

DHHS PLAN OF CORRECTION

Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).	Indicate what measures will be put in place to prevent the problem from occurring again.	Indicate who will monitor the situation to ensure it will not occur again.	Indicate how often the monitoring will take place.
<p style="text-align: center; font-size: 2em; opacity: 0.5;">arj</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">acceptance responsibility judgment</p>			

DHSR - Mental Health

JAN 3 2020

Lic. & Cert. Section

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Kim Jones Program Director



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<ul style="list-style-type: none"> Effective November 26, 2019 Jasper's House (JH) staff will ensure all incidents reports are fully completed within the 72hour timeframe. All incidents should be documented clearly as to what occurred. Internal investigations will be conducted and documentation gathered supporting facts from incidents that occurred. Clinical Director, Program Director and QA/QI staff will ensure that all staff are properly trained through NCI. Trainings on how to deal with work stressors will be conducted in order for staff to understand the importance of removing them from situations they find are triggers for them to ensure that the best therapeutic interventions are being used to deescalate a situation with consumers. Staff will continue to engage in trainings that teach them how to utilize least restrictive methods in the classroom. The Clinical Director set up CBT training on December 2, 2019. Trainings included plan processing as well as how to effectively communicate with clients especially those who are more prone to be verbally and physically aggressive. Staff will continue to inform legal guardians of any situation that required consumer to be restrained. Emergency CFT's will also be conducted within 40ours to address any additional concerns as well as develop safety pans to prevent incidents from reoccurring. 	<ul style="list-style-type: none"> Clinical, Program and QA/QI Director will work together on ensuring all internal investigations are conducted immediately after learning of the incident. Program Director will complete IRIS within 72 hours as well as completing agency's incident report for records. JH staff has been seeking the advice from all caregivers to see what appropriate consequences (which included discussion of the use of physical/recreational activities as well as writing sentences) need to be in place as part of the treatment planning process and has been documented on their Person Center Plan in the Crisis Intervention Plan section. CFT's were scheduled with each client immediately following the complaint. Program Director, Clinical Director and QA/QI Director have been making sure if NCI techniques has to be used that they are in the room monitoring any restraints that occur. This began November 26, 2019. Thus far no NCI restraints have been used. Staff will receive additional annual trainings on January 27, 2020 on least restrictive interventions that will include NCI Plus. Program Director has increased staff meetings to twice a month as well as ensuring monthly Supervisions are 	<ul style="list-style-type: none"> Clinical Director QA/QI Director Program Director Jasper's House Staff MCO representatives (when present in the facility) Parent/Legal Guardian (when present in the facility) 	<p>Monitoring has been daily to ensure that students are free from harm. Monitoring takes place several times a day by the Clinical, QA/QI and Program Directors.</p>
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<ul style="list-style-type: none"> • Effective November 26, 2019 Jasper's House (JH) Program Director, QA/QI Director and staff will ensure that any referrals made to Jasper's House Day Treatment Program is accompanied with all of the necessary paper work in order to proceed forward with accepting consumer. • Effective November 26, 2019 Jasper's House (JH) staff will ensure that they obtain an IEP, 504 or Behavior Intervention Plan which is part of the process for admittance as well as determining what consumer needs to be added to the CMS IEP homebound program for services. • Effective November 26, 2019 Jasper's House (JH) staff will ensure all authorizations for consumers are submitted prior to consumer beginning day treatment services. 	<p>Clinical, Program, QA/QI Director and staff will ensure all information is received and reviewed during intake process. Jasper's House Day treatment staff will participate in initial face to face meeting to review documents as well as address any questions or concerns by collateral agency, guardian or consumer who is seeking services form the program.</p> <p>Clinical, Program, QA/QI Director and staff will ensure they are using the best practice with addressing the Clinical and educational component through day treatment services by ensuring consumers are receiving services per the service definition.</p> <p>Clinical, Program, QA/QI Director and staff will ensure client has an active authorization for day treatment services.</p>	<ul style="list-style-type: none"> • Clinical Director • QA/QI Director • Program Director • Jasper's House Staff • MCO representatives (when present in the facility) • Parent/Legal Guardian (when present in the facility) 	<p>Intakes are being reviewed by Jasper's House team to ensure all information is received and uploaded in the correct portals for authorizations.</p>
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