

FACILITY ACTION REPORT

FACILITY NAME: REM California, LLC-Illinois
ADDRESS: 5035 Illinois Ave, Fair Oaks, CA 95628
TELEPHONE NUMBER: (916) 534-7756

TYPE OF VISIT: Quarterly Assurance Visit
 PRESCHEDULED
 UNANNOUNCED
DATE OF REPORT: 2/18/22
3/23/22 Meeting with provider to update
CAP dates per their request.

A. **Basis for Report/Reason Stated on Entry**

Title 17 Section 56054 Substantial Inadequacies

- (1) Conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;
- (7) Failure to comply with the requirements for administrator and staff qualifications and/or administrator and staff training;
- (12) Failure to ensure that a direct care staff:
- (A) Completes the competency-bases training and testing required by Section 56033(a)(1) or (2) or
 - (B) Completes any additional training required by Section 56033 (d)(2); or
 - (C) Complies with Section 56033 (f)(1) or (2) when the direct care staff has failed to satisfactorily complete the competency-based training and competency testing.

B. **Summarize Facts or Describe Incident in This Space**

- Quarterly Quality Assurance visit on 2/10/22 for the REM California- Illinois EBSH.
- On 2/15/22 ACRC audited staffing schedules, and staff training during these quality assurance reviews.
 - Staffing scheduled failed to meet the minimum requirements per Title 17 Section 59062(a) staffing levels.
 - Multiple shifts not being covered
 - Per client indivual rate due to staffing emergency is 3 staff 24/7 is not being covered
 - Must have a lead staff on shift 24/7- this is not being covered
 - Must have an administrator 40 hours per week noted hours worked on staffing schedule
- Failure to comply with the requirements for administrator and staff qualifications and/or administrator and staff training;
 - Title 17 Section 59004 Administrator & DSP Qualifications
 - No current administrator who meets regulations
 - Title 17 Section 59061 RBT
 - No administrator, lead, or DSP meet RBT regulations are working in the home
- Staff training was not completed within the timeframes per Title 17 requirements.
 - Title 17 Sections 59063 & 59064 Training Plans
 - No current staff working in the home has on-going trainings that meet regulations
 - No current staff working in the home have trainings on positive behavior support, person centered planning, trauma informed care, etc.
 - Title 17 Sections 59063 & 59064 Person Files
 - All staff need RBT and continuing education (listed above)
 - All staff need REM paperwork for hire
 - All staff need REM job description
 - Staff who are on staffing schedule not all have personal files in the home

C.

Notice to Residential Service Provider of Investigation

- If this box is checked, items above are merely under investigation and the regional center is not making any factual finding or taking any action against you at this time. You may provide your facility liaison now or at any future time any written documents or information that will help resolve the investigation. (Go to item I: Signature page)

D.

Findings

Date that the Determination of the following findings was made: -----

1. If this box is checked, the regional center is making findings that no inadequacies were substantiated. Go to item I.
2. If this box is checked, the regional center is making findings of substantial inadequacies which pose a danger to resident's health and safety or conditions related to consumer services as defined in Title 17, 56054. You have a right to appeal these findings. Item H states the process to initiate an appeal. Go to item E.
3. If this box is checked, the regional center is making findings of immediate danger to the health and safety of residents as defined in Title 17, 56053. You have a right to appeal these findings. Item H states the process to initiate an appeal. Go to Item E.

E.

Relocation Plan

1. If this box is checked, immediate relocation is not needed. Go to item G.
2. If this box is checked, a decision has been made to immediately relocate the consumer from your facility due to the immediate danger of the situation. Go to item F.
3. If this box is checked, a decision has been made that this notice constitutes notice of the intent to counsel the consumer(s) to move from your facility. Go to item F

F.

Relocation Appeal Status

- Immediate Relocation**, or intent to counsel consumer to move.

A decision has been made to either immediately relocate or counsel the consumer to move from your facility, and:

- You **have the right to appeal** the relocation plan since this was a regional center decision (See item H for your appeal rights.)
- You do **not have the right to appeal** the relocation plan since the decision was that of the
 Consumer Conservator Guardian Authorized Representative

FACILITY ACTION REPORT

G.

Corrective Action Plan

1. If this box is checked, the regional center will write the plan as discussed at the meeting, and send it to the facility administrator within two working days.
2. If this box is checked, the following Corrective Action Plan(s) has been developed:

Violation (Authority Cited)	Inadequacy (Describe)	Corrective Action Plan (or note prior problem which has been corrected)	Date for Correction
<p>Title 17 Section 56054 Substantial Inadequacies</p> <p>(1) Conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;</p> <p>(2) Provisions of fewer direct care staff hours than are required by the facility's approved service level;</p>	<p>ACRC audited staffing schedules and there were multiple days where there was not adequate staffing per Title 17 Regulation 59062 (a) At least on direct care lead staff person and one direct care staff person must be on duty at all times when a consumer is under the supervision of the facility staff. Staffing beyond this minimum is determined by each consumer's individual support needs identified per the approved DS6024 from complete pursuant to Section 59072(b).</p>	<p><u>Staffing:</u> The home will maintain emergency staffing standards which is at least 3 staff on every shift, one staff must be a lead staff and ideally 4 staff during awake hours.</p> <p><u>Monitoring:</u> The Administrator will review and submit weekly schedules to the AD. The AD (or designee), will be responsible to monitor staffing and scheduling needs on a weekly basis. All concerns will be immediately addressed. The QIS will monitor and review requirements on a monthly basis to ensure all facility staffing requirements are met.</p> <p>ACRC will be sent the past weeks staffing schedule by Tuesday of the following week, for audit/assurance for at least 60 days.</p>	<p>Date Completed:</p>
<p>Title 17 Section 56054 Substantial Inadequacies</p> <p>(7) Failure to Comply with the requirements for administrator and staff qualifications and/or administrator and staff training;</p>	<p>Title 17 Section 59004 Administrator Qualifications</p> <p>(a) An administrator must:</p> <p>(1) Have a minimum of two years of prior experience providing direct care or supervision to individuals with developmental disabilities and be one of the following:</p> <p>(A) A Registered Behavior Technician. (B) A Licensed Psychiatric Technician. (C) A Qualified Behavior Modification Professional.</p>	<p><u>Qualified Administrator:</u> On 2/23/22 [REDACTED] is scheduled be in NEO and will be designated as Administrator for the Illinois Home. Ileya has a current ARF certificate and has her RBT.</p> <p><u>Monitoring:</u> All training and certification requirements for the facility Administrator will be reviewed by the Regional Director and Quality</p>	<p>Date Completed:</p>

	<p>(b) An administrator must complete the Residential Services Orientation as required pursuant to Section 56003(b).</p> <p>Title 17 Section 59061 Direct Care Staff Qualifications.</p> <p>(a) A Direct Care Lead Staff person must:</p> <ol style="list-style-type: none"> (1) Become a Registered Behavior Technician within 60 days of initial employment or be either; (A) Licensed psychiatric technician, or (2)(B) A Qualified Behavior Modification Professional, <p>(b) A Direct Care Staff person must:</p> <ol style="list-style-type: none"> (1) Become a Registered Behavior Technician within 12 months of initial employment or be either; (A) Licensed psychiatric technician, or (2)(B) A Qualified Behavior Modification Professional, 	<p>Improvement Specialist (or designee) on a quarterly basis with all deficient practices being immediately addressed.</p> <p><u>Qualified Lead Staff:</u> All staff designated as lead staff will be working towards compliance with their trainings. By 3/30/22, REM CA will send a training plan for all lead staff to become in compliance with regulations. The home currently has 5 staff designated as lead. 1 has current RBT certificate. 2 are awaiting testing. 1 has additional observations by the BCBA which have begun as of the week of 2/22. 1 is in the process of completing the modules.</p> <p>Monitoring: The Training Specialist will monitor and maintain a record of all training and certification requirements, providing a report to the Regional Director on a monthly basis. All specific needs identified will be immediately addressed.</p>	
<p>Title 17 Section 56054 Substantial Inadequacies (12) Failure to ensure that a direct care staff:</p> <p>(A) Completes the competency-bases training and testing required by Section 56033(a)(1) or (2) or</p> <p>(B) Completes any additional training required by Section 56033 (d)(2); or</p> <p>(C) Complies with Section 56033 (f)(1) or (2) when the direct care staff has failed to satisfactorily complete the competency- based training and competency testing.</p>	<p>Title 17 Section 59063 Staff Training</p> <p>a) The administrator shall ensure that direct care staff complete a minimum of 32 hours of on-site orientation within the first 40 hours of employment. The on-site orientation must include the training required pursuant to Title 22, California Code of Regulations Sections 80065(f) and 84065(i) as applicable to the facility's licensure type, and must also address the following:</p> <ol style="list-style-type: none"> (1) The specialized needs of each of the consumers; (2) Consumers' rights and protections pursuant to Sections 50500-50550 and Title 22, California Code of Regulations sections as follows: <ol style="list-style-type: none"> (A) Section 84072 for an Enhanced Behavioral Supports Home licensed as a group home. (B) Sections 85072 and 80072 for an Enhanced Behavioral Supports Home licensed as an adult residential facility. (3) The facility's program plan; (4) Implementation of the consumers' IPPs; (5) Health and emergency procedures, including fire safety; (6) The disaster and mass casualty plan required in Title 22, California Code of Regulations, Section 80023, including emergency evacuation and exit procedures when secured perimeters/delayed egress are in use; (7) Identification and reporting of special incidents, as required by Section 54327(b); 	<p><u>Trainings:</u> By 3/30/22, REM CA will send a training plan for all DSP staff to become in compliance with regulations On 2/21/22, Trainer began meeting with each staff in question to ensure that they are up to date with their continuing education training.</p> <p>By 3/30/2022 REDACTED, BCBA will provide the Trauma Informed Care training.</p> <p>By April 13, 2022 all staff have the minimum of first 32 minimum orientation with all items listed in regulations listed in inadequacy column, as well as 16-hour crisis intervention training if needed.</p> <p>Monitoring: The Training Specialist will monitor and maintain a record of all training and certification requirements, providing a report to the Regional Director on a monthly basis. All specific needs identified will be immediately addressed.</p>	<p>Date Completed:</p>

(8) Identification and reporting of suspected consumer abuse and neglect; and

(9) Assistance to consumers with prescribed medications.

(b) In addition to the on-site orientation, the administrator shall ensure that direct care staff receive a minimum of 16 hours of emergency intervention training, which must include the techniques the licensee will use to prevent injury and maintain safety regarding consumers who are a danger to self or others and must emphasize positive behavioral supports and techniques that are alternatives to physical restraints, pursuant to Title 22, California Code of Regulations, Sections 85322, 85365 and 89965(i).

(c) A direct care staff person may not implement emergency interventions prior to successfully completing the training required in subdivision (b).

(d) In addition to the training required by subdivisions (a) and (b), the administrator shall ensure that, prior to providing direct consumer care, direct care staff receive hands-on training in first aid and cardiopulmonary resuscitation by a certified instructor.

(1) Direct care staff shall maintain current certifications in first aid and cardiopulmonary resuscitation. The administrator shall maintain the certifications in facility personnel records.

(2) Cardiopulmonary resuscitation certification must be renewed annually.

(e) The administrator shall ensure that direct care staff complete the competency-based training required by Section 4695.2(a) and (d) of the Welfare and Institutions Code, pursuant to Section 56033(b)-(g),(i). Direct care staff shall successfully complete both segments of the competency-based training and passage of the competency test, or pass the challenge test, prior to or within one year of employment at the Enhanced Behavioral Supports Home.

Title 17 Section 59064 Continuing Education

(a) In addition to the training requirements in section 59063, the administrator shall ensure that direct care staff complete a minimum of 20 hours of continuing education on an annual basis covering, but not limited to, the subjects specified in Section 59063(a).

(1) For Enhanced Behavioral Supports Homes licensed as group homes, 10 of the continuing education hours required by Title 22, California Code of Regulations, Section 84065(j) may be counted towards the required hours.

(b) The administrator shall require additional continuing education, as necessary, to ensure the continued health and safety of each consumer.

	<p>(c) Successful completion of the competency-based training and passage of the competency test required by Sections 59063(e) satisfies the direct care staff continuing education requirements specified in subdivision (a) for the year in which the training is satisfactorily completed.</p> <p>(d) The administrator shall ensure that direct care staff renew the emergency intervention training required in Section 59063(b) annually.</p> <p>Note: Authority cited: Section 4684.86, Welfare and Institutions Code. Reference: Section 4684.86, Welfare and Institutions Code.</p>		
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FACILITY ACTION REPORT

H.

Title 17 Appeal Rights/Process

A facility administrator may appeal to the director of the regional center: findings of substantial inadequacy, findings of immediate danger, sanctions, service level disapproval or enforcement of any requirement by the regional center which is not contained in Title 17, Division 2, Chapter 3, Subchapter 4 and 6. The administrator's written appeal request shall be submitted to the Regional Center Director within 30 days after receipt of written notification from the regional center of the action being appealed, and shall: indicate the name and address of the facility, identify the specific action being appealed, describe the potential adverse impact on the facility, describe the basis of the appeal, include information necessary to substantiate the legal and factual basis of the appeal, be signed by the administrator and be deemed filed on the date submitted to the regional center. Within 15 days of receipt of the appeal, the regional center director shall review the appeal to determine whether it includes the information required. Within 20 days from receipt of the appeal, the director shall determine if additional information is needed. If so, the information will be requested; if not, a hearing date shall be set. At that time, the director shall send a copy of the Title 17 regulations detailing each step of the appeal process. Appeals may be directed to Phil Bonnet, Executive Director, Alta California Regional Center 2241 Harvard St., Ste. 100, Sacramento CA 95815.

I.. **Signatures**

By signing, I acknowledge receipt of a copy of this report, but do not necessarily agree with its content.

[Redacted Signature]

03/28/2022

Facility Representative

Date

By signing, I have completed this report to the best of my knowledge and belief, based on both what I know and what I have been told.

Regional Center Representative

Date

Distribution: **Original: Facility File** **Copy: Facility**

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|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copies to: | <input type="checkbox"/> Director, Adult and Residential Services
<input checked="" type="checkbox"/> CPP/Forensics Manager
<input checked="" type="checkbox"/> Community Services Specialist
<input type="checkbox"/> Client Services Manager
<input type="checkbox"/> Facility Liaison
<input type="checkbox"/> Service Coordinator
"X" = Required recipient | <input checked="" type="checkbox"/> Community Care Licensing
<input type="checkbox"/> Foster County Licensing
<input type="checkbox"/> Ombudsman
<input type="checkbox"/> Adult Protective Services
<input type="checkbox"/> Child Protective Services
<input type="checkbox"/> Department of Health/Human Services
<input checked="" type="checkbox"/> Department of Developmental Services
<input type="checkbox"/> Other: |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**ALTA CALIFORNIA REGIONAL CENTER
ACRC Technical Support Log**

Date: 9/30/22

Facility/Vendor #: HA1252

Re: Quarterly Quality Assurance Review-September 2022

What went well:

- Files were more organized
- Staff appeared to be tentative to clients' needs
- Staff were friendly
- Sensory Room was decorated-great job!

	Citation	Description	Date Completed
1.	Title 17 Section 59061 RBT	<u>RBT Supervision Log:</u> As part of the RBT certification, all staff are required to complete supervisions hours by a BCBA. Home has a log, but have not been tracking their RBT supervision hours. (Group and Individual sessions-5% of ABA hours)	
2.	Title 17 59070 Facility Files	<ul style="list-style-type: none"> • Majority of staff we do not have date of hire • All staff do not have signed job descriptions • Documentation of completed staff training 	
3.	Title 17 59054 IBSP	All clients need documentation of a 6-month review of restraints even when there are zero restraints.	
4.	Title 17 59062 (c & e) Consulting Hours Title 17 Section 59071	For the past 3 months, QBMP and "other" consulting minimums have not been met. Home needs to meet minimum consulting hours per each client. All consulting hours need to be in the home and logs filled out per client.	
5.	Title 17 59071 & 56048 Client Records	All clients have an ISP. [redacted] needs to be approved by planning team. - ACRC needs to help make this complete. All clients need quarterly reports on ISP data.	
6.	Title 22, Section 80044 and Title 17, Section 56048 (d) (1) and Section 56051 Facility Inspection Log	<ul style="list-style-type: none"> • Freezer door handle need repair (part is on order) • 2nd Vehicle was not at facility. Home is paid for two vehicles. 	

		<ul style="list-style-type: none"> • Dining room, [REDACTED], [REDACTED] have holes that needs repair-workorder has been completed for BC to repair. • [REDACTED] bathroom-missing fixture in shower-hole where fixture goes-workorder has been completed for BC to repair. • Move large box in front living so it can not be tipped over, causing injury to clients or staff. • Please make sure items like paint and chemicals are not left in room by garage where clients have access. • Need documentation for when service comes to check smoke and carbon monoxide detectors quarterly. 	
7.	Title 17 Section 56048 (d) (1)	<p>Home did not have CSMDR and disposal records they could find during the QA visit. ACRC will go back out and review.</p> <p>Side effects for all medications are all in a binder together. It would be hard for staff to find the correct side effect for each client. ACRC recommended the following to assure staff are routine trained on each client's side effects.</p> <ul style="list-style-type: none"> • Please separate and make sure training documentation is kept together. • Please make sure all staff are trained on side effects as well as all new staff need to sign they have been trained. 	
8.	Personal & Incidental	<p>[REDACTED] was missing a \$100.00 receipt for shoes, FL did see the shoes. Please discuss keeping receipts for all items or have a plan of how to document if a receipt is missing.</p>	

It is expected that the eight (8) items listed above be addressed/corrected within 30 days. ACRC may issue a substantial inadequacy if an item(s) are not corrected within 30 days. Please do not hesitate to reach out to your Facility Liaison, Christy Iwasa or Community Services Specialist, DeDe Peters for assistance or questions.



January 19, 2023

[REDACTED]
REM California
5035 Illinois Ave.
Fair Oaks, CA 95628

RE: Substantial Inadequacies: Title 17, § 56054 (a) (1)
Title 17 § 56054 (a) (4)
Title 17 § 56054 (a) (7)
Title 17 § 56054 (a) (12)

Date of Citations: March 3, 2022, October 3, 2022, December 15, 2022, January 19, 2023

Dear [REDACTED]

The regional center is issuing one substantial inadequacy and applying sanctions due to two findings of substantial inadequacy within any twelve-month period. Please see attached Facility Action Report:

1. Title 17, § 56054 (a) (1), Conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;
2. Title 17, § 56054 (a) (4), Failure to provide consumer services as specified in the consumer's IPP;
3. Title 17, § 56054 (a) (7) Failure to comply with the requirements for administrator and staff qualifications and/or administrator and staff training;
4. Title 17 § 56054 (a) (12), Failure to ensure that a direct care staff:
 - a. Completes the competency-based training and testing required by section 56033(a)(1) or (2) or
 - b. Completes any additional training required by Section 5603(d)(2) or


- c. Complies with Section 56033(f)(1) or (2) when the direct care staff has failed to satisfactorily complete the competency-based training and competency testing.

At this time, Alta California Regional Center is applying the following sanctions to REM California per Title 17 Section 56057:


- Not refer clients to the facility until all items listed in the Facility Action Reports dated, March 3, 2022, October 3, 2022, December 15, 2022, and January 19, 2023 have been corrected.
- REM California-Illinois EBSH must have 60 days that staffing ratios are met per DS6023 and DS6024.
- REM California-Illinois EBSH will not hire staff who do not meet requirements of Title 17 Section 59061.
- REM California-Illinois EBSH will complete all staffing requirements for current and new hires listed in Title 17 Section 59062, 59063 and 59064.
- Due to ACRC funding Heart of Humanity services, the DSP hours will be deducted from the client's individual budgets, as applicable when services were initiated. Individual rates will be updated once REM secures appropriate DSP staffing.
- Service Provider Agreement dated July 1, 2021 - Section 21.2 and/or 21.3 Service Providers' Default Based on Severe Misconduct could be enforced.

Please be aware of your right to appeal this decision under Title 17, Sections 56061-56067. Your written appeal request, if any, must be submitted to the Regional Center within 30 days of written notice. Please submit your appeal request to the Executive Director, Alta California Regional Center, 2241 Harvard Street, Suite 100, Sacramento, California 95815, Attention Lori Banales.



Sincerely,



 ID: 2577eb2cbf
 2577eb2cbf@etc
 Community Service Specialist I



 ID: db104b2518
 db104b2518@etc
 Specialized Services and Supports Supervisor
 Unit Manager

Cc: , Intensive Case Management Unit Manager
, DSW, MSW Director of Community Services and Supports
 Department of Developmental Services
 Facility Liaison
 Community Care Licensing
 Vendor File

Enclosed: Facility Action Report

FACILITY ACTION REPORT

FACILITY NAME: REM California, LLC-Illinois
ADDRESS: 5035 Illinois Ave, Fair Oaks, CA 95628
TELEPHONE NUMBER: (916) 534-7756

TYPE OF VISIT:
 PRESCHEDULED
 UNANNOUNCED
DATE OF REPORT: 1/19/23

A. **Basis for Report/Reason Stated on Entry**

Title 17 Section 56054 Substantial Inadequacies

- (1) Conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;
- (4) Failure to provide consumer services as specified in the consumer's IPP;
- (7) Failure to comply with the requirements for administrator and staff qualifications and/or administrator and staff training;
- (12) Failure to ensure that a direct care staff:
 - (A) Completes the competency-based training and testing required by Section 56033(a)(1) or (2);

B. **Summarize Facts or Describe Incident in This Space**

1/9/23 Unannounced Quarter Quality Assurance started.

- **ACRC CSS and FL reviewed Blood Sugar vial history and Restricted Health Care Plan for client 6701022. Reviewed Restricted Health Care Plan for client 6400599.**
 - Restricted Health Care Plan for client 6400599 is not signed by physician.
 - Restricted Health Care Plan for client 6701022 is not being followed by staff.
 - For both client's RHCP there is not date on the plan, so we are unsure if this is the updated version or an old version.
 - There is no evidence on the document of training of either clients Restricted Health Care Plan.
- **IPP**
 - Clients do not have a completed ISP and data, training is not being completed
- **There are five staff and their staffing files were not in the home at the time of our QA for review, but listed on the LIC 500 form and/or are on staffing schedule currently working in the home:**
 - [REDACTED] administrator hire date 11/20/22
 - [REDACTED] DSP hire date 12/12/22
 - [REDACTED] DSP hire date 12/12/22
 - [REDACTED] Trainer/DSP hire date 6/1/22
 - [REDACTED] QIS/DSP-hire date 7/1/21
 - [REDACTED] DSP on-call hire date 7/1/22
 - [REDACTED] DSP on-call hire date 7/1/21
 - [REDACTED] DSP hire date 11/7/22
- [REDACTED] application does not have the experience required for an EBSH level home. Title 17 Section 59061
- **The following staff do not have the REM updated Orientation documentation for an EBSH to meet regulation Title 17 590063**
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM)
 - [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM)
 - [REDACTED] (no date and no staff signature who trained Rashad)
 - [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM)

- [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM)
- [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM)
- [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM)
- The following staff do not have current CPR/First Aid:
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- The following staff do not have the yearly minimum of 16 hours required CPI certification training:
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- The following staff do not have competency-based training and testing required by Section 56033(a)(1) and (2) within the 12 months of hire date per Title 17 Section 59064:
 - [REDACTED]-DSPT2
 - [REDACTED]-DSPT1 & DSPT2
 - [REDACTED]-DSPT1 & DSPT2
 - [REDACTED]-DSPT2
 - [REDACTED]-DSPT2
- The following staff do not have RBT certification (Lead DSP within 60 days of hire and DSP's within 1 year of hire date)
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

C. **Notice to Residential Service Provider of Investigation**

If this box is checked, items above are merely under investigation and the regional center is not making any factual finding or taking any action against you at this time. You may provide your facility liaison now or at any future time any written documents or information that will help resolve the investigation. (Go to item I: Signature page)

D. **Findings**

Date that the Determination of the following findings was made: -----

1. If this box is checked, the regional center is making findings that no inadequacies were substantiated. Go to item I.
2. If this box is checked, the regional center is making findings of substantial inadequacies which pose a danger to resident's health and safety or conditions related to consumer services as defined in Title 17, 56054. You have a right to appeal these findings. Item H states the process to initiate an appeal. Go to item E.
3. If this box is checked, the regional center is making findings of immediate danger to the health and safety of residents as defined in Title 17, 56053. You have a right to appeal these findings. Item H states the process to initiate an appeal. Go to Item E.

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- You **have the right to appeal** the relocation plan since this was a regional center decision (See item H for your appeal rights.)
- You do **not have the right to appeal** the relocation plan since the decision was that of the
 Consumer Conservator Guardian Authorized Representative

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Violation (Authority Cited)	Inadequacy (Describe)	Corrective Action Plan (or note prior problem which has been corrected)	Date for Correction
<p><u>Title 17 Section 56054 Substantial Inadequacies</u> (1) Conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;</p>	<ul style="list-style-type: none"> • ACRC CSS and FL reviewed Blood Sugar vial history and Restricted Health Care Plan for client 6701022. Reviewed Restricted Health Care Plan for client 6400599. <ul style="list-style-type: none"> ○ Restricted Health Care Plan for client 6400599 is not signed by physician. ○ Restricted Health Care Plan for client 6701022 is not being followed by staff. ○ For both client's RHCP there is not date on the plan, so we are unsure if this is the updated version or an old version. ○ There is no evidence on the document of training of either clients Restricted Health Care Plan. 	<ul style="list-style-type: none"> • All clients RHCP must be reviewed, possibly updated and signed, by current physician and signed by 1/31/22 • Documentation for staff following RHCP must be updated or created by February 27, 2023 • Staff training on all new/updated RHCP must be completed by February 27 2023 • Full implementation of new/updated RHCP by March 1, 2023 	<p>Date Completed:</p>
<p><u>Title 17 Section 56054 Substantial Inadequacies</u> (4) Failure to provide consumer services as specified in the consumer's IPP;</p>	<ul style="list-style-type: none"> • IPP <ul style="list-style-type: none"> ○ Clients do not have a completed ISP and data, training is not being completed. 	<ul style="list-style-type: none"> • All clients must have an ISP created by March 30, 2023 • All clients must have an ISP meeting for approval by planning team by April 19, 2023 • Staff training on ISP by April 19, 2023 • Full implementation and data tracking will be completed by April 19, 2023 	<p>Date Completed:</p>
<p><u>Title 17 Section 56054 Substantial Inadequacies</u> (7) Failure to comply with the requirements for administrator and</p>	<ul style="list-style-type: none"> • There are five staff job application does not have the experience required for an EBSH level home. Title 17 Section 59061 • There are five staff and their staffing files were not in the home at the time of our QA for 	<ul style="list-style-type: none"> • All new staff must meet the minimum qualifications of Title 17 Section 59061. 	

<p>staff qualifications and/or administrators and staff training:</p>	<p>review, but listed on the LIC 500 form and/or are on staffing schedule currently working in the home:</p> <ul style="list-style-type: none"> • ██████████ administrator hire date 11/20/22 • ██████████ DSP hire date 12/12/22 • ██████████ DSP hire date 12/12/22 • ██████████ • ██████████ Trainer/DSP hire date 6/1/22 • ██████████ QIS/DSP-hire date 7/1/21 • ██████████ DSP on-call hire date 7/1/22 • ██████████ DSP on-call hire date 7/1/21 • ██████████ <p>DSP hire date 11/7/22</p>	<ul style="list-style-type: none"> • All staff files must be at facility at the time they are working in the home for CCL, DDS, and ACRC review. Staff files will be in the home for review by March 23, 2023. 	
<p>Title 17 Section 56054 Substantial Inadequacies (12) Failure to ensure that a direct care staff: (A) Completes the competency-based training and testing required by Section 56033(a)(1) or (2):</p>	<ul style="list-style-type: none"> • The following staff do not have the REM updated Orientation documentation for an EBSH to meet regulation Title 17 590063 <ul style="list-style-type: none"> ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ (REM training document, not the EBSH orientation document that was updated by REM) ○ ██████████ (REM training document, not the EBSH orientation document that was updated by REM) ○ ██████████ (REM training document, not the EBSH orientation document that was updated by REM) ○ ██████████ (REM training document, not the EBSH orientation document that was updated by REM) ○ ██████████ (REM training document, not the EBSH orientation document that was updated by REM) • The following staff do not have current CPR/First Aid: <ul style="list-style-type: none"> ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ • The following staff do not have the yearly minimum of 16 hours required CRI certification training: <ul style="list-style-type: none"> ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ ○ ██████████ 	<ul style="list-style-type: none"> • EBSH Title 17 Section 590063 New Hire Orientation will be completed for all existing staff on LIC 500 by March 30, 2023. • REM CA Illinois will ensure all new hires will completing on-site orientation within the first 40 hours of employment, otherwise staff will not work with clients in the facility. 	<ul style="list-style-type: none"> • All staff must have a minimum of 16 hours of emergency intervention training. The staff listed will • The staff listed will not work in the home until the have current CPR/First Aid completed by March 30, 2023.

<p>staff qualifications and/or administrator and staff training;</p>	<p>review, but listed on the LIC 500 form and/or are on staffing schedule currently working in the home:</p> <ul style="list-style-type: none"> ▪ [REDACTED] administrator hire date 11/20/22 ▪ [REDACTED] DSP hire date 12/12/22 ▪ [REDACTED] DSP hire date 12/12/22 ▪ [REDACTED] Trainer/DSP hire date 6/1/22 ▪ [REDACTED] QIS/DSP-hire date 7/1/21 ▪ [REDACTED] DSP on-call hire date 7/1/22 ▪ [REDACTED] DSP on-call hire date 7/1/21 ▪ [REDACTED] DSP hire date 11/7/22 	<ul style="list-style-type: none"> • All staff files must be at facility at the time they are working in the home for CCL, DDS, and ACRC review. Staff files will be in the home for review by March 23, 2023. 	
<p><u>Title 17 Section 56054 Substantial Inadequacies</u> (12) Failure to ensure that a direct care staff: (A) Completes the competency-based training and testing required by Section 56033(a)(1) or (2);</p>	<ul style="list-style-type: none"> • The following staff do not have the REM updated Orientation documentation for an EBSH to meet regulation Title 17 590063 <ul style="list-style-type: none"> ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM) ○ [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM) ○ [REDACTED] (no date and no staff signature who trained [REDACTED]) ○ [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM) ○ [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM) ○ [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM) ○ [REDACTED] (REM training document, not the EBSH orientation document that was updated by REM) • The following staff do not have current CPR/First Aid: <ul style="list-style-type: none"> ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] • The following staff do not have the yearly minimum of 16 hours required CPI certification training: <ul style="list-style-type: none"> ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] 	<ul style="list-style-type: none"> • EBSH Title 17 Section 590063 New Hire Orientation will be completed for all existing staff on LIC 500 by March 30, 2023. • REM CA Illinois will ensure all new hires will completing on-site orientation within the first 40 hours of employment, otherwise staff will not work with clients in the facility. • The staff listed will not work in the home until the have current CPR/Fist Aid completed by March 30, 2023. • All staff must have a minimum of 16 hours of emergency intervention training. The staff listed will 	

	<ul style="list-style-type: none"> ○ [REDACTED] • The following staff do not have competency-based training and testing required by Section 56033(a)(1) and (2) within the 12 months of hire date per Title 17 Section 59064: <ul style="list-style-type: none"> ○ [REDACTED] DSPT2 ○ [REDACTED] DSPT1 & DSPT2 ○ [REDACTED] DSPT1 & DSPT2 ○ [REDACTED] DSPT2 ○ [REDACTED] DSPT2 • The following staff do not have RBT certification (Lead DSP within 60 days of hire and DSP's within 1 year of hire date) <ul style="list-style-type: none"> ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] ○ [REDACTED] 	<p>have this completed by March 30, 2023.</p> <ul style="list-style-type: none"> • The staff listed will complete DSPT1 and/or DSPT2 by April 30, 2023. • Staffing listed will complete RBT certification training by April 30, 2023. 	
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FACILITY ACTION REPORT

H. Title 17 Appeal Rights/Process

A facility administrator may appeal to the director of the regional center: findings of substantial inadequacy, findings of immediate danger, sanctions, service level disapproval or enforcement of any requirement by the regional center which is not contained in Title 17, Division 2, Chapter 3, Subchapter 4 and 6. The administrator's written appeal request shall be submitted to the Regional Center Director within 30 days after receipt of written notification from the regional center of the action being appealed, and shall: indicate the name and address of the facility, identify the specific action being appealed, describe the potential adverse impact on the facility, describe the basis of the appeal, include information necessary to substantiate the legal and factual basis of the appeal, be signed by the administrator and be deemed filed on the date submitted to the regional center. Within 15 days of receipt of the appeal, the regional center director shall review the appeal to determine whether it includes the information required. Within 20 days from receipt of the appeal, the director shall determine if additional information is needed. If so, the information will be requested; if not, a hearing date shall be set. At that time, the director shall send a copy of the Title 17 regulations detailing each step of the appeal process. Appeals may be directed to Phil Bonnet, Executive Director, Alta California Regional Center 2241 Harvard St., Ste. 100, Sacramento CA 95815.

I.. **Signatures**

By signing, I acknowledge receipt of a copy of this report, but do not necessarily agree with its content.



01/23/2023

SignNow e-signature ID: c83efb925e...
01/23/2023 23:47:18 UTC
Facility Representative

Date

By signing, I have completed this report to the best of my knowledge and belief, based on both what I know and what I have been told.



01/23/2023

SignNow e-signature ID: eebcfff8...
01/23/2023 23:47:49 UTC
Regional Center Representative

Date

Distribution: **Original: Facility File** **Copy: Facility**

- | | | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copies to: | <input type="checkbox"/> Director, Adult and Residential Services
<input checked="" type="checkbox"/> CPP/Forensics Manager
<input checked="" type="checkbox"/> Community Services Specialist
<input checked="" type="checkbox"/> Client Services Manager
<input checked="" type="checkbox"/> Facility Liaison
<input checked="" type="checkbox"/> Service Coordinator

"X" = Required recipient | <input checked="" type="checkbox"/> Community Care Licensing
<input type="checkbox"/> Foster County Licensing
<input type="checkbox"/> Ombudsman
<input type="checkbox"/> Adult Protective Services
<input type="checkbox"/> Child Protective Services
<input type="checkbox"/> Department of Health/Human Services
<input checked="" type="checkbox"/> Department of Developmental Services
<input type="checkbox"/> Other: |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**ALTA CALIFORNIA REGIONAL CENTER
ACRC Technical Support Log**

Date: 3/30/23 & 4/6/23 Quarterly QA

Facility/Vendor #: HA1252






Re: Quarterly Quality Assurance Review-March 2023



	Citation	Description	Date Due	Date Complete
1.	Title 17 59070 Facility Files	<ul style="list-style-type: none"> • Need proof emergency intervention reporting- 6 Month Review • Need Annually continuous quality improvement system 	Complete by 5/6/23	
2.	Title 17 Section 59063 & 59064	<p>The following staff need:</p> <ul style="list-style-type: none"> • [REDACTED] needs a hire date and Orientation is not complete and needs dates • [REDACTED] needs DSPT Yr 2 & has a test date of 4/24/23 for RBT • [REDACTED] has only 8 hours of CPI and must have 16, she also needs RBT to be completed • [REDACTED] need orientation training (EBSH) • [REDACTED] need job application date, we cannot tell he has the experience for an EBSH • [REDACTED] need job application date, we cannot tell he has the experience for an EBSH, need orientation training (EBSH) • [REDACTED] need orientation training (EBSH), has only 8 hours of CPI and must have 16 • [REDACTED] needs a date on application, we cannot tell he has the experience for an EBSH • [REDACTED] we cannot tell he has the experience for an EBSH, need orientation training (EBSH) • [REDACTED] we cannot tell he has the experience for an EBSH, need orientation training (EBSH), Need EBSH Orientation form • [REDACTED] we cannot tell he has the experience for an EBSH, need 	<p>Home will get all documentation or training completed by 5/6/23.</p> <p style="text-align: center;"><i>wednesday thursday</i></p>	


		<p>orientation training (EBSH)</p> <ul style="list-style-type: none"> • _____ Hire date 3/27/23 & Romel Hamo hire date 3/20/23-have not starting in the home at QA. Need file in the home. <p>Training:</p> <ul style="list-style-type: none"> • Additional trainings provided based upon program design • On-going yearly CEU's See CAP items for other staffing files or staff training issues. 	<p>ACRC will audit at tech log follow-up.</p> <p>Home needs to review PD and add monthly trainings.</p> <p>Home will send ACRC CEU's by 4/13/23 for audit.</p>	
3.	<p>Title 17 59062 (c & e) Consulting Hours</p> <p>Title 17 Section 59071</p>	<ul style="list-style-type: none"> • January QBMP hours were not in the home. <i>See Notes</i> • Other consulting hours missing: March OT, Jan, Feb, March Dietician <p><i>*created log of missing items</i></p>	<p>Need to keep consulting logs kept in the home at all time. Filled out by consultants.</p>	
4.	<p>Title 17 59071 & 56048 Client Records</p>	<ul style="list-style-type: none"> • _____ need signed admission agreements in client file • SIR's need to be in client files or on computer by client and in file that can be accessed as needed by ACRC, CCL, etc. • _____ needs photograph, Physical Description, List of allergies • _____ needs physical description on emergency form • _____, _____, _____ need signed Grievance Procedure & Acknowledgement of Personal rights • _____, _____, _____ need signed consent for release of information • _____, _____, _____ need current consent for release of information to be signed 	<p>Home has been sent these documents multiple times, please put into client files by 4/30/23.</p> <p>Home will update client emergency documents by 4/30/23.</p> <p>Home will have clients sign and send to conservators by 4/25/23.</p> <p>Home will send consent for release for _____, _____, _____ by 2/28/23.-was not completed. Need to</p>	

		<ul style="list-style-type: none"> • See CAP items for ISP issues-not completed to date • Per IBST need to track all items that are being eaten by clients as well as outing and activities (more than a van ride) 	<p>send ASAP. Home send request to family by 4/25/23 for signatures.</p> <p>Home has document that needs to be utilized by all staff during all shifts.</p>	
5.	Title 22, Section 80044 and Title 17, Section 56048 (d) (1) and Section 56051 Facility Inspection Log	<ul style="list-style-type: none"> • Please make sure items like paint and chemicals are not left in room by garage where clients have access. ✓ • Garage where chemicals, etc. are kept needs to stay locked at all times. ✓ • Home is not completing fire drills monthly ✓ • Need documentation for when service comes to check smoke and carbon monoxide detectors quarterly. ✓ • Home needs to keep holes taped up for client safety ✓ • Home needs to remove broken furniture from inside the home ✓ • Home needs to clean behind all doors and baseboards on a weekly basis ✓ <p><u>BC update for pending repairs.</u></p> <ul style="list-style-type: none"> • Brilliant Corners maintenance technician, ██████████ is currently working freezer door handle replacement. • ACRC received new bids for re-enforcing walls in the home common areas. Waiting on DDS's response. • New roof leak in front room-roofers haven been out, but need multiple days of no rain for fully repair 	<p>Garage is locked at all times. Please keep cleaning supplies not in staff use/hands locked. On January Tech Log.</p> <p>ASAP</p> <p>Weekly</p> <p>ACRC & Home will keep checking with BC to ensure these items are getting completed.</p>	

6.	Title 17 Section 56048 (d) (1)	<p>PRN or Reason for use letter</p> <ul style="list-style-type: none"> • no reason for use letter for medications prescribed by Dr. [REDACTED] • Not all medications listed on Reason for Use for [REDACTED] and [REDACTED] • No Psy. medications are on Reason for use letter • No Psy. or signatures for [REDACTED] • [REDACTED] does not have these letters completed <p>Dr. Orders are in the file for [REDACTED], [REDACTED] and [REDACTED] has Kaiser printout, but this does not have a reason for use on all medications, nor the prescribing physician signatures.</p> <p>[REDACTED] has multiple Dr. orders in his file. It is confusing to go back to 2020 Dr. orders to find all medications.</p> <p>[REDACTED] Humolog and Tojeo readings are paper and computer. 4/3/23 logs were not constant with each other can ACRC nor the home can explain the discrepancy.</p>	<p>ACRC recommends that all clients have a Reason for use letter completed and signed by prescribing physician. By 5/6/23</p> <p>ACRC recommends that all clients have a PRN authorization letter completed. By 5/6/23</p> <p>ACRC recommends an updated training on both the computer tracking and paper tracking as well as [REDACTED] RHCP for all LVN's and staff who work in the home. By 4/30/23.</p>	
7.	Personal & Incidental	<ul style="list-style-type: none"> ✓ Facility not using LIC405 ledger-home ledger is missing information that is on LIC405. ✓ multiple ledgers being used. No consistent method of tracking and deposited or used. ✓ All clients Debit Cards ✓ [REDACTED] & [REDACTED] unable to verify balance on debit cards Both clients are also missing blue RFMS cards. • No clients are signing for cash disbursements 	<p>Home must keep current and accurate ledgers with all information that is on LIC405. By 5/6/23</p> <p>Home must have an accurate ledger for all client's debit cards. By 5/6/23</p> <p>Home must locate clients RFMS cards ASAP.</p>	

		<ul style="list-style-type: none"> Home needs to track all purchases that clients are making and this must match the log of food in take 	All clients must sign for cash disbursements.	
8.	Title 17 Sections 59054(d)(8) IBSPs and 59063(a)(1) staff training	<ul style="list-style-type: none"> Home needs to have ACRC BCBA's monthly review/document in the home to use. 	Keep copies in the home of all ACRC BCBA monthly reviews. Please use for IBSP updates monthly.	
9.	Title 17 Section 56053(a)(4): Failure to provide services as specified in consumer's IPP	<p><u>Implementation of IPP Objectives</u>  IPP dated 8/11/2022, section 4.6 (Facility admin and RSPs to implement instructional methods from BIP) -Data has not been updated to date.</p> <p> has replacement goal in his IBSP to use commination devise.  IPP dated 12/19/2022, goal 4 (client will have access to AAC services needed to increase his ability to communicate) Discussions regarding need for training on AAC device have been part of IBSTs at least since August 2022.</p> <ul style="list-style-type: none"> Home has 2 weeks to set up CTEC training. Train all staff on commination devise by CTEC within 30 days. Data to be reported to IBST within 30-45days. 	ACRC needs updates if these items have been implemented for  and  by 4/25/23.	

It is expected that the nine areas listed above be addressed and/or corrected within 30 days. ACRC may issue a substantial inadequacy if an item(s) are not corrected within 30 days. Please do not hesitate to reach out to your Facility Liaison, , or Community Services Specialist,  for assistance or questions.

Facility Representative: 

Date: 04/28/2023

ACRC Representative: 

Date: 04/28/2023

FACILITY ACTION REPORT

FACILITY NAME: REM California, LLC-Illinois
ADDRESS: 5035 Illinois Ave, Fair Oaks, CA 95628
TELEPHONE NUMBER: (916) 534-7756

TYPE OF VISIT:
 PRESCHEDULED
 UNANNOUNCED
DATE OF REPORT: 3/3/23

A. **Basis for Report/Reason Stated on Entry**

Title 17 Section 56054 Substantial Inadequacies

- (1) Conditions posing a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;
(13) Failure to report special incidents pursuant to Section 54327;

B. **Summarize Facts or Describe Incident in This Space**

On Friday, February 17, 2023, ACRC received a summary of the announced on-site visit to REM CA Illinois EBSH conducted by DDS Nurse Consultant, [REDACTED], on February 13, 2023 at 09:00 AM. ACRC completed multiple unannounced visits to check documentation provided by [REDACTED]. The following items are noted:

CCR 22 § 80092. Restricted Health Condition (RHC)

[REDACTED] has a RHC for insulin use and blood glucose monitoring for a diagnosis of Type I Diabetes Mellites - insulin dependent. Additionally, training was also indicated and lacking in the following areas: Hyperglycemia & Hypoglycemia

The General Requirement for the above noted RHC's are not met in the following areas:

- Documented communication with all persons who provide care to ensure consistency of care for the medical condition.
- Training documented prior to providing care.
- Training documented for all new staff.
- Documentation of the annual delivery of training.
- Documented evaluation and monitoring of client's ability to perform self-care for the RHC.
- No documented Restricted Health Condition Care Plan with an identified Licensed Professional as instructor or documentation of attendees who received the trainings. Please note, the plan must be inclusive of all items noted within CCR 22 Section 80092.2 Restricted Health Condition Care Plan.

CCR 17 Section 59062 (e) Staffing Requirements (consulting)

The RN consultation logs within the binder were blank and the client's medical binders were incomplete.

CCR 22 Section 80075 (a) Health Care Services states that the licensee must ensure each client receives necessary first aid and other needed medical or dental services, including arrangement for and /or provision of transportation to the nearest available services in a timely manner as needed or per doctor's order.

This area is not met due to lack of service provision in the following areas:

- First aid and response to change in condition:
 - 2/10/2023 – [REDACTED] Insulin was hypoglycemic (very low blood glucose) and there is no documentation of what care was provided or if the Doctor was notified as per Doctors order. It is unclear if the 15/15 rule described was followed due to no documentation.

CCR 22 Section 80075 notes the client shall be assisted as needed with self-administration of prescription and nonprescription medication. [REDACTED] is insulin dependent and the staff explained they attain a glucose reading, adjust his insulin accordingly and hand him the pen with which he delivers his injection. Title 22 section 80092.8 Diabetes (a) (2) states: *the client is mentally and physically capable of administering his/her own medication and perform his/her own glucose testing if applicable, or a licensed professional administered the test and injections.* Please note, the glucose monitoring may be delegated to a trained facility staff member whom has received the training accordingly.

- Review of the training logs revealed incomplete documentation and lack of evidence regarding any relevant training.

CCR 22 Section 80075(g) The facility has no medical unit on the grounds, and therefore shall maintain first aid supplies. The bottom right drawer of the medication cart was transformed into a first aid kit. However, the drawer is unorganized and lacked 4 of the 8 required items.

CCR 22 Section 80075 Medication Documentation

There were numerous deficits related to medication documentation which can lead to a significant health and safety risk for someone who is receiving insulin:

- [REDACTED] electronic Medication Administration Record for January and February 2023 report was printed and reviewed on 2/23/23. This report was found to have Thursday January 26, 2023 8:00am medications and February 17 8:00am- missed (blank or not charted boxes) indicating medication errors.
- Medication Verification Forms located within the medication room- documentation is missing or incorrectly written and scribbled over or written over repeatedly, leaving the original information indecipherable. For example: 2/3/2023 – information is unclear, 2/4/2023– initials are missing, 2/10/2023 – initials are missing, 2/13/2023 and 2/11/2023 – initials are missing.
- [REDACTED] Glucose readings, the documentation is missing or incorrectly written and scribbled over or written over repeatedly, leaving the original information is indecipherable. For example, 2/1/2023 – the blood glucose reading is unclear, 2,9,2023 –there is no documentation for the Med Verifier, 2/10/2023 – Insulin Type and Units blank, [REDACTED] was hypoglycemic and there is no indication in the charting of what was done. There is no documentation for the Med Verifier, 2/11/2023 the blood glucose documentation is unclear of true reading.

Unannounced visit on 2/18/23:

- Documentation of the training to the RHCP were NOT found in any of the client's medical binders.
- This FL also reviewed [REDACTED] glucose logs and noted that on 2/05/23 his blood sugar level was 424 at 5:34pm (RHCP says to call endocrinologist or advise nurse) and on 2/10/23 his blood sugar was 54 at 8:15am (RHCP says to treat with carbohydrates and check blood sugar every 15 minutes until his glucose level is at 100 or above and THEN call the endocrine office or advice nurse to see if insulin should be administered). There were no records found to indicate what steps were taken on these days.

Unannounced visit on 2/20/23:

- At the 12:00pm glucose testing, this FL observed the testing and insulin administration process along with the RN consultant [REDACTED]. [REDACTED] initial blood glucose reading was 61 so the insulin was held and he was given a small container of orange juice to drink and was then asked to wait for 15 minutes to retest. [REDACTED] was loudly vocalizing his unhappiness with waiting so Lead [REDACTED] helped guide him in deep breathing exercises to help him calm down. [REDACTED] was retested again and his blood glucose was 75 at which point his was administered 3 units of insulin. However, the RHCP indicates that every 15 minutes he should be given additional carbohydrates and retested until his blood glucose is at least 100; then the endocrine office should be called to see if insulin should be admitted and if the endocrine office can't be reached, then the advice nurse should be called. So, the steps laid out in the RHCP weren't followed. Lead [REDACTED] showed this FL a new form to document the steps taken when the blood glucose is too high or too low and said that it was implemented last week. This FL observed that the log was blank.

Unannounced visit on 2/25/23:

When I was at the home on Saturday late afternoon I noticed that on [REDACTED] glucose/insulin log that the 12:00pm on 2/25/23 that the person testing and helping [REDACTED] with his insulin didn't note what type of insulin was used, no number of units of insulin was noted and no one initialed as the med passer although [REDACTED] did initial as the med verifier.

SIR of medication error on 2/25/23 8:00am Vitamin D3 Tab 1000mg. client [REDACTED]-missed dose

CCR 22 Section 80075(f) CPR and First Aid certificates were reviewed within the personnel files, 3 of the 5 were expired.

Infection Control:

The following plans were not produced when asked to view them:

- Infection Control Plan
- Emergency Infection Control Plan

C. Notice to Residential Service Provider of Investigation

- If this box is checked, items above are merely under investigation and the regional center is not making any factual finding or taking any action against you at this time. You may provide your facility liaison now or at any future time any written documents or information that will help resolve the investigation. (Go to item I: Signature page)

D. Findings

Date that the Determination of the following findings was made: -----

1. If this box is checked, the regional center is making findings that no inadequacies were substantiated. Go to item I.
2. If this box is checked, the regional center is making findings of substantial inadequacies which pose a danger to resident's health and safety or conditions related to consumer services as defined in Title 17, 56054. You have a right to appeal these findings. Item H states the process to initiate an appeal. Go to item E.
3. If this box is checked, the regional center is making findings of immediate danger to the health and safety of residents as defined in Title 17, 56053. You have a right to appeal these findings. Item H states the process to initiate an appeal. Go to Item E.

E. Relocation Plan

1. If this box is checked, immediate relocation is not needed. Go to item G.
2. If this box is checked, a decision has been made to immediately relocate the consumer from your facility due to the immediate danger of the situation. Go to item F.
3. If this box is checked, a decision has been made that this notice constitutes notice of the intent to counsel the consumer(s) to move from your facility. Go to item F

F. Relocation Appeal Status

- Immediate Relocation**, or Intent to counsel consumer to move.

A decision has been made to either immediately relocate or counsel the consumer to move from your facility, and:

You **have the right to appeal** the relocation plan since this was a regional center decision (See item H for your appeal rights.)

You do **not have the right to appeal** the relocation plan since the decision was that of the
 Consumer Conservator Guardian Authorized Representative

12

FACILITY ACTION REPORT

G.

Corrective Action Plan

1. If this box is checked, the regional center will write the plan as discussed at the meeting, and send it to the facility administrator within two working days.
2. If this box is checked, the following Corrective Action Plan(s) has been developed:

Violation (Authority Cited)	Inadequacy (Describe)	Corrective Action Plan (or note prior problem which has been corrected)	Date for Correction
<p>Title 17 Section 56054 Substantial Inadequacies (1) Conditions posting a threat to the health and safety of any consumer, that are not considered an immediate danger as specified in Section 56053;</p>	<p>Multiple medication errors:</p> <ul style="list-style-type: none"> • no documentation on 2/25/23 type of insulin used • missed vitamin D3 tab on 2/25/23 • insulin log blank on 2/20/23 • 1/26/23 MAR was blank for 8:00am • 2/17/23 MAR was blank for 8:00am <p>Restricted Health Care Plans</p> <ul style="list-style-type: none"> • Glucose too high or too low for 2/5/23 and 2/20/23 no records found to indicate what steps were taken on these days • Glucose readings on 2/1/23, 2/10/23, 2/11/23 are unclear, no documentation of follow-up or scribbled over or written over repeatedly. • 2/18/23-documentation of training to the RHCP were not found in any of the client's binders • RHCP Training documents are not found in the home. • RHCP Observations of competence of staff administration are not found in the home 	<ul style="list-style-type: none"> • LVN on staff AM & PM shifts as of 3/1/23. • RN will retrain all staff on all client's medications in person by 4/5/23. • RN or LVN will complete multiple fidelity checks with each staff after training is completed. Staff will demonstrate competency with medication passing in person by 4/5/23. • RN will complete in person diabetes, insulin trainings with all staff 4/5/23. <p><u>RHCP-must be signed by prescribing physician by 4/5/23.</u></p> <p>RHCP must be trained by a RN on the following areas:</p> <ul style="list-style-type: none"> • All items in the plan. • Documentation of steps taken listed in the plan. • Will use form to teach competency of RHCP. • All training documentation must be kept in the home with the RHCP. • Will be completed by 4/15/23. 	<p>Date Completed:</p>

- ~~☒~~-RHCP Additionally, training was also indicated and lacking in the following areas:
-Hyperglycemia & -Hypoglycemia

The General Requirement for the above noted RHC's are not met in the following areas:

- Documented communication with all persons who provide care to ensure consistency of care for the medical condition
- Training documented prior to providing care
- Training documented for all new staff
- Documentation of the annual delivery of training
- Documented evaluation and monitoring of client's ability to perform self-care for the RHC
- No documented Restricted Health Condition Care Plan with an identified Licensed Professional as instructor or documentation of attendees who received the trainings. Please note, the plan must be inclusive of all items noted within CCR 22 Section 80092.2 Restricted Health Condition Care Plan.

CCR 17 Section 59062 (e) Staffing Requirements (consulting)

The RN consultation logs within the binder were blank and the client's medical binders were incomplete.

CCR 22 Section 80075(f) CPR and First Aid certificates were reviewed within the personnel files, 3 of the 5 were expired.

CCR 22 Section 80075(g) The facility has no medical unit on the grounds, and therefore shall maintain first aid supplies. The bottom right drawer of the medication cart was transformed into a first aid kit. However, the drawer is unorganized and lacked 4 of the 8 required items.

- Medical communication documentation will be kept with the client medical binders. Will be completed by 3/15/23.
- Documentation for all medical appointments must be kept for all clients in the same place. (need a log for ~~☒~~ appointments too) by 4/5/23.
- Documentation should include: date of appointment, name and specialty of doctor and summary of appointment, any follow-up needed. By 4/5/23.

- Binder will be created by 3/15/23 and kept with medical binders.

- All staff will have current in person CPR and First Aid training prior to work in the facility and if staff need renewal yearly, will be completed within 30 days of their hire date.
- All current staff working shifts, must have current renewal of in person first aid and CPR will be completed by 3/15/23.

- Restock first aid supplies was completed by 3/6/23.

	<p>Infection Control: The following plans were not produced when asked to view them:</p> <ul style="list-style-type: none"> - Infection Control Plan - Emergency Infection Control Plan 	<ul style="list-style-type: none"> • Completed ICP and EICP and send to ACRC by 3/8/23. • All staff must be trained on ICP and EICP by 4/5/23. 	
<p><u>Title 17 Section 56054 Substantial Inadequacies</u> (13) Failure to report special incidents pursuant to Section 54327;</p>	<ul style="list-style-type: none"> • 1/26/23 MAR was blank for 8:00am • 2/17/23 MAR was blank for 8:00am 	<p>REM CA Illinois will ensure alert system is initiated on Electronic MAR to alert management when medication is not given.</p> <ul style="list-style-type: none"> • Please write a policy and procedures about the alert system. • Submit to ACRC by 3/23/23 • Staff training will be completed by 4/15/23 • All missed medications or missed documentation, must have an SIR completed within 24 hours. 	<p>Date Completed:</p>

FACILITY ACTION REPORT

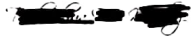
H.

Title 17 Appeal Rights/Process

A facility administrator may appeal to the director of the regional center: findings of substantial inadequacy, findings of immediate danger, sanctions, service level disapproval or enforcement of any requirement by the regional center which is not contained in Title 17, Division 2, Chapter 3, Subchapter 4 and 6. The administrator's written appeal request shall be submitted to the Regional Center Director within 30 days after receipt of written notification from the regional center of the action being appealed, and shall: indicate the name and address of the facility, identify the specific action being appealed, describe the potential adverse impact on the facility, describe the basis of the appeal, include information necessary to substantiate the legal and factual basis of the appeal, be signed by the administrator and be deemed filed on the date submitted to the regional center. Within 15 days of receipt of the appeal, the regional center director shall review the appeal to determine whether it includes the information required. Within 20 days from receipt of the appeal, the director shall determine if additional information is needed. If so, the information will be requested; if not, a hearing date shall be set. At that time, the director shall send a copy of the Title 17 regulations detailing each step of the appeal process. Appeals may be directed to Phil Bonnet, Executive Director, Alta California Regional Center 2241 Harvard St., Ste. 100, Sacramento CA 95815.

I. **Signatures**

By signing, I acknowledge receipt of a copy of this report, but do not necessarily agree with its content.



03/03/2023

Facility Representative

Date

By signing, I have completed this report to the best of my knowledge and belief, based on both what I know and what I have been told.

Regional Center Representative

Date

Distribution: **Original: Facility File** **Copy: Facility**

- | | | | |
|-------------------|-----------------------------------------------------|-----|--------------------------------------|
| Copies to: | [X] Director, Adult and Residential Services | [X] | Community Care Licensing |
| | [☒] CPP/Forensics Manager | [] | Foster County Licensing |
| | [☒] Community Services Specialist | [] | Ombudsman |
| | [X] Client Services Manager | [] | Adult Protective Services |
| | [X] Facility Liaison | [] | Child Protective Services |
| | [X] Service Coordinator | [] | Department of Health/Human Services |
| | "X" = Required recipient | [☒] | Department of Developmental Services |
| | | [] | Other: |