

Happy Hearts, LLC Corrective Plan of Action

V367 27G.0604 Incident Reporting Requirements

This rule was not met as evidenced by: Based on record review and interviews the facility failed to submit Level II incident report to this Local Management Entity (LME)/Managed Care Organizations (MCO) within 72 hours as required

Corrective Plan of Action

Action Taken	Date completed	Additional Comments
Staff Education and Review: Incident Reporting requirements to ensure that staff are properly educated on what a Level I, II and III constitutes.	February 14, 2025 and February 24, 2025	<ol style="list-style-type: none">1. Monthly supervisions of staff will continue2. Monitoring of staff and any corrective actions needed such as further training will be conducted
All Staff Training: Training of all staff about what Incident Reporting is and what constitutes a Level I, II, III.	February 24, 2025	
Staff Training: All incidences shall be reported immediately to Group Home owner and Qualified Professional immediately so that it can be determined what level the incident is and so that it can be entered into the IRIS system within the required seventy-two (72) hours by owner and/or Qualified Professional.	February 24, 2025	<ol style="list-style-type: none">1. Re-Training of Crisis Intervention and Response2. Increased monitoring along with monthly supervisions
Incident Reporting requirements have been printed and put in a binder so that anyone can review. This review of Incident Reporting was completed on February 24, 2025. Additionally, Qualified Professional will review any incidence reporting prior to submission.	February 14, 2025	

<p>Staff (especially Owner and QP) reviewed and are education:</p> <p>Required information needed and what the report shall contain:</p> <ol style="list-style-type: none"> 1. reporting provider contact and identification information 2. client identification information 3. type of incident 4. description of incident 5. status of the effort to determine the cause of incident 6. other individuals or authorities notified or responding 	<p>February 21, 2025</p>	<p>Qualified Professional will review all incident reports before submitting and ensure they meet all requirements for reporting</p>
<p>Staff reviewed/educated and will adhere to the following:</p> <ol style="list-style-type: none"> 1.Providers shall explain any missing or incomplete information and shall submit an updated report to all required recipients by the end of the next business day whenever: <ol style="list-style-type: none"> a. provider has reason to believe that information provided in report may be erroneous, misleading or otherwise unreliable b. The provider obtains information required on the incident that was previously unreliable c.The provider obtains information required on the incident form that was previously not available 	<p>February 21, 2025</p>	<p>QP will monitor that this occurs</p>
<p>Staff Review/education:</p> <ol style="list-style-type: none"> 1.Provider shall submit, upon request from LME other 	<p>February 21, 2025</p>	<p>Qualified Professional will monitor and help submit.</p>

<p>information obtained regarding the incident such as:</p> <ul style="list-style-type: none"> a. Hospital records including confidential information b. Reports by other authorities c. Provider's response to the incident 		
<p>Staff Review/Education:</p> <p>1. Provider shall send a copy of all Level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident.</p> <p>a. In the event of client death that occurred within 7 days of use of seclusion or restraint, the provider shall report the incident immediately</p> <p>b. Providers shall submit a report to the LME/MCO responsible for the catchment area on a Quarterly basis and submitted electronically on proper form provided by the Secretary. The summary shall include:</p> <ul style="list-style-type: none"> 1. Medication errors that do not meet the definition of Level II or III incident 2. Restrictive interventions that do not meet the definition of Level II or III 3. Searches of a client or his living area 4. Seizures of client property or property in the possession of a client 5. The total number of Level II and Level III incidents that occurred 	<p>February 21, 2025</p>	<p>Qualified Professional will monitor and help submit reports</p> <p>Calendar alerts to help in the submission of reports on a Quarterly basis.</p>

<p>A statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set by incident reporting requirements</p>		
<p>Staff Education:</p> <p>An incident that meets such requirements as listed above are to be reported regardless if clients were involved or not. Any time police are called, it is a Level II or Level III (depending all of the specifics of the incident) and shall be reported in the IRIS system. The reporting should be thorough and it shall be clear whom the reporter is referring to in the report.</p>	<p>February 21, 2025</p>	

What measures have been put in place to correct the deficiency:

1. The Incident Report on this particular incident was completed as a Level II in the IRIS system
2. All staff have been trained on Incident Reporting
3. Staff have been trained on Crisis Intervention and Response
4. Incident Reporting requirements are printed and put in a binder for anyone's review
5. As far as the actual incident that occurred (not the deficiency itself but the actual incident that was reported), the staff member was written up and subsequently terminated due to how she handled the situation.
6. Calendar alerts have been put in place to be reminded of Quarterly reports due to LME/MCO regardless if incidents occurred
7. More stringent requirements in staffing patterns and whom is hired have been put into place
8. Increased interviewing questions of staff when being hired
9. Qualified Professional must either 1) complete the IRIS report or 2) Review Incident Report prior to submission

What measures have been put in place to prevent the incident from occurring again:

Staff training, review of reporting requirements, increased monitoring, putting alerts in place as reminders to submit Incident Reports and being familiar with the IRIS system. Increased stringent

hiring practices and policies have been put into place to ensure that this incident or any similar incidences that had to be reported on will not occur in the future. Increased scrutiny of backgrounds at hiring. Crisis intervention and response trainings have been revisited with all staff. Ongoing monthly supervisions and ongoing trainings will take place.

Who will monitor the situation to prevent incident from occurring again:

Group Home Owner and Qualified Professional will continually monitor the situation and we have reviewed and re-educated ourselves to all of the reporting requirements. Qualified Professional will review all incidences before submission.

For the incident that occurred (not necessarily the deficiency): Ongoing supervisions, training of staff and education will be conducted to help the incident that this reporting is on does not occur in the future. Group Home owner will monitor cameras placed in common areas. Qualified Professional will monitor and review all incidence reports and conduct random visits to the group home.

Indicate how often the monitoring will occur:

Monitoring will take place at a minimum of once per month in a face-to-face setting. Monthly supervisions of all staff and a written supervision note will be completed. Each staff member has a completed Supervision Plan that lasts for one year. This plan has goals that the staff member will address throughout the course of the year. The Supervision Plan will be amended as necessary and as goals are accomplished or new goals added. Qualified Professional will check in with the Group Home and staff at a minimum of twice per week. Random “pop up” visits by Qualified Professional will occur. Qualified Professional talks with Group Owner on a daily basis. Cameras are situated in the Group Home common areas (kitchen, living room, outside) in which staff and residents can be monitored at any and all times.

Summary of Corrective Plan of Correction

1. All staff have been training on the purpose of Incident Reporting and that all incidences shall be reported immediately to Group Home Owner and Qualified Professional so that the level can be determined. Staff were also informed on what constitutes an emergency and when the police should be called and whom shall call the police. Staff have been retrained and re-educated about crisis intervention and crisis response. Discussed the importance of being able to respond appropriately in the event of a crisis in order to ensure the safety of all residents and staff.
2. Group Home owner and Qualified Professional have re-educated themselves on all of the rules and requirements of Incident Reporting and are educated on the various levels and requirements of each.
3. Group Home owner and Qualified Professional understand the timeframe requirements for reporting
4. Group Home owner and Qualified Professional understand to thoroughly document in a very clear manner
5. Group Home owner and Qualified Professional understand that additional information and/or erroneous information should be reported by the next business day
6. Group Home owner and Qualified Professional understand that reports that do not meet the requirements of Level II or Level III, even if there are no incidents that occurred, are to be reported electronically on proper form provided by the State