

---

# ICF/MR BRANCH NEWSLETTER

NC Department of Health and Human Services  
Division of Facility Services  
Mental Health and Licensure Certification Section

Volume 3, Issue 2

July 2004

---

The purpose of this Newsletter is to provide information and updates on ICF/MR issues in North Carolina. We ask that you pass it on to the homes, facilities and organizations that serve your clients. Additionally if you have any questions, comments or suggestions do not hesitate to contact us at [Jay.Silva@ncmail.net](mailto:Jay.Silva@ncmail.net) or [Denise.Erwin@ncmail.net](mailto:Denise.Erwin@ncmail.net). You may also contact us by calling (919) 855-3795 and asking for an ICF/MR facility consultant or writing to:

ICF/MR Survey Team  
2718 Mail Service Center  
Raleigh, North Carolina 27699-2718

## *IN THIS ISSUE*

*Comments from the Chief*  
*Special Announcement*  
*Stats for the Past Quarter*  
*Deficiency Free Surveys*  
*CMS Notes*  
*Net Connections*  
*Medication Review Process*  
*Final Notes*

## Comments from the Chief

Ladies and Gentlemen:

Greetings!

July 1, 2004, marks the date that two important sets of rules became permanent regarding Senate Bill 163, and Senate Bill 926. Therefore, this column will be an update on these rules.

**SB 163:** As you may remember, the temporary rules for SB 163 became effective July 1, 2003, and monitoring guidelines were developed by DMH/DD/SAS for implementing these rules. Over the past year, the temporary rules have been revised, and the permanent rules did become effective July 1, 2004.

The permanent rules revise the expectations of the Area Programs regarding monitoring. Jim Jarrard, Accountability Team Leader with DMH/DD/SAS, and I, wrote a memorandum to Area Program Directors dated May 21, 2004, to outline monitoring expectations for ICF/MR facilities. You can find a copy of this memo on the DMH/DD/SAS website:  
<http://www.dhhs.state.nc.us/mhddsas/announce/index.htm>

(Continued)

**SB 926:** Senate Bill 926 rules did become effective July 1, 2004. The Division of Information and Resource Management has developed a database to track revocations, suspensions, and penalties of providers licensed through DFS, DSS, and DCD. This database did go live internally 7/1/04, and is expected to be open to the public within the next few months.

Stephanie M. Alexander, Chief  
DFS Mental Health Licensure and Certification Section.

### ***Special Announcement!!***

*As you are all aware the ICF/MR Survey Team is also tasked with addressing complaints filed by providers, clients and the general public regarding the care of any ICF/MR client. In the past such complaints might be taken by a member of the ICF/MR Survey Team or by someone else within the Division of Facility Services (DFS). DFS has many teams covering a variety of areas such as ICF/MR, psychiatric hospitals and nursing homes just to name a few. In order to assure that information from such complaints is gathered accurately and consistently, the DFS has formed a Complaints Section that assumed receiving and dispatching all complaints to the appropriate DFS team on July 1, 2004. You may contact the Complaints section at (800) 624-3004 or (919) 733-8499. You may also Fax the section at (919) 715-7724.*

## ICF/MR Surveys for North Carolina - Numbers for the 2nd Quarter

April 1 through June 30, 2004

71 recertification surveys, 8 follow-up surveys and 10 complaint surveys were conducted this quarter resulting in a total of 355 W tags cited. Specifically they included:

Standard Level citations: 344

Conditions cited:

W 102 Governing Body	1
W 122 Client Protections:	5
W 195 Active Treatment:	2
W 266 Client Behavior and Facility Practices:	1
W 318 Health Care:	2

Additionally, conditions of participation resulted in 1 Immediate Jeopardy being cited and penalties being assessed as a result of 1 follow-up survey. COP's were cited as a result of 1 follow-up survey and 4 complaint investigations. The information listed does not include citations from life safety code surveys. Only those follow-ups resulting in citations are included above.

### *Most frequently cited deficiencies, 1<sup>st</sup> quarter:*

<i>TAGS</i>	<i>Total Times Cited</i>
<i>W-249</i>	<i>51</i>
<i>W-369</i>	<i>21</i>
<i>W-153</i>	<i>14</i>
<i>W-227</i>	<i>12</i>
<i>W-154</i>	<i>11</i>
<i>W-263</i>	<i>11</i>
<i>W-288</i>	<i>10</i>
<i>W-242</i>	<i>9</i>
<i>W-137</i>	<i>7</i>
<i>W-189</i>	<i>7</i>
<i>W-262</i>	<i>7</i>

The information listed above does not include citations from life safety code surveys. (*\*Note: All W tags may be evaluated and cited by the General Health Survey Teams.*)

## *The following facilities had deficiency-free annual recertifications since April 2004:*

*Holly Street Home in Goldsboro*

*Belmont ICF/MR Group Home in Belmont*

*Yadkin I Group Home in Hamptonville*

*Dal-Wan Heights Group Home in Statesville*

*If you did receive a deficiency free annual survey (General and Life Safety) and we failed to identify your facility, please notify us at [Joseph.Milanese@ncmail.net](mailto:Joseph.Milanese@ncmail.net) and we will include it in the next edition of the newsletter.*

## Center for Medicaid and Medicare Services (CMS) Notes

CMS continues to update and improve its online web services. One of those services is “The CMS Quarterly Provider Update.” The “Update” is a national online source of information for Medicare Providers. The most current issue is January 2004 and covers issues such as Medicare Prescription Drug, Improvement and Modernization Act of 2003. CMS also has an online list-server that will allow you to receive the most recent changes to both regulatory and non-regulatory issues regarding Medicare providers. For more information go to <http://cms.hhs.gov/providerupdate/> . There are additional links on this page for the listserver and email.

Specific additional information about ICF/MR programs can be found at the CMS ICF/MR Home Page: <http://cms.hhs.gov/medicaid/icfmr/default.asp> .

### Update on “Look-Behind” Surveys:

The Centers for Medicare & Medicaid Services (CMS) has had “look-behind” authority from the Federal government for ICF/MR facilities since the mid-1980’s. This was the result and response to reports and investigations of substandard care in the industry.

In September 2000 a contract was awarded to *The Council on Quality and Leadership in Supports for People with Disabilities* of Towson, Maryland to conduct the ICF/MR Federal Monitoring and Oversight project. The contract was for one year with additional one-year options available.

A recent report on the findings of the Federal Survey Teams (FST) has demonstrated that the “look-behind” surveys have met the mandate to identify problem areas in various State Agencies (SA). As a result CMS has accepted a recommendation to continue the “look-behind” surveys conducted by FST surveyors.

The bottom line is that North Carolina ICF/MR facilities will continue to have FST’s conducting look-behind surveys in close conjunction to routine annual recertifications by SA surveyors. The FST’s are also authorized and do conduct follow-up and complaint surveys.

For more information on the ICF/MR Federal Monitoring and Oversight project visit <http://www.cms.hhs.gov/medicaid/icfmr/icfcont.asp> online.

## Net Links:

We have identified a number of Net Links, which may be helpful to you in the care of your clients. If you know of others please let us know at [Joseph.Milanese@ncmail.net](mailto:Joseph.Milanese@ncmail.net) and we will add them for the benefit of others in the ICF/MR community. To use the list click on the link below or cut and paste it to the location (Netsite) field on your browser page.

## Federal

CMS has made major changes to their Web Pages so you may want to update your bookmarks.

Centers for Medicare & Medicaid Services <http://cms.hhs.gov/>

ICF/MR <http://cms.hhs.gov/medicaid/icfmr/default.asp>

Medicare <http://cms.hhs.gov/medicare/>

Medicaid <http://cms.hhs.gov/medicaid/>

Laws and Regulations <http://www.hcfa.gov/regs/>

We routinely receive requests on how to access the ICF/MR regulations online. To get the regulations online go to [http://cms.hhs.gov/manuels/Pub\\_07.asp](http://cms.hhs.gov/manuels/Pub_07.asp) . This takes you to the CMS's web page for the State Operations Manual (SOM), which includes the W tags (Appendix J).

Double click on Appendices for the Appendices from D to N. You will be required to save the file to your computer and it will arrive as a ZIP file, which you will then have to unzip and save as well. The regulations for Appendix J begin with the file "somap j 02," (starts with W tag 100). They go through file "somap j 15," (which ends with the final tag, W tag 488). File "somap j 01" tells how the survey process is done by the Survey Team. You can also access the regulations that govern identifying and correcting Immediate Jeopardies, also called Appendix Q, from this link.

## State

N.C. Government <http://www.ncgov.com/>

N.C. General Assembly <http://www.ncleg.net/homePage.pl>

North Carolina Department of Health and Human Services <http://www.dhhs.state.nc.us>

The Division of Facility Services <http://facility-servieces.state.nc.us/>

Nurse Aide I and Health Care Personnel Registry <http://www.ncnar.org/>

## ICF/MR Organizations and Information Sources

North Carolina Association of Community Based ICF/MR Providers  
<http://www.ncicfmr.org/>

National Association of QMRP <http://www.qmrp.org/>

American Association on Mental Retardation (AAMR) <http://www.aamr.org/>

The ARC <http://www.thearc.org>

Best Buddies (Information on MR) <http://www.bestbuddies.org/>

Research Center at UCLA <http://www.mrrc.npi.ucla.edu>

National Down Syndrome Society <http://www.ndss.org>

Special Olympics <http://www.specialolympics.org>

Council for Exceptional Children <http://www.cec.sped.org/>

The Association for the Severely Handicapped <http://www.tash.org/>

The ICF/MR branch has an extensive list of Internet sites to a variety of organizations in a variety of areas. We will be listing some of them here for your convenience in the months to come. This letter's groups covers Emotional Disturbances and Communication Disorders:

## **Emotional Disturbance**

Educational Management Techniques	<a href="http://interact.uoregon.edu/wrrc/Behavior.html">http://interact.uoregon.edu/wrrc/Behavior.html</a>
Research and Training Center for Children's Mental Health	<a href="http://lumpy.fmhi.usf.edu/CFSroot/rtc/rtchome.html">http://lumpy.fmhi.usf.edu/CFSroot/rtc/rtchome.html</a>
Tourette Syndrome Association	<a href="http://www.tsa-usa.org/">http://www.tsa-usa.org/</a>
American Academy of Child and Adolescent Psychiatry	<a href="http://www.aacp.org/">http://www.aacp.org/</a>
Anxiety Disorders Association of America	<a href="http://www.adaa.org">http://www.adaa.org</a>
American Institutes for Research	<a href="http://www.air-dc.org/web/aacap/">http://www.air-dc.org/web/aacap/</a>
Autism Society of America	<a href="http://www.autism-society.org">http://www.autism-society.org</a>
Jay Lenches BD tips	<a href="http://www.geocities.com/behaviordisorders/Behavior_Disor/Behavior_Disox.html">http://www.geocities.com/behaviordisorders/Behavior_Disor/Behavior_Disox.html</a>
Residential Summer Camp	<a href="http://www.campnuhop.org/">http://www.campnuhop.org/</a>
CCBD of CEC	<a href="http://www.ccbd.net/">http://www.ccbd.net/</a>
Children and Adults of Attention Deficit/Hyperactive Disorder	<a href="http://www.chadd.org">http://www.chadd.org</a>
Public Schools of North Carolina	<a href="http://www.dpi.state.nc.us/">http://www.dpi.state.nc.us/</a>
US Office of Special Education Programs sponsored www sites	<a href="http://www.ed.gov/about/offices/list/osers/index.html?src=oc">http://www.ed.gov/about/offices/list/osers/index.html?src=oc</a>
Potpourri of Mental Health and Children sites	<a href="http://www.fenichel.com/violence.shtml">http://www.fenichel.com/violence.shtml</a>
Center for Mental Health Services	<a href="http://www.mentalhealth.org/mhlinks/MHLINKS.HTM">http://www.mentalhealth.org/mhlinks/MHLINKS.HTM</a>
U.S. Office of Juvenile Justice	<a href="http://virlib.ncjrs.org/JuvenileJustice.asp">http://virlib.ncjrs.org/JuvenileJustice.asp</a>
National Depressive and Manic Depressive Association	<a href="http://www.ndmada.org">http://www.ndmada.org</a>
National Institutes on Drug Abuse	<a href="http://www.nida.nih.gov/">http://www.nida.nih.gov/</a>
National Institutes of Mental Health	<a href="http://www.nimh.nih.gov/">http://www.nimh.nih.gov/</a>
National Mental Health Association	<a href="http://www.nmha.org/">http://www.nmha.org/</a>

Obsessive Compulsive Disorders <http://www.ocfoundation.org/>  
Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov/>  
University of Kentucky Behavior  
Problem site <http://www.state.ky.us/agencies/behave/homepage.html>  
Willie M. parents website <http://www.willieparents.com/whatis.html>  
National Alliance for the Mentally Ill <http://www.nami.org/>

## **Communication Disorder**

American Speech, Language and Hearing Association <http://www.asha.org/>  
Association of Young People who Stutter <http://friendswhostutter.org/>  
National Stuttering Association <http://www.nsastutter.org>  
Stuttering Foundation of America <http://www.stutterSFA.org>

Survey team members are constantly on the lookout for links and information to assist us in doing our jobs. As a result one of the team member recently found “Special Child: For Parents of Children with Disabilities” at <http://www.specialchild.com/index.html> . The site was developed and is part of a non-profit group, The Resource Foundation for Children with Challenges, which was developed by a family with a special needs child. As many of our other net links we provide information on, it appears to be a good resource with a wide variety of topics for parents and guardians as well as professionals. As with any online source you should review the terms and conditions published for that group and always confer with appropriate professionals in the care of your client.

**We make every attempt to ensure web links are up to date, but they do change from time to time. If you should have problems accessing a link, simply send a message to [Joseph.Milanese@ncmail.net](mailto:Joseph.Milanese@ncmail.net) and identify the link so we can correct it within the Newsletter. Thank you in advance.**

## **Medication Review Process for ICF/MR Surveys**

The Centers for Medicare and Medicaid Services (CMS) is responsible for Appendix J that outlines the Survey Procedures and Interpretive Guidelines for Persons with Mental Retardation. It states that the principal focus of the survey process is “outcome” related and directs surveyors to “direct ... attention to what happens to individuals,” and goes on to define the survey process which includes seven primary task for the survey team to complete.



These various tasks direct the survey team to those areas needed to identify clients, and address their care outcome in very specific areas such as prevention of abuse and neglect.

Interestingly enough the preparation and use of medications is one of these very specific tasks and is carried out in part through the “Drug Pass Observation” (Task 5). Specifically the surveyor is directed to carry out this task to “Observe the preparation and administration of medications to individuals. With this approach, there is no doubt that the errors detected, if any, are errors in drug administration, not documentation. Follow the procedure in the interpretive guidelines at W369 for conducting the drug pass observation ... The purpose of the review is to direct the facility's attention to assuring an error free drug distribution system and away from the paper processes that often do not represent actual errors in medication administration....”

If the surveyor observes a medication error as defined under the Federal Regulatory Code (FRC) “§483.460(k)(2) GUIDELINES: A medication ‘error’ is a discrepancy between what the physician has ordered, and what you observe during the drug pass observation. The regulation does not allow for any medication errors,” he or she will cite the facility as being out of compliance at W tag 369. Specifically W 369 includes, “All drugs, including those that are self-administered, are administered without error...”

The survey procedure includes, “observing the administration of drugs, recording what is observed, and reconciling the record of observation with the physician’s orders to determine whether or not medication errors have occurred.”

The surveyor is given direction in the observation technique that include the following steps:

Step 1 is identification of the drug product to “determine what drugs, in what strength and dosage forms, etc are being administered.” Two methods are routinely used, often in combination. First, there is direct observation of the product (medication) given, by size, shape and color. The second involves identifying the product by observing the medication label. Routinely, the surveyor will ask that punch cards and/or medication vials be presented to the surveyor once the medication technician or nurse identifies and assist the client to remove the medication. The surveyor will record the information at that time. Surveyors may also ask to count the number of pills being given to a client or request to confirm liquid measures of medications before the client actually takes the medication. These checks are necessary to document the amount of medication given.

Step 2 includes the direct observation of the administration. “Observe the administration of drugs. Record your observations in your notes. Follow the person administering medications and observe the individuals receiving drugs (e.g., actually swallowing oral dosage forms). Be as neutral and as unobtrusive as possible during this process.” The survey team will routinely conduct multiple observations throughout the day to get a random sampling of client drug administration. Surveyors will make every effort to respect the rights of clients to include securing permission to observe individuals who self-administer medications. Surveyors will record details of “drug administration in (their) notes. For example, "eye drops administered to both eyes" or "nurse took pulse" or "all drugs crushed and administered in applesauce." Commonly, the surveyor will ask the technician or nurse if a client has received all of his or her medications for that medication pass at the end of a observation for a specific client.



Step 3 is the recording of “the most current physician's orders for those individuals who were observed receiving medications. The latest recapitulation of drug orders is sufficient for determining whether a valid order exists, provided that the physician has signed the "recap." The signed "recap" and subsequent orders constitute a legal authorization to administer the drug. You should now have a complete record of what you observed, and what should have occurred according to the physician orders.”

Step 4 is to “Reconcile your record of observation with the physician's orders. Compare your record of observation to the most current signed orders for drugs.” Specifically, look for “each drug on your list: Was it administered according to the physician's orders? For example, in the correct strength, by the correct route? Was there a valid order for the drug?” Also check the “drugs not on your list: Are there orders for drugs that should have been administered, but were not? Such circumstances represent omitted doses, which is one of the most frequent types of errors.”

The survey team is aware that this can be an intrusive process particularly when verifying labeling on medication, actual pill and/or liquid measure counts/levels and makes every effort not to be intrusive. This intrusiveness should not be considered as a direction from or by surveyors not to carry out the routine procedures performed by direct care staff in the medication administration procedure. Specifically, this does not relieve the medication technician or nurse from carrying out the task of medication administration per the physician’s orders and within the direction of facility policies and procedures. This includes the appropriate participation of the client as directed by their individual program plan or other facility documents, at the highest level of participation that the client is capable of achieving.

If at any time during the observation of a medication pass the technician or nurse is unsure of the process or procedures they feel they are being asked to carry out during the observation, they should request clarification from the surveyor.

Two additional standards that are often cited as a result of this observation and review process include:

W 367 - “The facility must have an organized system for drug administration that identifies each drug up to the point of administration.”

W 368 – “All drugs are administered in compliance with the physician's orders;”

We hope this information will be helpful to facilities in understanding the survey process and fulfilling their responsibility to meet the regulatory process and care for their clients on a day to day basis.

**(We hope that you have found all the information we have provided helpful and educational. The ICF/MR Branch has a common goal with the various ICF/MR facilities in North Carolina to ensure the clients have the best life experience available to them.)**

**ICF/MR SURVEY BRANCH**