

## ATTACHMENT 3 CORRECTIVE ACTION PLAN

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- Addressed: action taken to correct finding.
- Incomplete or incorrect information: see Appendix A for description
- In process: action being taken to correct finding.

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<b>SECTION 1: Completed by CMS</b>	
State	
Precipitating Cause or Event	
Waivers covered by CAP	Name (s), control number (s), population(s) served
CAP to Address	
Assurance(s)	
Date of CMS request	Date written notice sent to state
Regulation/statute/policy	Specify
Other	Specify
<b>SECTION 2: Completed by CMS – subsequent to kick off meeting</b>	
Goal Statement	Specify goal of CAP (compare “what is” with “what should be”) – for example: <ul style="list-style-type: none"> <li>• Develop and implement waiver program monitoring processes across multiple waivers</li> <li>• Develop, implement and manage a system to track remediation actions across all waivers</li> <li>• Develop and implement a process to ensure Freedom of Choice is offered to all Aged waiver participants</li> </ul>
CAP Conclusion Statement	Specify circumstance to describe when CAP will be deemed complete
<b>SECTION 3: Completed by State and Approved by CMS</b>	

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<p>Objective #1: Appendix G-1-b: Response to Critical Events or Incidents</p>	<p><u>Finding 1:</u> The PRC failed to report incidents in which a crime may have been committed to Law Enforcement and suspected incidents of abuse and neglect to county departments of social services adult protection according to the process in the approved waiver.</p> <p><u>Finding 2:</u> The PRC failed to report critical incidents to the designated Community Centered Board.</p> <p><u>Finding 3:</u> Colorado Bluesky failed to report critical incidents to the HCPF.</p> <p><u>Finding 4:</u> The Department of Health Care Policy and Financing failed to ensure that the critical incidents at PRC were reported in accordance with Appendix G-1-b of the approved waiver application.</p> <p><u>Finding 5:</u> There is a gap in the states critical incident reporting system, as HCPF relies on the CIRS in a web-based system and the CDPHE to be informed of incidents, but there is no monitoring or oversight by HCPF staff to ensure all incidents are being reported according to the approved waiver.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> On May 28 and 29, 2015, HCPF conducted on-site monitoring and met with the PRC administration to provide direction on the requirements for reporting incidents to law enforcement and Adult Protective Services. The on-site review encompassed a review of the 10 allegations of MANE identified during the March 2015 body audits to ensure each incident was reported to law</p>	<p>N/A</p>	<p>Appendix B</p>	<p>N/A</p>	<p>HCPF</p>	<p>Addressed</p>	<p>May 28 and 29, 2015</p>	

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<p>enforcement and Adult Protective Services.</p> <p>HCPF completes on-going reviews of incidents at the PRC to ensure compliance with reporting to law enforcement and Adult Protective Services. The on-going monitoring has not resulted in a finding of deficient practice.</p>						<p>On-going</p>	
<p><u>Finding 1:</u> CDHS identified 18 personnel responsible for failure to report to law enforcement and Adult Protective Services and took corrective action up to and including termination. All 18 personnel identified were suspended from duty April 2015 and did not have contact with residents at PRC until final action was determined and taken. The final action taken may be found in the table in Appendix G.</p>	<p>N/A</p>	<p>Appendix G</p>	<p>N/A</p>	<p>CDHS</p>	<p>Addressed</p>	<p>April 2015- October 2015</p>	
<p><u>Finding 1:</u> CDHS enhanced the process for internal monitoring of reporting incidents of MANE, including separating Quality Assurance personnel from PRC administration authority. Quality Assurance personnel now report to the Division of Regional Center Operations Director.</p>	<p>N/A</p>	<p>Appendix G</p>	<p>N/A</p>	<p>CDHS</p>	<p>Addressed</p>	<p>October 2015</p>	

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<p><u>Finding 1</u>: CDHS is eliminating the QA Investigator position by June 30, 2017. PRC management staff are now responsible for incident management and review, including ensuring reporting requirements are met.</p>	<p>The change in the responsibilities of the QA Investigator is complete. The role changed in September 2016 to provide follow up to incidents and liaison with the investigation body (Colorado Bluesky) and not complete MANE investigations. PRC staff, including the QA investigator position,</p>	<p>N/A</p>	<p>October 31, 2017</p>	<p>CDHS</p>	<p>In progress</p>		
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	<p>are responsible for ensuring the health and safety of the resident(s) effected and reviewing the potential for the incident o reoccur. DRCO is currently in the process of re-classificati on of the current QA Investigato r position in collaborati on with State personnel rules.</p>						
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<p><u>Finding 1</u>: The processes below were implemented by April 2015, after which CDHS ensured that all allegations of crimes or MANE were reported to law enforcement and Adult Protective Services as required.</p> <p>Among the changes CDHS has implemented since April 2015 are:</p> <ul style="list-style-type: none"> <li>• Reports to law enforcement are made to dispatch and not directly to one person at the Sheriff's office as had been the previous practice.</li> </ul>	N/A	Appendix G	N/A	CDHS	Addressed	April 2015	
<ul style="list-style-type: none"> <li>• An electronic incident report management system that automatically notifies key PRC staff and CDHS Executive Management up to and including the Executive Director of serious incidents, providing greater awareness of serious incidents and ensuring improved follow-up. CDHS established a Quality Assurance unit in the Office of Performance and Strategic Outcomes which will independently review compliance with regulations and other requirements of all direct care</li> </ul>	N/A	Appendix J	N/A	CDHS	Addressed	April 29, 2016	

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facilities, including the three Regional Centers.							
<u>Finding 1:</u> The internal process for incident reporting at CDHS shall not replace or obstruct the approved process in the waiver.	N/A	N/A	N/A	HCPF	Addressed	March 1, 2017	
<u>Finding 2:</u> On May 28 and 29, 2015 HCPF conducted on-site monitoring and met with the PRC to advise the PRC administration about the requirements for reporting critical incidents to Colorado Bluesky.  HCPF completes on-going reviews of incidents at the PRC to ensure compliance with reporting requirements to Colorado Bluesky. The on-going monitoring has not resulted in a finding deficient practice since April 2015.	N/A	Appendix B	N/A	HCPF	Addressed	May 28 and 29, 2015  On-going	
<u>Finding 2:</u> Since April 2015 PRC has reported all incident reports including allegations of MANE are reported to Colorado Bluesky as required.	N/A	N/A	N/A	CDHS	Addressed	April 2015	
<u>Finding 3:</u> On May 28 and 29, 2015 HCPF conducted an on-site meeting with Colorado Bluesky case management staff and provided direction on the	N/A	Appendix C	N/A	HCPF	Addressed	May 28 and 29, 2015	



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requirements for critical incident reporting.  HCPF completes on-going reviews of critical incidents reporting by Colorado Bluesky to ensure compliance with reporting requirements. The on-going monitoring has not resulted in a finding of deficient practice since April 2015.					On-going		
<u>Finding 4:</u> On May 28, 2015 HCPF conducted an on-site meeting with the PRC and Colorado Bluesky to provide direction on the requirements for reporting critical incidents. This joint meeting was to address concerns that neither agency understood Colorado Bluesky's role in the reporting and monitoring of critical incidents at PRC.	N/A	Appendix C	N/A	HCPF	Addressed	May 28, 2015	
<u>Finding 5:</u> HCPF receives all PRC occurrence reports from CDPHE to reconcile with critical incidents reported by Colorado Bluesky to HCPF.	N/A	N/A	N/A	HCPF/C DPHE	Addressed	January 2016	
<u>Finding 5:</u> HCPF conducted an on-site Quality and Performance Review at CBE August 22, 2016. HCPF issued a corrective action plan for incident and critical incident reporting to CBE on January 9, 2017.	January 9, 2017  HCPF meets with Colorado Bluesky	Appendix aa	January 31, 2018	HCPF	In process		

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	leadership on August 7, 2017 to discuss progress on the Corrective Action Plan and reissue for areas not adequately addressed.						
<u>Finding 5:</u> HCPF will conduct a statewide analysis of the application of Appendix G in its entirety based on the findings of non-compliance at the PRC. Analysis will identify any gaps between Appendix G waiver requirements and practices. This will include analysis of the differences in the requirements for critical incident and occurrence reporting. HCPF will use the recommendations of this analysis to implement a plan to align critical incident reporting with occurrence reporting.	N/A	N/A	June 30, 2018	HCPF	In process		
<u>Finding 6:</u> HCPF has processes underway to identify the multiple complex cross system issues in order to develop a plan to align critical incident reporting to occurrence reporting.	September 2015	N/A	June 30, 2018	HCPF	In process		

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<p>This issue relates to incident reports that are generated by PRC, which are submitted to Colorado Bluesky, and if they meet CIR criteria, are sent to CDPHE. Please note, however, that the CIRs are reviewed by a HCPF staff person housed at CDPHE. This person provides follow up, resolution and trend analysis.</p> <p>There are two reporting processes: Occurrences have a statutorily required set of criteria that will not align with all of the waiver requirements. The Critical Incident Report (CIR) is the reporting mechanism that satisfies the waiver requirements and has separate criteria. PRC must submit both as these facilities are both certified and licensed.</p>							
<p><u>Finding 6:</u> HCPF will conduct a statewide analysis of the application of Appendix G in its entirety based on the findings of non-compliance at the PRC. Analysis will identify any gaps between Appendix G waiver requirements and practices. This will include analysis of the differences in the requirements for critical incident and occurrence reporting. HCPF will use the recommendations of this analysis to implement a plan to align critical incident reporting with occurrence reporting.</p>	N/A	N/A	June 30, 2018	HCPF	In process		

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<p>Objective #2: Appendix G-1-c: Participant Training and Education</p>	<p><u>Finding:</u> The information that is provided to waiver recipients and/or guardians is insufficient to assist waiver participant and guardians to recognize signs of mistreatment, abuse, neglect and exploitation, and report mistreatment, abuse, neglect and exploitation.</p> <p>When CMS interviewed guardians of residents of PRC, guardians informed CMS that they have never witnessed restraints, never witnessed critical incidents and have only recently been informed of one or two incidents which have occurred. This information is inconsistent with information that both PRC and Colorado Bluesky provided to CMS which indicates that several hundred critical incidents have occurred at PRC just since January 1, 2016.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> Per the September 7, 2016 response letter from CMS, CMS stated that the total number of incidents provided to CMS by the CDHS/PRC quality assurance team was not exclusive to those that would be considered as critical incidents as defined in Appendix G-1-b of the HCBS waiver.</p> <p>321 incidents were reported by PRC between January 1, 2016-March 21, 2016. HCPF staff reviewed all of these and has determined that incidents that met the criteria for critical incident reporting were reported as required.</p> <p>HCPF completes on-going reviews of incidents at the PRC to ensure compliance with reporting to law</p>	<p>N/A</p>	<p>Appendix B</p>	<p>N/A</p>	<p>HCPF</p>	<p>Incomplete or incorrect information</p>	<p>N/A</p>	

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<p>enforcement and Adult Protective Services. The on-going monitoring has not resulted in a finding of deficient practice since April 2015.</p>							
<p><u>Finding 1</u>: On January 20, 2016 HCPF conducted an on-site meeting with Colorado Bluesky case management staff to provide direction on the waiver requirements to provide information to participants/guardians/families regarding MANE</p> <p>Colorado Bluesky fully implemented new procedures for providing participants/guardians/families information on MANE on April 13, 2016.</p>	<p>N/A</p>	<p>Appendix C and D</p>	<p>N/A</p>	<p>HCPF</p>	<p>Addressed</p>	<p>April 13, 2016</p>	

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<p>Objective #3: Appendix G-1- d: Response to Critical Events or Incidents- Responsibility for Review of and Response to Critical Events or Incidents</p>	<p><u>Finding 1:</u> PRC and Colorado Bluesky did not follow the process described in the approved waiver application to report and investigate incidents. Currently, PRC is investigating all incidents of abuse, neglect and exploitation and Colorado Bluesky is only receiving a summary document.</p> <p><u>Finding 2:</u> Colorado Bluesky did not and does not now investigate the allegations of mistreatment, abuse, neglect and exploitation at PRC in accordance with the approved waiver application. As described above, Colorado Bluesky is the case management agency (CMA) and the local community centered board (CCB) for PRC and in accordance with the waiver should be conducting investigations of, "all allegations of mistreatment, abuse, neglect and exploitation". During the CMS interview of PRC staff, Colorado Bluesky indicated that PRC has prevented them from investigating and obtaining full information about investigations because state staff are involved and state staff have a right to privacy.</p> <p><u>Finding 3:</u> The HCPF failed to ensure, and continues to fail to ensure, that the critical incidents at PRC are investigated according to Appendix G-1-d of the approved waiver application. During the CMS on-site review CMS determined that PRC is still completing their own investigations of incidents and the HCPF has not taken action to correct this non-compliance.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> On May 28 and 29, 2015 HCPF conducted an on-site monitoring and met with the PRC and Colorado Bluesky to provide direction on the requirements for reporting critical incidents. This joint meeting was to address concerns that neither agency understood Colorado Bluesky's role in</p>	<p>N/A</p>	<p>Appendix C</p>	<p>N/A</p>	<p>HCPF</p>	<p>Addressed</p>	<p>May 28 and 29, 2015</p>	

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<p>the reporting and monitoring of critical incidents at PRC.</p> <p>Since April 2015 PRC has reported all critical incidents are reported per requirements.</p> <p>The approved waiver application does not limit or prevent CDHS from conducting internal investigations or quality assurance activities. Internal investigations are completed by DRCO level staff not PRC staff. This practice does not supersede the requirements for Colorado Bluesky to conduct MANE investigations.</p>							
<p><u>Finding 1:</u> CDHS is eliminating the QA Investigator position by June 30, 2017. PRC management staff are now responsible for incident management and review, including ensuring reporting requirements are met.</p>	<p>The change in the responsibilities of the QA Investigator is complete. The role changed in September 2016 to provide follow up to incidents and liaison with the investigation</p>	<p>N/A</p>	<p>October 31, 2017</p>	<p>HCPF</p>	<p>In process</p>		

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	<p>body (Colorado Bluesky) and not complete MANE investigations . PRC staff, including the QA investigator position, are responsible for ensuring the health and safety of the resident(s) effected and reviewing the potential for the incident o reoccur. DRCO is currently in the process of re- classification of the current QA Investigator position in collaboration with State</p>						
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	personnel rules.						
<u>Findings 1 and 2</u> : The PRC is providing full investigation reports to Colorado Bluesky.	N/A	Appendix E	N/A	HCPF	Addressed	August 28, 2016	
<u>Findings 1, 2 and 3</u> : HCPF required that Colorado Bluesky conduct MANE investigations at the PRC.  HCPF will complete on-going reviews of incidents of MANE at the PRC to ensure Colorado Bluesky's compliance with investigation requirements.	N/A	N/A	N/A	HCPF	Addressed	September 21, 2016	
Objective #4: Appendix G-1-d- Monitoring-Community Centered Boards (CCB) and Program Approved Service Agencies (PASA).	<u>Finding 2</u> : The HCPF did not and does not now investigate incidents according to the approved process in the approved waiver application. During the CMS review of PRC, there was no indication that the HCPF conducted any investigation of incidents at PRC, even though there have been numerous incidents and the PRC has a history of not reporting or responding to incidents according to the approved waiver.						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<u>Finding 1</u> : Corrective action will be taken with Colorado Bluesky.	Corrective Action Plan submitted to CBE January 1, 2017.	Appendix tt	August 31, 2017	HCPF	In Process		

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	<p>Response to Corrective Action Plan received by HCPF March 22, 2017.</p> <p>HCPF responded to Corrective Action Plan June 15, 2017 accepting some pieces and rejecting others.</p> <p>HCPF exercised contractual right to require change in Colorado Bluesky case manageme</p>						
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	nt staff July 3, 2017.						
<p><u>Finding 2:</u> Appendix G-1-d states that “When necessary the Department may conduct an investigation or on-site review to ensure thorough completion of follow-up by the CCB or PASA”.</p> <p>HCPF conducts on-site reviews of all MANE critical incidents at PRC since April 2015 to make a determination regarding department level investigation in compliance with waiver requirements.</p> <p>HCPF reviews each investigation, outcome and follow-up action taken for compliance with waiver requirements. HCPF provides direction when a change in practice or policy is needed to come into compliance with waiver requirements. HCPF monitors on-going to ensure implementation.</p>	N/A	Appendix B and C	N/A	HCPF	Incomplete or incorrect information	May 2015	

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Objective #5: Standard: Appendix G-1-d Notification of Outcomes of Investigations		<u>Finding 1:</u> Individuals and guardians were not kept advised of the progress of the investigations, and no assistance was provided by HCPF, CDPHE or CDHS to put victim supports into place.					
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p>HCPF required PRC to assess individuals for the need for victim support after being notified of the body audits. PRC completed assessments to determine the need for victim support. CBE contacted individuals and families to inform them of available victim assistance and support. Guardians were kept apprised through notification letters and meetings.</p> <p>CDHS took comprehensive and deliberate actions to keep parents/guardians informed of investigations and other programmatic leadership, policy and procedural changes made at PRC following the March 2015 intervention. This included:</p> <ul style="list-style-type: none"> <li>• Establishing a full-time, temporary social worker position to be the point of contact for all parents/guardians.</li> <li>• Sending multiple mailings to keep guardians informed.</li> <li>• Establishing regular face to face parent/guardian meetings at the PRC.</li> </ul>	N/A	Appendix N	N/A	HCPF/ CDHS	Incomplete or incorrect information	June 24, 2015	

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<ul style="list-style-type: none"> <li>• Notifying each parent/guardian of all actions taken and results of any internal MANE investigations involving residents.</li> <li>• When residents or guardians expressed concerns about the impact of the body audits, Dr. Patrick Fox, Chief Medical Officer for CDHS and Board-certified Forensic Psychiatrist met with individual residents at PRC and reviewed their PRC records to assess whether residents required treatment or victim supports.</li> </ul> <p>Since December 2015 CDHS conducts monthly parent/guardian/advocate meetings that includes the Division of Regional Center Operations, the Office of Community Access and Independence Director and other relevant PRC leadership and staff.</p> <p>CDPHE, as the survey and certification agency, does not provide victim supports directly.</p>							
<p>CDHS implemented new procedures for Quality Assurance staff to notify guardians of investigation outcomes at PRC. PRC provides guardians written copies of incident reports.</p>	N/A	N/A	NA	CDHS	Addressed	September 26, 2016	

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<p>Objective #6: Appendix G-1- e: Responsibility for Oversight of Critical Incidents and Events</p>	<p><u>Finding 1:</u> Health Care Policy and Financing has not provided adequate oversight of the critical incidents or events that occurred at PRC. Health Care Policy and Financing did not identify the trend of problematic practices or provide follow-up for the incidents that occurred at PRC. This largely occurred because of the lack of PRC reporting these incidents to Colorado Bluesky and continues due to the insufficient documentation submitted in the summary reports. CMS further notes that the number of incidents reported by PRC staff is significantly higher than the number of incidents Colorado Bluesky reports receiving.</p> <p><u>Finding 2:</u> Health Care Policy and Financing's on-site regulatory survey of incident management practices at PRC and Colorado Bluesky failed to identify the lack of appropriate reporting of PRC incidents according to the process in the approved waiver.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> HCPF reviews each critical incident at the PRC since April 2015. HCPF reviews each investigation, outcome and follow-up action taken for compliance with waiver requirements. HCPF identified a number of issues and trends from regular review of both critical and non-critical incidents. All issues were addressed as follows:</p> <p>HCPF provides direction to PRC when a change in policy or practice is needed to come into compliance with the waiver requirements and completes on-going monitoring to ensure implementation.</p>	N/A	Appendix B	N/A	HCPF	Addressed	May 2015	

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<p><u>Finding 1:</u> CDHS implemented an electronic incident report management system that automatically notifies key PRC staff and CDHS Executive Management up to an including the Executive Director of serious incidents. This provides CDHS broad visibility to serious incidents and ensures improved follow-up.</p>	N/A	Appendix J	N/A	CDHS	Addressed	April 29, 2016	
<p><u>Finding 1:</u> The PRC provides a copy of every incident report to Colorado Bluesky. Critical incidents as defined by HCPF to be reported by Colorado Bluesky to HCPF represent approximately 13% of all incident reports generated by the PRC.</p>	N/A	Appendix B	N/A	HCPF/ CDHS	Addressed	May 28 and 29, 2015	
<p><u>Finding 1:</u> CDHS believes that the increased incident reports and the proper disposition of these reports is a strong indication that the interventions taken in Spring 2015 and the subsequent program interventions are effective. Staff and residents are reporting concerns in greater number, which is an indicator that people feel increasingly comfortable identifying and reporting concerns. They have greater confidence that concerns/incidents will be properly addressed and that improvements to PRC will be made as a result.</p>	N/A	N/A	N/A	CDHS	N/A	N/A	

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<p><u>Finding 1:</u> HCPF required that Colorado Bluesky conduct MANE investigations at the PRC.</p> <p>HCPF will complete on-going reviews of incidents of MANE at the PRC to ensure Colorado Bluesky’s compliance with investigation requirements.</p>	N/A	N/A	N/A	HCPF	Addressed	September 21, 2016	
<p><u>Finding 1:</u> HCPF will issue quarterly critical incident trend reports to PRC and Colorado Bluesky and will require written response to HCPF on the action the agencies will take to address identified trends.</p>	N/A	N/A	January 31, 2018	HCPF	In process		
<p><u>Finding 1:</u> HCPF will provide training to PRC and Colorado Bluesky on the review of incidents that do not cause harm but need to be addressed to prevent recurrence of such incidents that could cause harm. This will be including in the next statewide training on critical incident reporting trends and prevention strategies.</p>	N/A	N/A	October 1, 2017	HCPF	In process		
<p><u>Finding 2:</u> HCPF developed and implemented an on-site performance and quality review of Case Management Agencies for compliance with waiver, statutory, regulatory and contract</p>	N/A	Appendix F	N/A	HCPF	Addressed	August 22, 2016	



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<p>requirements. HCPF conducted an on-site performance and quality review at Colorado Bluesky the week of August 22, 2016.</p> <p>HCPF is compiling the audit findings and based on preliminary review anticipates a plan of correction will be issued to Colorado Bluesky.</p> <p>HCPF will employ contract provisions with Colorado Bluesky to ensure Colorado Bluesky implements action to correct areas of deficient practice.</p>							
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Objective #7: Appendix G-2- a-i:  
Safeguards Concerning Restraints and  
Restrictive Interventions.

Finding 1: PRC's use of restraints is not in compliance with the approved waiver. The approved waiver application specifies that "restraints may only be used in an emergency, after alternative procedures have been attempted and failed". During the CMS site visit, CMS observed an individual being placed in a two-person physical restraint. CMS did not observe the staff using any "alternative procedures" prior to using the physical restraint. In addition, as reported by guardians, restraints are never used when family and guardians are present, possibly indicating that staff are aware of and use alternative procedures when these individuals are present.

Finding 2: PRC use of restraints may negatively influence residents' ability to move to less restrictive environments. During a guardian interview with CMS, the guardian voiced concerns about a failed transition from the person she is guardian for to a private provider. She indicated that from her perspective, a major cause of this failure was because the person that she is guardian for did not learn appropriate coping skills while at PRC. When she had a behavior problem, she was used to being placed in a physical restraint and had learned no other coping mechanisms; because private providers do not use restraints she was returned to PRC.

Finding 3: Based on the CMS review of documentation and our observations, it appears that some PRC staff are engaging in unreasonable restraints of PRC residents. For instance, the same resident that was involved in the two-person restraint described above, had a baseball size circular wound in his middle or lower back. When CMS inquired about the wound, PRC staff indicated that it was a burn, the individual "did it to himself", but after further questions staff admitted that the wound was a rug burn that occurred during a physical restraint. PRC Quality Assurance staff were unaware of the serious nature of the injury stating the nurse said it was healed or was better. PRC did not investigate the use of this forceful physical restraint. There also did not appear to be any evidence that the wound was consistent or inconsistent with the staff account of the injury.





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<p>is for 95% of residents to be without physical intervention per month.</p> <p>PRC is piloting two homes as restraint free, increasing staff knowledge and use of verbal de-escalation rather than physical restraint.</p> <p>CDHS is developing a strategic plan for quality and compliance that will include evaluation of training provided to PRC staff.</p>						September 2016	
<p><u>Finding 2:</u> This finding is made on the perspective of one source, without further validation of the cause for the failed transition. There were multiple contributing factors to the community living arrangement not being successful for this person.</p> <p>CDHS completed a debrief of the failed transition to establish a strategy for future successful transitions.</p>	N/A	Appendix K	N/A	CDHS	Incomplete/incorrect information	March 16, 2016	
<p><u>Finding 3:</u> HCPF verified that the injury incurred from the use of a restraint was reported and investigated and that PRC took necessary personnel action.</p> <p>HCPF verified that the use of the body blocker restraint was reported per</p>	N/A	Appendix L	N/A	HCPF/CDHS	Addressed	August 22, 2016	

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requirements. PRC took necessary personnel action to address the incorrect use of the restraint. The action taken is detailed in Appendix L.							
<u>Finding 4:</u> On July 6, 2016 HCPF conducted on-site training with Colorado Bluesky case management on the requirements for the use of restraints. This includes the requirements for service provider agencies and for case management monitoring and oversight.	N/A	Appendix H	N/A	HCPF	Addressed	July 6, 2016	

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<p>Objective #8: Appendix G-2- b-i: Safeguards Concerning the Use of Restrictive Interventions.</p>	<p><u>Finding 1:</u> PRC staff are suspending the rights of some clients without following the process in the approved waiver. CMS reviewed incidents reports in which client property was taken from them without subsequent review by the interdisciplinary team (IDT) and by the local Human Rights Committee (HRC) to ensure the suspension was the least restrictive on the participant's rights as required by the approved waiver.</p> <p><u>Finding 2:</u> CMS has determined that body audits conducted by CDHS were not in compliance with the approved waiver and federal regulations §441.301(c) (2) (vi) and (xiii) (A-H), and §441.301(c) (4) (iii-v). According to the, "CDPHE Deficiency List," dated May 11, 2015, CDHS conducted unclothed body audits that sometimes included inspections of genitals, of all of the 62 residents at PRC without client or guardian consent. This action was taken without regard to residents' assessed needs or ability to consent and deprived them of their right to privacy, dignity and respect, and freedom from coercion and restraint.</p> <p><u>Finding 3:</u> Requiring blanket consent restricts individual rights and is inconsistent with person- centered planning and informed consent. During the CMS interviews with guardians of residents at PRC, CMS was informed that PRC administration is requiring individuals and guardians to sign blanket consents. The consents are for things like psychotropic medication, restraints and body audits. Consents should be based upon individual's needs and preferences and afford participants due process.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> HCPF identified this issue through on-site monitoring visits starting November 2015 and met with PRC administrative staff to provide direction on the requirements of the use of suspension of rights.</p>	<p>N/A</p>	<p>Appendix B</p>	<p>N/A</p>	<p>HCPF</p>	<p>Addressed</p>	<p>November 2015- August 2016</p>	

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<p>HCPF provided training on the requirements for use of restraint to PRC management staff January 26, 2017</p> <p>HCPF is monitoring the use of suspension of rights at PRC and continues to provide direction for the requirements for the use of suspension of rights.</p>		Appendix kk				January 27, 2017	
<p><u>Finding 1</u>: CDPHE cited this as a deficiency in the March 2016 on-site licensure and recertification survey.</p> <p>CDPHE accepted PRC's plan of correction for the deficiency and did cite this this as a deficiency in the August 2016 follow-up licensure and recertification survey. PRC is developing a plan of correction for this deficiency.</p> <p>CDPHE conducted a follow-up to the licensing and recertification survey November and December of 2016 and did not cite deficiencies regarding the use of restraint.</p> <p>HCPF established on-going monitoring for the use of suspensions of rights at the PRC to ensure</p>	<p>N/A</p> <p>December 2016</p> <p>N/A</p>	<p>N/A</p> <p>Appendix mm</p> <p>Appendix S</p>	<p>N/A</p> <p>N/A</p>	<p>HCPF/CDPHE</p> <p>HCPF/CDHE</p>	<p>Addresse d</p> <p>Addresse d</p>	<p>December 2016</p> <p>December 2015</p>	



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<p>compliance with the plan of correction.</p> <p><u>Finding 2:</u> CDPHE completed an on-site complaint survey regarding the body audits at PRC on April 22, 2015 and cited this as deficient practice. CDPHE accepted the plan of correction and completed a re-visit complaint survey and did not cite deficiencies.</p>		<p>April 22, 2015</p>					
<p><u>Findings 2 and 3:</u> CDPHE cited this as a deficiency in the March 2016 licensure and recertification survey. PRC implemented a Plan of Correction and blanket consents are no longer in use.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>HCPF/CDPHE</p>	<p>Addressed</p>	<p>April 2016</p>	
<p>Objective #9: Appendix G-3- b: Medication Management and Follow-up.</p>	<p><u>Finding:</u> Over 90% of the residents are prescribed psychotropic medications. Yet, PRC, HCPF and Colorado Bluesky failed to follow the process described in Appendix G-3-b of the approved waiver for oversight and management of medications, which includes monitoring the use of these medications by the Colorado Bluesky HRC because PRC was using an internal process, including an internal HRC as opposed to using Colorado Bluesky HRC as required in the approved waiver.</p>						
<p>Action Steps</p>	<p>Milestones</p>	<p>Deliverables</p>	<p>Target Date</p>	<p>Responsible Entity</p>	<p>Status Updates</p>	<p>Date Completed</p>	<p>CMS Only</p>
<p>On May 28 and 29, 2015 HCPF conducted an on-site review and met with PRC administration and Colorado Bluesky case management and quality</p>	<p>N/A</p>	<p>Appendix C</p>	<p>N/A</p>	<p>HCPF</p>	<p>Addressed</p>	<p>May 28 and 29, 2015</p>	

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<p>assurances staff to provide direction on the requirements for the HRC review of the use of psychotropic medications. HCPF required that the Colorado Bluesky HRC to review the use of psychotropic medication for people served by the PRC.</p> <p>HCPF established on-going on-site monitoring that includes monitoring of HRC reviews being completed by Colorado Bluesky to ensure compliance with requirements.</p>						<p style="text-align: center;">On-going</p>	
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<p>Objective #10: Appendix H-1- a: Systems Improvement</p>	<p><u>Finding 1:</u> PRC and Colorado Bluesky failed to follow the critical incident reporting process in the approved waiver. As such, HCPF lacked access to correct data in order to properly monitor the waiver and develop systems improvements.</p> <p><u>Findings 2:</u> Health Care Policy and Financing did not follow the Systems Improvement Process as outlined in the approved waiver application in relation to the incidents that occurred at PRC. Specifically, HCPF did not develop systems improvements or individual remediation strategies to address the on-going incidents at PRC.</p> <p>The failure to follow the Systems Improvement process occurred in part due to the lack of reporting of the incident(s) or the follow-up investigations by PRC or the CDHS to HCPF, CDPHE and Colorado Bluesky.</p> <p><u>Findings 3:</u> The Plan of Correction provided by CDHS/PRC to CDPHE does not comply with the Systems Improvement Process in the approved waiver application. The Plan of Correction approved by the CDPHE continues to allow CDHS to independently handle critical incidents internally and does not follow the approved process in the waiver in which HCPF as the Single State Medicaid Agency takes the lead in investigating, tracking, trending and remediating critical incidents on both the individual and system level.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> On May 28 and 29, 2015 HCPF conducted on-site monitoring and met with PRC administration to provide direction on the requirements for reporting critical incidents. The on-site review encompassed a review of the 10 allegations of MANE identified during</p>	<p>N/A</p>	<p>Appendix B</p>	<p>N/A</p>	<p>HCPF</p>	<p>Addressed</p>	<p>May 28 &amp; 29, 2015</p>	

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<p>the March 2015 body audits to ensure each incident was reported to law enforcement and Adult Protective Services.</p> <p>HCPF completes on-going reviews of incidents at PRC to ensure compliance with waiver critical incident reporting requirements. The on-going monitoring has not resulted in a finding of deficient practice since April 2015. The final action taken may be found in the table in Appendix G.</p>						On-going	
<p><u>Finding 1:</u> CDHS identified 18 personnel responsible for failure to report to law enforcement and Adult Protective Services and took corrective action up to and including termination. All 18 personnel identified were suspended from duty April 2015 and did not have contact with residents at PRC until final action was determined and taken.</p>	N/A	Appendix G	N/A	CDHS	Addressed	April 2015-October 2015	
<p><u>Finding 1:</u> CDHS enhanced the process for internal monitoring of reporting incidents of MANE, including separating Quality Assurance personnel from PRC administration authority who now report to the Division of Regional Center Operations Direction.</p>	N/A	Appendix G	N/A	CDHS	Addressed	October 2015	

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In addition, CDHS established a Quality Assurance unit in the Office of Performance and Strategic Outcomes which will independently review compliance with regulations and other requirements of all direct care facilities, including the three Regional Centers.							
<u>Finding 1:</u> Since April 2015 PRC has reported that all allegations of crimes or MANE are reported to law enforcement, Adult Protective Services and Colorado Bluesky as required. This includes that reports to law enforcement are made to dispatch and not directly to one person.	N/A	Appendix G	N/A	CDHS	Addressed	April 2015	
<u>Finding 1:</u> CDHS implemented an electronic incident report management system that automatically notifies key PRC staff and CDHS Executive Management up to an including the Executive Director of serious incidents. This provides CDHS broad visibility to serious incidents and ensures improved follow-up.	N/A	Appendix J	N/A	CDHS	Addressed	April 29, 2016	
<u>Finding 2:</u> HCPF has implemented systems improvement through on-going on-site monitoring, training and face-to-face meetings with the PRC administrative staff and Colorado Bluesky administration and case	N/A	Appendix B and C	N/A	HCPF	Incomplete or incorrect information	May 2015	

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management to provide direction for waiver compliance. HCPF also has regular communication with PRC and Colorado Bluesky to address technical waiver, statutory and regulatory compliance questions. HCPF completes desk reviews of critical incidents and occurrence reports at PRC.							
<u>Finding 3:</u> HCPF monitors all incidents and critical incidents at PRC to ensure reporting requirements are met. HCPF conducts on-site review per the waiver for all critical incidents at PRC. HCPF monitors incidents and critical incidents for trends and provides direction to PRC to come into compliance when necessary.	N/A	Appendix B	N/A	HCPF	Addressed	May 2015	
<u>Finding 3:</u> HCPF required that Colorado Bluesky conduct MANE investigations at PRC.  HCPF established on-going reviews of incidents of MANE at PRC to ensure Colorado Bluesky's compliance with investigation requirements.	N/A	N/A	N/A	HCPF	Addressed	September 21, 2016.	

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Objective #11: Appendix A: Waiver Administration and Operations.

Finding 1: HCPF was unaware of the occurrences at PRC being reported only to CDPHE and investigations of PRC occurrences by CDPHE did not cite waiver deficiencies or require Plans of Correction even when incidents were substantiated. Instead, CDPHE investigations of Serious Occurrences usually resulted in no deficiencies and often "found that the facility acted appropriately by reporting the occurrence, notifying the appropriate persons and agencies".

Finding 2: HCPF has allowed PRC to perform administrative and operational functions of the waiver on behalf of the State Medicaid Agency by permitting PRC to, in effect, have internal quality assurance staff, policies and procedures and internal investigations that do not comply with the waiver.

Finding 3: HCPF failed to identify and correct the Administrative deficiencies of Colorado Bluesky and the CDPHE.

Finding 4: Colorado Bluesky did not perform Quality Assurance activities according to the approved waiver application; the Community Centered Board is required to complete at minimum, quarterly individual contact and follow-up on all incident reports that are reported, but this did not happen.

According to the approved waiver application, Colorado Bluesky is required to complete at minimum, quarterly client contact and follow-up on all incident reports that are reported.

After these incidents occurred and HCPF completed a 100% review of these clients' files, HCPF found that, "case managers did not monitor implementation of the Service Plan as required". (See page 17 of Response to Serious Occurrence Questions) Specifically, the findings are:

29% of required quarterly contacts were completed.

6.7% of the incidents identified by the case manager were followed up by the case manager to ensure a satisfactory resolution.

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Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<u>Finding 1:</u> On May 28 and 29, 2015 HCPF conducted on-site monitoring and met with the PRC administration to provide direction on the requirements for reporting incidents to law enforcement, Adult Protective Services and Colorado Bluesky. The on-site review encompassed a review of the 10 allegations of MANE identified during the March 2015 body audits to ensure each incident was reported to law enforcement and Adult Protective Services.	N/A	Appendix B	N/A	HCPF	Addressed	May 28 & 29, 2015	
<u>Finding 1:</u> CDHS identified 18 personnel responsible for failure to report to law enforcement and Adult Protective Services and took corrective action up to and including termination. All 18 personnel identified were suspended from duty April 2015 and did not have contact with residents at PRC until final action was determined and taken. The final action taken may be found in the table in Appendix G.	N/A	Appendix G	N/A	CDHS	Addressed	April 2015-October 2015	
<u>Finding 1:</u> Since April 2015 PRC has reported that all allegations of crimes or MANE are reported to law enforcement,	N/A	Appendix G	N/A	CDHS	Addressed	April 2015	



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Adult Protective Services and Colorado Bluesky as required. This includes that reports to law enforcement are made to dispatch and not directly to one person.							
<p><u>Finding 1:</u> HCPF receives all incident reports from PRC when they are sent to the CCB via email. HCPF staff reviews the written incident reports. If an incident meets all reporting criteria, the reviewer cross checks to determine if it was reported per requirements. If not, the reviewer would contact CBE and PRC to require it be reported.</p> <p>HCPF reviews investigation files, including Sheriff’s reports during on-site monitoring.</p>	N/A	Appendix S	N/A	HCPF	Addressed	April	
<p><u>Finding 2:</u> HCPF monitors all incidents and critical incidents at PRC to ensure reporting requirements are met. HCPF conducts on-site review per the waiver for all critical incidents at the PRC. HCPF monitors incidents and critical incidents for trends and provides direction to PRC to come into compliance when necessary.</p>	N/A	Appendix B	N/A	HCPF	Addressed	May 2015	
<p><u>Finding 2:</u> HCPF required that Colorado Bluesky conduct MANE investigations at PRC.</p>	N/A	N/A	N/A	HCPF	Addressed	September 21, 2016	

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HCPF established on-going reviews of incidents of MANE at PRC to ensure Colorado Bluesky's compliance with investigation requirements.							
<u>Finding 3:</u> HCPF conducts systems improvement through on-going on-site monitoring, training and face to face meetings with PRC administrative staff and Colorado Bluesky administration and case management to provide direction for waiver compliance. HCPF also has regular communication with PRC and Colorado Bluesky to address technical waiver, statutory and regulatory compliance questions. HCPF completes desk reviews of critical incidents and occurrence reports at PRC.	N/A	Appendix B and C	N/A	HCPF	Incorrect or incomplete information	May 2015	
<u>Finding 4:</u> HCPF conducted on-site monitoring, meetings and training with Colorado Bluesky administration and case management regarding their responsibilities per waiver requirements for quality assurance activities.  HCPF developed and implemented an on-site performance and quality review of Case Management Agencies for compliance with waiver, statutory, regulatory and contract requirements. HCPF conducted an on-site performance	N/A	Appendix C	N/A	HCPF	Addressed	May 2015- August 2016	

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<p>and quality review at Colorado Bluesky the week of August 22, 2016.</p> <p>HCPF is compiling the audit findings and based on preliminary review anticipates a plan of correction will be issued to Colorado Bluesky.</p> <p>HCPF will employ contract provisions with Colorado Bluesky to ensure Colorado Bluesky implements action to correct areas of deficient practice.</p>							
<p>Objective #12: Appendix D 1: d-Service Plan Development: Service Plan Development Process.</p>	<p>Finding: PRC is in violation of §1915(c)(2)(C) of the Act and in 42 CFR §441.302(d), which affords the right of an individual who is determined to be likely to require a level of care specified in a waiver to choose either institutional or home and community-based services. In addition, CMS has determined the state is also in violation of 1902(a) (23) of the Act and 42 CFR 43.51 which require that Medicaid beneficiaries must be allowed to obtain services from any willing and qualified provider of a service.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p>Colorado Bluesky’s process for client decision-making of institutional vs. community-based services is consistent with § 1915(c)(2)(C) or of the Act. Clients choose whether they wish to receive institutional services or HCBS waiver services.</p>	<p>N/A</p>	<p>Appendix O</p>	<p>N/A</p>	<p>HCPF</p>	<p>Incomplete or incorrect</p>	<p>N/A</p>	

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<p>On July 15, September 17 and October 7, 2015 HCPF provided technical assistance to Colorado Bluesky regarding choice of provider for non-residential waiver services for residents at PRC.</p> <p>HCPF will conduct a follow-up meeting with Colorado Bluesky administration and case management staff by November 30, 2016, to ensure full understanding of provider choice and compliance with requirements.</p> <p>HCPF will monitor on-going to ensure compliance.</p>	<p>July 15, September 17 and October 7, 2015</p>	<p>Appendix O Appendix T</p>	<p>October 19, 2016</p> <p>On-going</p>	<p>HCPF</p>	<p>Addressed</p>	<p>October 19, 2016</p>	
<p>42 CFR 43.51 is an incorrect citation. To the extent that CMS intended to refer to 42 C.F.R. 431.51, Colorado Bluesky's processes meet its requirements. Clients are allowed to obtain services from any qualified and</p>	<p>N/A</p>	<p>Appendix O</p>	<p>N/A</p>	<p>HCPF</p>	<p>Incomplete or incorrect</p>	<p>N/A</p>	

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willing Medicaid provider that can provide the services the client needs.							
Colorado Bluesky’s process for client decision-making of choice of service provider is consistent with § 1902(a)(23) of the Act. Clients choose the service provider from whom they wish to receive services.	N/A	Appendix O	N/A	HCPF	Incomplete or incorrect	N/A	
Objective #13: Appendix D-2 a: Service Plan Implementation and Monitoring.		<p><u>Finding:</u> Case managers did not monitor implementation of the Service Plan as required by the approved waiver application and monitoring frequency was inadequate.</p> <p>Page 16 and 17, of HCPFs response to the Serious Occurrence questions indicates that;</p> <p>[C]ase managers did not monitor implementation of the Service Plan as required. Per the HCBS-DD waiver, case managers are required to visit each provider site at least once per year and to complete face-to-face monitoring with each participant at least once per quarter. In review of the documentation in the Benefits Utilization System {BUS} for all 62 residents of PRC, 29% of the quarterly contacts were completed timely.</p> <p>Of the 62 residents, 47% of them had a problem or incident identified during the Service Plan year. Of those, 6.7% were followed-up by the case manager to ensure satisfactory resolution.</p>					

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Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p>HCPF conducted on-site monitoring, meetings and training with Colorado Bluesky administration and case management regarding their responsibilities per waiver requirements for quality assurance activities.</p> <p>HCPF developed and implemented an on-site performance and quality review of Case Management Agencies for compliance with waiver, statutory, regulatory and contract requirements. HCPF conducted an on-site performance and quality review at Colorado Bluesky the week of August 22, 2016.</p> <p>HCPF is compiling the audit findings and based on preliminary review anticipates a plan of correction will be issued to Colorado Bluesky.</p> <p>HCPF will employ contract provisions with Colorado Bluesky to ensure Colorado Bluesky implements action to correct areas of deficient practice.</p>	N/A	Appendix C	N/A	HCPF	Addressed	May 2015-August 2016	

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<p>HCPF will work with CDHS to review and enhance CDHS' transition process to streamline the process to remove an ILD so as to ensure choice in provider when a person no longer wants to receive services at PRC. HCPF will also work with CDHS to review and/or revise CDHS policies so that CDHS hasn't established standards for transition that are not in compliance with the Federal requirements for right to free choice.</p>	N/A	N/A	March 31, 2018	HCPF CDHS	In process		
<p>Objective #14: PRC Staffing issues is putting the health and welfare of PRC residents in jeopardy.</p>	<p><u>Finding 1:</u> PRC staffing is insufficient to support the level of care needs for the individuals they serve.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> CDHS has developed a staff plan for PRC that addresses hiring, turnover, scheduling, overtime and overstay (double shifts).</p>							
<p><u>Hiring</u></p> <ol style="list-style-type: none"> <li>Undertake continuous recruitment and training in order to fill current in-ratio vacancies.</li> <li>Fill the 19 current direct care vacancies: Source, screen and qualify</li> </ol>	<p>Please see detailed staffing plan in Appendix P for milestones.</p>	<p>Appendix P</p>	<p>June 1, 2017</p>	<p>CDHS</p>	<p>Addressed</p>	<p>April 1, 2017</p>	

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<p>applicants that can fulfill the care needs of those we support.</p> <p>3. Establish weekly accurate monitoring of staff vacancies at PRC and all Regional Centers.</p> <p>4. Review the quality of staff member training and develop a plan to address identified areas of needed improvement.</p> <p>5. As resources allow, enhance staff relief pool by adding 10 part time staff to respond to intermittent staff time off.</p> <p>6. Standardize employee Licensed Psych Tech/CNA training procedures, following the model at Grand Junction Regional Center.</p> <p>7. As resources allow, add 20.0 new FTE comprised of a mixture of management and direct care staff positions in order to improve management oversight and person centered care.</p>							
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<p><u>Turnover</u></p> <ol style="list-style-type: none"> <li>1. Ensure accurate tracking and monitoring of turnover monthly at each RC.</li> <li>2. Management and HR to conduct exit interviews with staff members to understand employee experience and reasons for leaving.</li> <li>3. Evaluate employee compensation competitiveness and make recommendations for any needed changes as resources are identified and approved.</li> <li>4. Management and HR to conduct stay interviews of a sample of PRC staff members to learn what employees like about their jobs and what they would like to change.</li> <li>5. Develop a formal plan/system of mentoring of new employees.</li> <li>6. Trend the exit and stay interview data to inform and revise this staffing plan.</li> </ol>	<p>Please see detailed staffing plan in Appendix P for milestones.</p>	<p>Appendix P</p>	<p>April 1, 2017</p>	<p>CDHS</p>	<p>Addressed</p>	<p>June 30, 2017</p>	
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<p><u>Scheduling</u></p> <ol style="list-style-type: none"> <li>1. Establish an employee/management led scheduling task force at PRC to review and improve schedules.</li> <li>2. Engage a schedule consultant to make recommendations.</li> <li>3. Implement scheduling software to improve employee experience and tracking of schedules.</li> <li>4. Employee/management schedule task force recommendations submitted to the scheduling consultant for review.</li> <li>5. Implement a suite of employee recognition strategies.</li> <li>6. Implement recommendations from schedule consultant.</li> </ol>	<p>Please see detailed staffing plan in Appendix P for milestones.</p>	<p>Appendix P</p>	<p>January 1, 2017</p>	<p>CDHS</p>	<p>Addressed</p>	<p>May 30, 2017</p>	
<p><u>Overtime/Overstays</u></p> <ol style="list-style-type: none"> <li>1. Temporarily engage management and day program staff members to work in the homes and balance the demand on staff members working overstays and doubles.</li> <li>2. Review and right size staffing levels to meet person specific needs.</li> </ol>	<p>Please see detailed staffing plan in Appendix P for milestones.</p>	<p>Appendix P</p>	<p>November 1, 2016</p>	<p>CDHS</p>	<p>Addressed</p>	<p>December 30, 2017</p>	

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<p>3. Engage temp staffing agencies to reduce and eliminate the need for overstays in the short term.</p> <p>4. Fill in ratio staff vacancies and FMLA shifts utilizing pool and temporary agency staffing.</p>							
<p>Objective #15: Issues with Individual Services provision are putting the health and welfare of PRC residents in jeopardy.</p>	<p><u>Finding 1:</u> PRC is not consistently providing adequate supervision to individuals with one-on-one and line of sight supervision needs. CMS has determined this based upon the number of incidents that occur between residents of PRC, injuries or incidents that have occurred involving individuals that require "within arm's reach, one on one supervision" or injuries to an individual that could have been prevented by closer supervision.</p> <p><u>Finding 2:</u> There is a general lack of knowledge about the availability all of waiver services. For instance, one group home had several specialized beds for clients with significant mobility limitations and medical needs. PRC assisted the clients to use their personal funds to purchase this equipment, rather than evaluating if the waiver could have provided this equipment.</p> <p><u>Finding 3:</u> The CMS review raised questions about whether the services and supports being provided at PRC are adequate to assist individuals at PRC to meet their individualized goals and function in a less restrictive setting in the community.</p>						
Action Steps	Milestones	Deliverables	Target Date	Responsible Entity	Status Updates	Date Completed	CMS Only
<p><u>Finding 1:</u> CDHS has developed a staff plan for PRC that addresses hiring, turnover, scheduling, overtime and</p>	<p>July 1, September 16, 2016</p>	<p>Appendix P</p>	<p>January 1, 2017</p>	<p>CDHS</p>	<p>Address ed</p>	<p>June 30, 2017</p>	

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overstay (double shifts). Please see Objective #14 response for Finding 1 for the detailed plan.							
<u>Finding 2:</u> HCPF will investigate and provide training to PRC and Colorado Bluesky on determining what benefits are available through the State Plan and waiver to meet needs.	Appendix O Appendix kk	N/A	November 30, 2016	HCPF	Address ed	October 19, 2016 and January 26, 2017	
<u>Finding 3:</u> HCPF will investigate and provide training to PRC and Colorado Bluesky on determining what benefits and services are available through the State Plan and waiver to meet needs.	Appendix O Appendix kk	N/A	November 30, 2016	HCPF	Address ed	October 19, 2016 and January 26, 2017	
Objective #16: Person Centered Planning: 42 CFR §441.301{c}{1} and {2)- Person Centered Planning and the Person Centered Service Plan.	<u>Finding:</u> The person centered planning process is intended to place decision making into the hands of participants of the HCBS waiver. CMS believes that requiring individuals to be placed at PRC through the use of an Imposition of Legal Disability is a violation of person centered planning because it strips the individual and/or guardian of the right to choose the services and supports they receive and from whom. In addition, during the course of the site visit, CMS was informed that the state "RFPd" individuals to provider agencies and the provider agencies.						
<b>Action Steps</b>	<b>Milestones</b>	<b>Deliverables</b>	<b>Target Date</b>	<b>Responsible Entity</b>	<b>Status Updates</b>	<b>Date Completed</b>	<b>CMS Only</b>
Prior to an ILD process, the client or guardian chooses whether to obtain services at a regional center. The ILD process serves to validate the decision already made by the client or guardian to seek services from a regional center.	N/A	Appendix O	N/A	HCPF	Incomplete or incorrect		

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The ILD process in a court proceeding fosters supportive decision making by the client, by providing the client with legal counsel and professional staff to assist the client in his or her request for placement at a regional center.		N/A	Appendix O	N/A	HCPF	Incomplete or incorrect		
<p>On July 15, September 17 and October 7, 2015 HCPF provided technical assistance to Colorado Bluesky regarding choice of provider for non-residential waiver services for residents at PRC.</p> <p>HCPF will conduct a follow-up meeting with Colorado Bluesky administration and case management staff by November 30, 2016, to ensure full understanding of provider choice and compliance with requirements.</p> <p>HCPF will monitor on-going to ensure compliance.</p>		July 15, September 17 and October 7, 2015	Appendix O	November 30, 2016  On-going	HCPF	Addressed	October 19, 2016	
Initial CAP Submission	Name, Title	Date						
Final CAP Submission	Name, Title	Date						
<b>SECTION 5: CMS Review – Completed by CMS</b>								
Date submitted by state								
CMS action		<a href="#">Approved/Returned for Revision</a>						
Date of CMS action								

**ATTACHMENT 3  
CORRECTIVE ACTION PLAN**

Summary of revisions requested by CMS	Completed by CMS if returned to the State for revisions
Date re-submitted by State	
CMS action	Approved/Returned for Revision
Date of CMS action	Completed by CMS if returned to the State for revisions
Summary of revisions requested by CMS	Completed by CMS if returned to the State for revisions
Date re-submitted by State	
Summary of revisions made by state	
RO Analyst signature	
Date CMS Approved CAP	