A3 Problem Solving |

SO 4.4: To ensure clients residing in the Intermediate Care Facilities (ICFs) and Nursing Facilities (NFs) in Residential Habilitation Centers (RHCs) are being supported to attain the highest possible quality of life.

January 2016

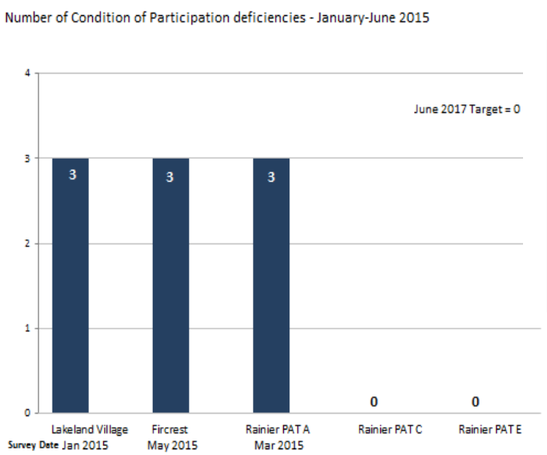
Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Clarify the Problem

Developmental Disabilities Administration (DDA) Residential Habilitation Centers (RHCs) do not operate with consistent operational procedures or with consistent training that meets regulatory compliance.

Compliance and consistency have been linked as contributing factors to an overall degradation of operational capabilities in the RHC's which have led to multiple non-compliance deficiencies in both the RHC Nursing Facilities (NF) and Intermediate Care Facilities (ICF) services. In September of 2014 these issues became ever more apparent with a federal survey conducted at Lakeland Village that led to increased scrutiny and additional surveys at Lakeland Village and other RHC's. Consequences include the threat of de-certification, and potential termination of Medicaid funding eligibility.

Breakdown the Problem



Nursing Facility survey results

	Fircrest	Lakeland Village	Yakima Valley
Decertification termination	No findings for 1Q and 2Q	No findings for 1Q and 2Q	No findings for 1Q and 2Q
Denial of payment for new admissions	No findings for 1Q and 2Q	No findings for 1Q and 2Q	No findings for 1Q and 2Q
State monitoring	No findings for 1Q and 2Q	No findings for 1Q and 2Q	No findings for 1Q and 2Q
Civil fines	No findings for 1Q and 2Q	No findings for 1Q and 2Q	No findings for 1Q and 2Q
Immediate jeopardy 23-day termination	No findings for 1Q and 2Q	No findings for 1Q and 2Q	No findings for 1Q and 2Q

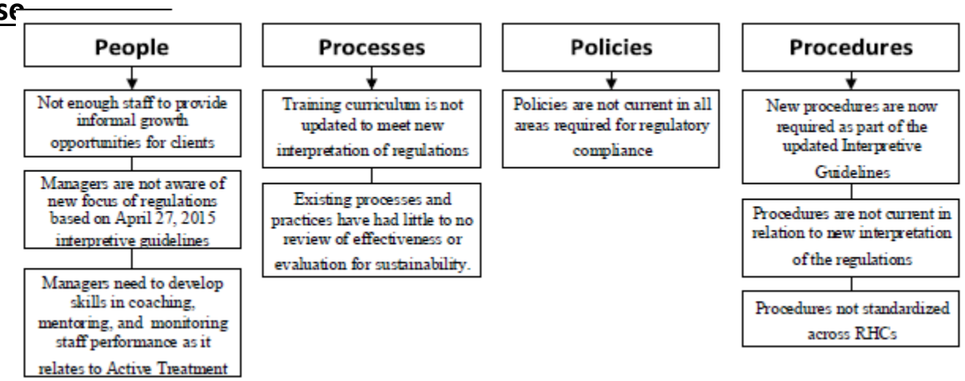
Note:
1Q = 1st quarter of the calendar year or January through March

*A condition of participation (major legal requirements) is invoked on an institution when it does not meet the requirements of a federally funded Intermediate Care Facility/Individuals with Intellectual Disabilities. If conditions of participation are not met within the timeline allowed by the federal government, federal funding will be withdrawn.

Target Setting

- Compliance with the Centers for Medicare and Medicaid Services regulations, reducing the Condition of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers by June 30, 2017.
- Compliance with the Centers for Medicare and Medicaid Services regulations, maintain nursing facility federal remedies from zero in January 2015 to zero by June 30, 2017.
- Restructuring, training, and implementing all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations by July 2017.

Identify Root Cause



Proposed Countermeasures

ID	Root Cause	Proposed Countermeasure	Difficulty	Impact
1	Managers are not aware of new regulations	Corrective Action & Improved Training	Med	High
2	Procedures are not standardized across RHCs	Development of common core procedures addressing client care	Med	High
3	Training curriculum is not updated to meet new interpretation of regulations	Development and implementation of training that meets new interpretation guidelines	Med	High
4	Policies are not current in all areas required for regulatory compliance	Develop a Quality Management System and Local Metrics and Monitoring Tools	Med	High
5	Policy & practice effectiveness and sustainability	Identification and development of sustainable systems that continually monitor effectiveness and performance	Med	High

Proposed Action

ID	Strategy/ Approach	Task(s) to Support Strategy	Lead	Due	Expected Outcome
1	**Corrective Action**	Procurement of survey readiness tools, defined RHC performance metrics, and quality assurance monitoring tools	Charlie Weedin	5/1/2017	Meet compliance through corrective action
2	Standard Operating Procedures	Active Treatment; Client Protections; Client Rights; and Client Behavior & Facility Practices	Joyce Stockwell	5/1/2017	Consistently applied policies and procedures
3	Training	Identification and procurement of client support training	Charlie Weedin	5/1/2017	Improved client support
4	Quality Management Systems	Development, creation, and implementation of quality & performance management systems,	Larita Paulsen	5/1/2017	Means to actively monitor compliance
5	Systems Change	The application of process improvement tools and methodologies to existing systems as a means to exceed standards of compliance	Charlie Weedin	5/1/2017	sustainable effective systems

Evaluate Results, Standardize, then Repeat

Last modified 2/26/2016

Action Tracker · Status Report | Strategic Objective

January 2016

Don Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Background

Group Topic / Strategic Plan Goal / Main idea: Facility-based - Provide facility-based residential services for individuals.
Sub Topic / Strategic Objective: To ensure clients residing in the Residential Habilitation Centers (RHCs) and Nursing Facilities are being supported to attain the highest possible quality of life.
Measure # / Strategic Objective # : Secretary's Focus Goal 4.5
Measure / Strategic Objective Title :

- Compliance with the Centers for Medicare and Medicaid Services regulations, reducing the Condition of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers by June 30, 2017.
- Compliance with the Centers for Medicare and Medicaid Services regulations, maintain nursing facility federal remedies from zero in January 2015 to zero by June 30, 2017.
- Restructuring, training, and implementing all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations by July 2017.

Type of Status Report

Strategic Plan

Proposed Action

ID	Problem to be solved	Strategy/ Approach	Tasks to Support Strategy	Lead	Status	Due	Expected Outcomes	Partners
1.1	Outstanding deficiencies at the RHCs	Corrective Action	Status Meeting Reporting	Charlie Weedin	On Track	5/1/2017	RHC Regulatory Compliance	None
1.2	Survey preparedness	Corrective Action	Procurement & Implementation of Survey Readiness Tools	Charlie Weedin	On Track	7/2/2015	RHC Regulatory Compliance	None
1.3	Lack of performance awareness	Corrective Action	RHCs to define performance and implement performance metrics	Charlie Weedin	On Track	7/2/2015	RHC Regulatory Compliance	None
1.4	Lack of internal systems for monitoring performance	Corrective Action	RHCs to define and implement performance monitoring tools.	Charlie Weedin	On Track	7/2/2015	RHC Regulatory Compliance	None
2.1	Staff have outdated training and awareness of client active treatment	Standard Operating Procedures	Identify, define, draft and implement a common active treatment operating procedure for all RHCs	Joyce Stockwell	Complete	5/21/2015	Staff awareness of regulatory changes in client care	None
2.2	Staff have outdated training and awareness of client protections	Standard Operating Procedures	Identify, define, draft and implement a common client protections operating procedure for all RHCs	Joyce Stockwell	On Track	6/4/2015	Staff awareness of regulatory changes in client care	Vendor
2.3	Staff have outdated training and awareness of client rights	Standard Operating Procedures	Identify, define, draft and implement a common client rights operating procedure for all RHCs	Joyce Stockwell	Not Started	6/18/2015	Staff awareness of regulatory changes in client care	Vendor
2.4	Staff have outdated training and awareness of client behavior & facility practices	Standard Operating Procedures	Identify, define, draft and implement a common client behavior & facility practices operating procedure for all RHCs	Joyce Stockwell	Not Started	7/2/2014	Staff awareness of regulatory changes in client care	Vendor
3.1	Staff have outdated training and awareness of client active treatment	Training	Identify, define, draft and implement active treatment training for all RHCs	Joyce Stockwell	Not Started	7/2/2014	Staff awareness of regulatory changes in client care	Vendor
3.2	Staff have outdated training and awareness of client protections	Training	Identify, define, draft and implement client protections training for all RHCs	Joyce Stockwell	Not Started	5/1/2017	Staff awareness of regulatory changes in client care	Vendor
3.3	Staff have outdated training and awareness of client rights	Training	Identify, define, draft and implement client rights training for all RHCs	Joyce Stockwell	Not Started	5/1/2017	Staff awareness of regulatory changes in client care	Vendor
3.4	Staff have outdated training and awareness of client behavior & facility practices	Training	Identify, define, draft and implement client behavior & facility practices training for all RHCs	Joyce Stockwell	Not Started	5/1/2017	Staff awareness of regulatory changes in client care	Vendor
4.1	Lack of a HQ Quality Management System	Quality Management System	Identify, develop, and implement a quality management system	Larita Paulsen	On Track	9/3/2015	Improve administrative awareness and oversight of RHC performance	None
4.2	Lack of a HQ Quality Management System	Quality Management System	Identify, develop, and implement a quality management performance measures	Larita Paulsen	On Track	9/17/2015	Improve administrative awareness and oversight of RHC performance	None
4.3	Lack of a HQ Quality Management System	Quality Management System	Identify, develop, and implement a quality management tools	Larita Paulsen	On Track	10/1/2015	Improve administrative awareness and oversight of RHC performance	None

Action Tracker · Status Report | 1st Quarter January 2016

Don Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Background

Group Topic / Strategic Plan Goal / Main idea: Facility-based - Provide facility-based residential services for individuals.
Sub Topic / Strategic Objective: To ensure clients residing in the Residential Habilitation Centers (RHCs) and Nursing Facilities are being supported to attain the highest possible quality of life.
Measure # / Strategic Objective # : 4.4
Measure / Strategic Objective Title :

- Compliance with the Centers for Medicare and Medicaid Services regulations, reducing the Condition of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers by June 30, 2017.
- Compliance with the Centers for Medicare and Medicaid Services regulations, maintain nursing facility federal remedies from zero in January 2015 to zero by June 30, 2017.
- Restructuring, training, and implementing all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations by June 30, 2017.

Type of Status Report

Strategic Plan

Last modified 2/26/2016

Proposed Action

ID#	Problem to be solved	Strategy/Approach	Task(s) to support strategy	Intention for strategy	Lead	Status	Due	Expected Outcome	Partners
1	Outstanding deficiencies at the RHCs and Survey Preparedness	Denial of Payment Resolution	QMT survey readiness and Cross-RHC QA team visit at RHCs		Don Clintsman	On Track	2/29/2016	RHC regulatory compliance	RHC and DDA Staff
2	Staff have outdated training and awareness of client active treatment	Standard Operating Procedures	Revised SOP program		Charlie Weedin	On Track	7/22/2016	Staff awareness of regulatory changes in client care	Vendor
3	Staff have outdated training and awareness of client active treatment	H&W Contract Implementation and Training	Develop sustainable plan around excellence and accountability in the RHC		Charlie Weedin	On Track	12/9/2016	Staff awareness of regulatory changes in client care	RHC and DDA Staff Vendor
			Review and revise all RHC policies and procedures		Charlie Weedin	On Track	12/31/2016	Staff awareness of regulatory changes in client care	RHC and DDA Staff Vendor
			Role and function & training at the RHCs		Charlie Weedin	On Track	11/11/2016	Staff awareness of regulatory changes in client care	RHC and DDA Staff Vendor

	Strategic Plan 2015-2017	2015 Q1	Q2	Q3	Q4	2016 Q1	Q2	Q3	Q4	2017 Q1	Q2
SO 4.4	**To ensure clients residing in the Intermediate Care Facilities (ICFs) and Nursing Facilities (NFs) in Residential Habilitation Centers (RHCs) are being supported to attain the highest possible quality of life.**										
	Success Measure 4.4.1: Compliance with the Centers for Medicare and Medicaid Services regulations and reduction of the Conditions of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers in July 2017.										
	Success Measure 4.4.2: Compliance with the Centers for Medicare and Medicaid Services regulations by maintaining nursing facility federal remedies at zero in January 2015 to zero in July 2017.										
	Success Measure 4.4.3: Restructure, train, and implement all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations in July 2017.										

Action Tracker · Status Report | 1st Quarter Continuation

January 2016

Don Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Background

Group Topic / Strategic Plan Goal / Main idea: Facility-based - Provide facility-based residential services for individuals.
Sub Topic / Strategic Objective: To ensure clients residing in the Residential Habilitation Centers (RHCs) and Nursing Facilities are being supported to attain the highest possible quality of life.
Measure # / Strategic Objective # : 4.4
Measure / Strategic Objective Title :

- Compliance with the Centers for Medicare and Medicaid Services regulations, reducing the Condition of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers by June 30, 2017.
- Compliance with the Centers for Medicare and Medicaid Services regulations, maintain nursing facility federal remedies from zero in January 2015 to zero by June 30, 2017.
- Restructuring, training, and implementing all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations by June 30, 2017.

Type of Status Report

Strategic Plan

Last modified 2/26/2016

Proposed Action

ID#	Problem to be solved	Strategy/Approach	Task(s) to support strategy	Intention for strategy	Lead	Status	Due	Expected Outcome	Partners
4	Lack of HQ Quality Management System	Quality Management System	Develop QMS System		Larita Paulsen	On Track	7/7/2016	Improved administrative awareness and oversight of RHC performance	DDA Staff
			Create Quality Management Team and report on monitoring tools		Larita Paulsen	On Track	1/14/2017	Improved administrative awareness and oversight of RHC performance	DDA Staff
			RHC Survey Readiness Program		Larita Paulsen	On Track	12/9/2016	Improved administrative awareness and oversight of RHC performance	DDA Staff
5	Lack of communication	Communication	Meet with RHCs Superintendents to discuss their communication needs		Luisa Parada-Estrada	On Track	9/18/2015	Communications plan created	RHC Superintendents, DDA Staff
			Submit monthly communications		Charlie Weedin, Luisa Parada-Estrada	On Track	12/31/2016	Sustainability Plan progress communicated to all DDA Staff	DDA Staff

	Strategic Plan 2015-2017	2015 Q1	Q2	Q3	Q4	2016 Q1	Q2	Q3	Q4	2017 Q1	Q2
SO 4.4	**To ensure clients residing in the Intermediate Care Facilities (ICFs) and Nursing Facilities (NFs) in Residential Habilitation Centers (RHCs) are being supported to attain the highest possible quality of life.**										
	Success Measure 4.4.1: Compliance with the Centers for Medicare and Medicaid Services regulations and reduction of the Conditions of Participation deficiencies from three at Lakeland, Fircrest, and Rainier PAT A as of June 2015 to zero at all Residential Habilitation Centers in July 2017.										
	Success Measure 4.4.2: Compliance with the Centers for Medicare and Medicaid Services regulations by maintaining nursing facility federal remedies at zero in January 2015 to zero in July 2017.										
	Success Measure 4.4.3: Restructure, train, and implement all Residential Habilitation Center standard operating procedures to ensure staff are grounded and understand the Code of Federal Regulations in July 2017.										