DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

GROUP HOME BULLETIN

DIVISION OF DEVELOPMENTAL DISABILIITES PROGRAM MONITORING

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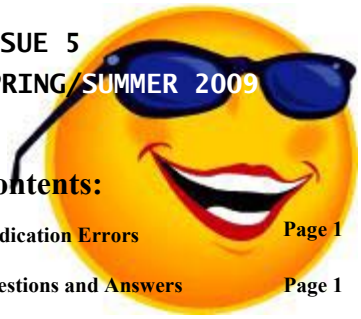

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Equal Opportunity Employer/Program
Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability.

The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance, if at all possible.

To request this document in alternative format, or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

MEDICATION ERRORS

Recently, the Program Monitoring Unit has seen an increase in Medication Error incident reports that leave out the agency's response for review and corrective action. The Arizona Administrative Code (A.A.C) R6-6-806K (Medication Errors) provides requirements that must be followed. Service providers need to have internal procedures for the following:

- recording and reporting medication errors and reactions; and
- the review and development of corrective action in response to medication errors pursuant to R6-6-809.C.2 (Medication Administration Policy).

Having a system in place is important so that incidents can be tracked and action can be taken to remediate and prevent further errors in the home. During the review of the incident, the service provider should include in the original report, or in an addendum/amendment, what systems the agency will implement which may include the retraining of staff. If patterns are identified, the Division anticipates that, in addition to training, administrative oversight should be added and documented in the incident report to assure systemic corrections have been made. In addition, the Qualified Vendors should refer to R6-6-809.C.2 (Medication Administration Policy) to ensure the agency's policy is current and has systems to implement the intent of the policy.

Questions and Answers

Q. Do all warning stickers on the pharmacy bottle need to be included under "Special Instructions" on the Medication Log?
A. No. Only warning stickers that pertain to the administration of the medication, such as, "take with food or do not crush" need to be included under "Special Instructions".

Q. Does the Medical History Form Dental Component require a date of the last dental exam?
A. No. The component should be an overall view of the individual's dental health. A date is not required to obtain an overall view. It would be a "best practice" to have the date included.

Q. May magnetic locks be utilized to secure medications, toxins, and sharps?
A. Yes. Magnetic locks may be utilized unless the Individual Support Plan (ISP) Team states these locking devices are not sufficient.

Q. Are door locks required on bedroom and bathroom doors?
A. No. Door locks are not required on bedroom and bathroom doors. This should be discussed with the Individual Support Plan (ISP) Team. The consumers in the home have the right to privacy and should be assisted to maintain this right as per A.A.C. R6-804.

Q. Are sunscreen and bug repellant considered medications that require a Physician's Authorization?
A. No. Sunscreen and bug repellant are not required to be authorized by a physician and/or to be on the medication log unless the physician prescribes them with a specific dosage and schedule. Please refer to A.A.C. R6-806.F

Q. Is it required that the Hepatitis B vaccination date have a section denoting what part of the series was completed?
A. No. The Hepatitis B vaccination date, when documented, should be the third (3rd) in the series of vaccinations. Please refer to A.A.C. R6-806.C.6.

Q. Do unoccupied bedrooms require functioning smoke detectors, and are all bathrooms in the home required to be functional?
A. Yes. According to the Department of Health Services (DHS) rules, all safety equipment must be functional and all facilities in the home must be operable. Each bedroom must have at least one (1) functioning smoke detector and one (1) operable window or door to the outside, which is unobstructed.

REMEDIATION *vs.* RECONSIDERATION

The Program Monitoring Unit has received a request for clarification regarding the difference between **REMEDIATION** and **RECONSIDERATION**. It is important to understand the difference between remediation and reconsideration due to a set timeline that each must meet.

Remediation is the initial action an agency can take to resolve a finding after a monitor reviews a setting. Documentation for remediation must be submitted within one (1) business day.

Reconsideration is the process by which agencies have the opportunity to have findings reconsidered / re-looked at by submitting additional documentation. A reconsideration must be submitted within five (5) business days after the wrap up.

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STEPS FOR REMEDIATION:

First Step: After a monitoring review, the monitor will leave a Status of Review at each setting. The monitor can highlight items for which the agency may request remediation. It is the provider's responsibility to submit, within one (1) business day, the information requested by the monitor. This information can be faxed or emailed.

Second Step: The monitor who reviewed the home will review the documentation received to determine if the documentation meets the intent of the rule. *(If the finding is due to the fact that documentation was incomplete and/or not in the home and is required to be in the home, this issue may not be remediable.)*

Example: At the time of the review, a resident's bi-monthly monitoring of the Behavior Treatment Plan for the month of July was not in the resident's file. The following business day, the agency sent a copy of the July bi-monthly monitoring to the monitor, and the finding was removed.

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STEPS FOR RECONSIDERATION:

First Step: The agency provides documentation within five (5) business days after the wrap-up meeting in regards to a finding, domain, or systemic issue which the agency deems is not merited. The agency and the monitor provide documentation to the Monitoring Team Lead as to why it should or should not be a violation.

Second Step: The Monitoring Advisory Committee reviews the documentation submitted by both the agency and the monitor and determines if the finding is valid or factual. The committee will determine if the finding will remain, be removed, seek additional information, or move the issue to a different domain or regulatory reference. It may also be rewritten to a recommendation or best practice.

Example: A finding was written stating that the Behavior Treatment Plan (BTP) was expired. Within five (5) days, the agency submitted supporting documentation showing that the BTP had been approved. The finding would then be removed.

BEHAVIOR TREATMENT PLANS

CHANGES IN MONITORING REQUIRMENTS

In an effort to streamline operations impacting providers, a request has been made to "allow the providers to designate who is responsible for the twice monthly contact visits for clients on behavior plans. A.A.C. R6-6-905 only requires that someone other than direct services staff responsible for implementing the approved Behavior Treatment Plan conduct the on-site observations."

Effective immediately, the Division is temporarily suspending the requirement that a Behavior Treatment Plan (BTP) be monitored bi-monthly by a staff member other than a direct service professional responsible for implementing the plan.

This change makes provisions for the review to occur monthly and for a designee not working in the home to review the plan on a quarterly basis. The other monitoring may be completed by staff who may be assigned to work in the home.

NEW RESIDENTIAL FACILITIES

ARIZONA REVISED STATUTES CONSIDERATIONS

The Arizona Revised Statutes (36-582) have two requirements regarding the establishment of group homes for which there has been some confusion:

- (H) No residential facility shall be established within a twelve hundred foot radius of an existing residential facility in a residential area.
- (I) Prior to the establishment of a residential facility in a residential area, the Department must give at least sixty (60) days written notice to the local government unit affected. The government unit shall have the right to contest the establishment of a residential facility in a residential area by written objection filed with the Department within thirty (30) days after receiving notice and may request an administrative hearing pursuant to title 41, chapter 14, article 3.

Though the statute indicates the Department as a contracted provider who owns and establishes the home, the Provider is expected the contact the City Government prior to establishing a home, following (H) and (I).

Providers considering group homes in residential areas should refer to Title 36-582 of the Arizona Revised Statutes regarding residential facilities, zoning, notice, and appeals:

http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=36

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