someone who was not responding to medication and not medication compliant placing herself at high risk for inpatient as danger to herself and potentially others. This is not to be considered a short term answer. They remain willing to try and did accept her back following another State Hospital admission. This program remains very helpful and willing to work with our consumer. We will continue to use this program as consumer continues to be intractably psychotic. | |
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| Reviewer Signature: <u>Pindy Ingersoll</u> Date 9.20.16 | | |

CC: Home Manager

Provider Agency (if applicable)