CMS Medicare Managed Care Auditing Report

Auditing Review Results (Initial Report)-Public Website Version

Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1

Auditing Element: DTY01

Review Type: Routine

Review Status: Confirmed

MCO Response Received Date:

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Visit Start Date: 7/14/2008

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Date Report Issued: 08/15/2008

Date Report Due: 08/17/2008

CAP Accepted Date:

Audit Closed Date:

Element Projected Completion Date:09/08/2008

MCO Response Due Date: 09/14/2008

Requirement:

(a) Meal requirements. (1) Except as specified in paragraphs (a)(2) or (a)(3) of this section, the PACE organization must ensure, through the assessment and care planning process, that each participant receives nourishing, palatable, well-balanced meals that meet the participant"s daily nutritional and special dietary needs. Each meal must meet the following requirements: (i) Be prepared by methods that conserve nutritive value, flavor, and appearance. (ii) Be prepared in a form designed to meet individual needs. (iii) Be prepared and served at the proper temperature. (2) The PACE organization must provide substitute foods or nutritional supplements that meet the daily nutritional and special dietary needs of any participant who has any of the following problems: (i) Refuses the food served. (ii) Cannot tolerate the food served. (iii) Does not eat adequately. (3) The PACE organization must provide nutrition support to meet the daily nutritional needs of a participant, if indicated by his or her medical condition or diagnosis. Nutrition support consists of tube feedings, total parenteral nutrition, or peripheral parenteral nutrition. (b) Sanitary conditions. The PACE organization must do the following: (1) Procure foods (including nutritional supplements and nutrition support items) from sources approved, or considered satisfactory, by Federal, State, Tribal, or local authorities with jurisdiction over the service area of the organization. (2) Store, prepare, distribute, and serve foods (including nutritional supplements and nutrition support items) under sanitary conditions.(3) Dispose of garbage and refuse properly.

Deficiencies:

The PACE organization (PO) did not ensure that each participant receive nourishing, palatable, well-balanced meals that meet the participant's daily nutritional and special dietary needs, as evidenced by the lack of oversight of dietary services by a licensed staff member. On interview, the registered dietition (RD)confirms daily 8:30 am to 11:30 am PACE part-time work schedule. The RD stated, "Don't have anyting to do with kitchen...the Executive Admin Assistant has kitchen and dietary responsibilities." The PO did not maintain a complete and correct dietary roster. Interview of PO staff confirmed that the dietary roster submitted for CMS review did not list 49 regular diets. Review of participant clinical records revealed inconsistencies between the diet ordered by the physician and the listings on the dietary roster. The PO failed to establish dietary policies and procedures for staff to follow.

Corrective Action Required:

The CAP must clearly describe 1)established dietary policies and procedures for staff to follow, 2)establish internal controls to maintain a complete and correct dietary roster, 3)establish internal controls to ensure that the participant's clinical record is consistent with the diet ordered by the physician and the listings on the dietary roster, 4)establish internal controls to demonstrate the PO's oversight of dietary services by a licensed staff member, preferably a full-time Registered Dietitian be employed by the PO, and 5)all other actions deemed necessary to achieve compliance.

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Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

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Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: ENV02
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
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CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/01/2008
MCO Response Due Date: 09/14/2008

Requirement:

(a) Standard procedures. The PACE organization must follow accepted policies and standard procedures with respect to infection control, including at least the standard precautions developed by the Centers for Disease Control and Prevention. (b) Infection control plan. The PACE organization must establish, implement, and maintain a documented infection control plan that meets the following requirements: (1) Ensures a safe and sanitary environment. (2) Prevents and controls the transmission of disease and infection. (c) Contents of infection control plan. The infection control plan must include, but is not limited to, the following: (1) Procedures to identify, investigate, control, and prevent infections in every center and in each participant's place of residence. (2) Procedures to record any incidents of infection. (3) Procedures to analyze the incidents of infection to identify trends and develop corrective actions related to the reduction of future incidents.

Deficiencies:

The PACE organization (PO) failed to implement an infection control plan to identify, investigate, trend infections and develop corrective action to reduce future incidents of infections for the third consecutive audit. Review of closed records revealed a participant death of urosepsis on 04/01/2008 that was excluded from the infection control data the PO submitted for CMS review. An assessment dated 03/31/2008 and signed by the Director of Clinical Services, employed by the PO, indicated that the deceased had no urinary tract infection.

Corrective Action Required:

The PACE organization (PO) is required to: 1. submit procedures to identify, investigate, control and prevent infections in the center and in the participant's home 2. submit procedures to record any incidents of infection 3. submit procedures to analyze the incidents of infection to identify trends and develop corrective actions related to the reduction of future incidents 4. establish internal controls to include all other actions deemed necessary to achieve compliance. 5. submit to CMS Dallas Regional Office, on a monthly basis, infection control logs including trending and proposed corrective actions related to the reduction of future incidents.

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Findings: NOT MET

Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: PRT06
Review Type: Routine
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CAP Accepted Date:
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Element Projected Completion Date: 09/09/2008
MCO Response Due Date: 09/14/2008

Requirement:

For purposes of this part, a grievance is a complaint, either written or oral, expressing dissatisfaction with services delivery or the quality of care furnished. (a) Process to resolve grievances. A PACE organization must have formal written process to evaluate and resolve medical and non-medical grievances by participants, their family members, or representatives. (b)Notification to participants. Upon enrollment, and at least annually thereafter, the PACE organization must give a participant written information on the grievance process. (c) Minimum requirements. At a minimum, the PACE organization"s grievance process must include written procedures for the following: (1) How a participant files a grievance. (2)Documentation of a participant"s grievance. (3) Response to, and resolution of, grievances in a timely manner. (4) Maintenance of confidentiality of a participant"s grievance. (d) Continuing care during grievance process. The PACE organization must continue to furnish all required services to the participant during the grievance process. (e) Explaining the grievance process. The PACE organization must discuss with and provide to the participant in writing the specific steps, including timeframes for response, that will be taken to resolve the participant"s grievance. (f) Analyzing grievance information. The PACE organization must maintain, aggregate, and analyze information on grievance proceedings. This information must be used in the PACE organization"s internal quality assessment and performance improvement program.

Deficiencies:

This requirement is not met. The PO failed to timely provide the participant in writing the specific steps, including timeframes for response, that will be taken to resolve the participant's grievance until after the grievance had been resolved. The participant was then required to sign if satisfied or not satisfied with the resolution. Notification of the grievance process and timeframes for resolution being provided to participant at the final resolution outcome was confirmed on interview with the Executive Admin Assistant. Furthermore, the PO failed to follow own internal policy which states that the PO explain and provide in writing the grievance process and timeframes to its participants at the onset of the grievance process.

Corrective Action Required:

The PO must revise and effectuate an effective grievance process and internal controls to ensure compliance with 42 CFR 460.120(e). The CAP must clearly demonstrate the participants acknowledgement of the grievance process and timeframes for response at the onset of the grievance process. The CAP must include all other actions deemed necessary to achieve compliance.

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Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: QAP04
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
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Visit Start Date: 7/14/2008
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Date Report Due: 08/17/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/09/2008
MCO Response Due Date: 09/14/2008

Requirement:

a) Quality assessment and performance improvement requirements. A PACE organization must do the following: (1) Use a set of outcome measures to identify areas of good or problematic performance. (2) Take actions targeted at maintaining or improving care based on outcome measures. (3) Incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically track performance to ensure that any performance improvements are sustained over time. (4) Set priorities for performance improvement, considering prevalence and severity of identified problems, and give priority to improvement activities that affect clinical outcomes. (5) Immediately correct any identified problem that directly or potentially threatens the health and safety of a PACE participant. (b) Quality assessment and performance improvement coordinator. A PACE organization must designate an individual to coordinate and oversee implementation of quality assessment and performance improvement activities. (c) Involvement in quality assessment and performance improvement activities. (1) A PACE organization must ensure that all interdisciplinary team members, PACE staff, and contract providers are involved in the development and implementation of quality assessment and performance improvement activities and are aware of the results of these activities. (2) The quality improvement coordinator must encourage a PACE participant and his or her caregivers to be involved in quality assessment and performance improvement activities, including providing information about their satisfaction with services.

Deficiencies:

This requirement is not met. The PACE Organization's(PO) 06/10/08 Quality Assessment and Performance Improvement (QAPI) plan and nineteen areas for QAPI review as submitted are the same as the prior year QAPI plan. 1) The 6/10/08 QAPI plan revealed nineteen areas for QAPI review with no evidence of priority setting for performance improvement, considering prevalence and severity of identified problems and giving priority to improved activities that affect clinical outcomes. Confirmed with Medical Director that no trends have been identified of the the 19 areas monitored. 2) The PO failed to demonstrate actions targeted at maintaining or improving care based on outcome measures as evidenced by lack of documented trending and analysis of acquired and reported data. 3) The PO failed to incorporate actions resulting in performance improvement into standards of practice for the delivery of care and periodically tracking performance to ensure that any performance improvements are sustained over time as evidenced by the oversight of PO required disciplines by unlicensed staff, such as an Executive Administrative Assistant reporting on Nutrition Services versus a Registered Dietitian and the Falls oversight by an Executive Administrative Assistance and a Physical Therapy Assistant versus a Registered Physical or Occupational Therapist.

Corrective Action Required:

The PO must revise and effectuate an effective, data-driven QAPI plan to ensure compliance with 42 CFR 460.136. The CAP must clearly describe the outcome measures that are derived from collected data to include methods of trending and analysis of data, ensures outcome measures are based on current professional practice standards with appropriate discipline oversight by licensed professionals, sets priorities for current year or quarter, prioritizes performance improvement, considering prevalence and severity of identified problems, and which gives priority to improvement activities that affect clinical outcomes. The CAP must include all other actions necessary to achieve compliance.

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Findings: NOT MET

Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1
Auditing Element: SDY01
Review Type: Routine
Review Status: Confirmed
MCO Response Received Date:
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Visit Start Date: 7/14/2008
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Date Report Due: 08/17/2008
CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date: 09/12/2008
MCO Response Due Date: 09/14/2008

Requirement:

(a) Plan. A PACE organization must establish and implement a written plan to furnish care that meets the needs of each participant in all care settings 24 hours a day, every day of the year. (b) Provision of services. (1) The PACE organization must furnish comprehensive medical, health, and social services that integrate acute and long-term care. (2) These services must be furnished in at least the PACE center, the home, and inpatient facilities. (3) The PACE organization may not discriminate against any participant in the delivery of required PACE services based on race, ethnicity, national origin, religion, sex, age, sexual orientation, mental or physical disability, or source of payment. (c) Minimum services furnished at each PACE center. At a minimum, the following services must be furnished at each PACE center: (1) Primary care, including physician and nursing services. (2) Social services. (3) Restorative therapies, including physical therapy and occupational therapy. (4) Personal care and supportive services. (5) Nutritional counseling. (6) Recreational therapy. (7) Meals. (d) Center operation. (1) A PACE organization must operate at least one PACE center either in, or contiguous to, its defined service area with sufficient capacity to allow routine attendance by participants. (2) A PACE organization must ensure accessible and adequate services to meet the needs of its participants. If necessary, a PACE organization must increase the number of PACE centers, staff, or other PACE services. (3) If a PACE organization operates more than one center, each center must offer the full range of services and have sufficient staff to meet the needs of participants. (e) Center attendance. The frequency of a participant's attendance at a center is determined by the interdisciplinary team, based on the needs and preferences of each participant.

Deficiencies:

This requirement is not met. In 2 of 2 medical records reviewed, the PO failed to ensure comprehensive medical and health services care that meets the needs of each participant in a long-term-care (LTC) setting 24 hours a day, every day of the year. 1) Medical Record #1 - The PO participant was admitted to a LTC facility on 7/1/08 and had no plan of care in the LTC medical record as of 7/16/08. A dietary assessment was completed by a LTC kitchen supervisor, not a Registered Dietitian. 2) Medical Record #2 ¿ A participant residing in a LTC facility and attendance at the PO once a week had a PO diet order for a NAS, NCS, LF, Grind diet. However, the LTC facility had a 1800 ADA, LS, LC, Grind and Encourge Fluids diet. In addition, the last documented nurses notes entry in the PO medical record was 12/08/06 and the last Medical Administration Record (MAR) at the PO indicated a 11/2006 record on file.

Corrective Action Required:

The PO must establish and implement a written plan to furnish care that meets the needs of each participant in all care settings 24 hours a day, every day of the year, inclusive of comprehensive medical, health, and social services that integrate acute and long-term care to ensure compliance with 42CFR 460.98. The CAP must clearly describe the measures that the PO will undertake to ensure a comprehensive coordination of care for all participants in all care settings, specifically in the LTC setting. The CAP must include all other actions deemed necessary to achieve compliance.

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Date Report Generated: 9/30/2008

Category: All, Element: All, Finding:NOT MET, Reviewer:All

Findings: NOT MET

Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1
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Review Type: Routine
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CAP Accepted Date:
Audit Closed Date:
Element Projected Completion Date:09/14/2008
MCO Response Due Date: 09/14/2008

Requirement:

(a) Basic requirement. A PACE organization must meet the following requirements: (1) Establish an interdisciplinary team at each center to comprehensively assess and meet the individual needs of each participant. (2) Assign each participant to an interdisciplinary team functioning at the PACE center that the participant attends. (b) Composition of interdisciplinary team. The interdisciplinary team must be composed of at least the following members: (1) Primary care physician. (2) Registered nurse. (3) Master"s-level social worker. (4) Physical therapist. (5) Occupational therapist. (6) Recreational therapist or activity coordinator. (7) Dietitian. (8) PACE center manager. (9) Home care coordinator. (10) Personal care attendant or his or her representative. (11) Driver or his or her representative. (c) Primary care physician. (1) Primary medical care must be furnished to a participant by a PACE primary care physician. (2) Each primary care physician is responsible for the following: (i) Managing a participant's medical situations. (ii) Overseeing a participant's use of medical specialists and inpatient care. (d) Responsibilities of interdisciplinary team. (1) The interdisciplinary team is responsible for the initial assessment, periodic reassessments, plan of care, and coordination of 24 hour care delivery. (2) Each team member is responsible for the following: (i) Regularly informing the interdisciplinary team of the medical, functional, and psychosocial condition of each participant. (ii) Remaining alert to pertinent input from other team members, participants, and caregivers. (iii) Documenting changes of a participant's condition in the participant's medical record consistent with documentation policies established by the medical director. (3) The members of the interdisciplinary team must serve primarily PACE participants. (e) Exchange of information between team members. The PACE organization must establish, implement, and maintain documented internal procedures governing the exchange of information between team members, contractors, and participants and their caregivers consistent with the requirements for confidentiality in Sec.460.200(e).

Deficiencies:

This requirement is not met. The composition of the interdisciplinary team (IDT)lacked the active participation of the Physical (PT) and Occupational Therapist (OT). On observation at IDT meeting on 7/15/08, only the OT Assistant (OTA) and the PT Assistant (PTA)contributed to IDT assessments and evaluations, both the OT and PT were in attendance but failed to participate in IDT. Upon interviews of the PT and OT, it was confirmed that the PT only attends the IDT meetings on Mondays and one OT attends only on Tuesday and another OT attends IDT only on Wednesdays. Furthermore, the PACE organization (PO) failed to ensure that the members of the IDT must serve primarily PACE participants as evidenced by the compromised and limited work schedules of the IDT member disciplines. For example, the PT works at the PO only on Mondays 8:30am - 12:00 Noon and 1 Tuesday per month as needed for assessments. Two separate OT's, one working part-time on Tuesday mornings and another OT attends Wednesday mornings. On interview, the registered dietitian (RD) attends IDT daily, but works part-time at the PO from 8:30 am to 11:30 am, employed full-time at the VA. The RD stated "Don't have anything to do with kitchen...the Executive Admin Assistant has kitchen and dietary responsibilities."

Corrective Action Required:

The CAP must clearly describe measures and written internal procedures and controls that the PO will undertake to ensure compliance with 42 CFR 460.102(b) and 460.102(d)(3) to ensure the IDT composition to be inclusive of all disciplines as required by regulation and IDT members are serving primarily PACE participants. The CAP must include all other actions deemed necessary to achieve compliance.

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Review ID: 12058

Region: 06 Dallas

Contract Number / Name: H4517 AMARILLO MULTISVC CTR FR THE AGING INC

Auditing Guide Version: PACE Audit Guide, Version 1

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MCO Response Due Date: 09/14/2008

Requirement:

The entire text is very lengthy and is not listed here in its entirety. See Regulation for entire text. (a) Initial comprehensive assessment" (1) Basic requirement. The interdisciplinary team must conduct an initial comprehensive assessment on each participant promptly following enrollment. (2) As part of the initial comprehensive assessment, each discipline of the IDT must evaluate the participant in person, at appropriate intervals, and develop a discipline-specific assessment of the participant's health and social status: (3) At the recommendation of team members, other professional disciplines (for example, dentistry, or audiology) may be included in the comprehensive assessment process. (4) The comprehensive assessment must include several areas such as physical and cognitive function and ability and medication use. (b) Development of plan of care. The interdisciplinary team must promptly consolidate discipline-specific assessments into a single plan of care for each participant through discussion in team meetings and consensus of the entire IDT. (c) Periodic reassessment" (1) Semiannual reassessment. On at least a semiannual basis, the following members of the IDT must conduct an in-person reassessment: Primary care physician, Registered nurse, Master"s-level social worker, Recreational therapist or activity coordinator. (2) Annual reassessment. On at least an annual basis, the following members of the interdisciplinary team must conduct an in-person reassessment: Physical therapist, Occupational therapist, Dietitian, Home care coordinator. (d) Unscheduled reassessments. In addition to annual and semiannual reassessments, unscheduled reassessments may be required based on the following: (1) A change in participant status... (2) At the request of the participant or designated representative... (i) The PACE organization must have explicit procedures for timely resolution of requests by a participant or his or her designated representative to initiate, eliminate or continue a particular service... (iv) The PACE organization must explain any denial of a request to the participant or the participant's designated representative orally and in writing. The PACE organization must provide the specific reasons for the denial in understandable language. The PACE organization is responsible for the following: (A) Informing the participant or designated representative of his or her right to appeal the decision as specified in Sec.460.122. (B) Describing both the standard and expedited appeals processes, including the right to, and conditions for, obtaining expedited consideration of an appeal of a denial of services as specified in Sec.460.122. (C) Describing the right to and conditions for continuation of appealed services through the period of an appeal as specified in Sec. 460.122(e). (v) If the IDT fails to provide the participant with timely notice of the resolution of the request or does not furnish the services required by the revised care plan, this failure constitutes an adverse decision, and the participant's request must be automatically processed by the PACE organization as an appeal in accordance with Sec.460.122. (d) Changes to plan of care. Team members who conduct a reassessment must meet the following requirements: (1) Reevaluate the participant's plan of care. (2) Discuss any changes in the plan with the IDT. (3) Obtain approval of the revised plan from the IDT and the participant (or designated representative). (4) Furnish any services included in the revised plan of care as a result of a reassessment to the participant as expeditiously as the participant's health condition requires. (e) Documentation. Interdisciplinary team members must document all assessment and reassessment information in the participant's medical record.

Deficiencies:

This requirement is not met. The interdisciplinary team (IDT) members failed to conduct an in-person reassessment when a participant's condition dictates. In 7 of 10 medical records reviewed, members of the IDT failed to conduct reassessments when participant (ppt) conditions dictated. For example, one medical record indicated ppt had 13 falls in last 6 months, however, no PT or OT reassessments were conducted. Another medical record indicated the same in which a ppt had 4 falls on 7/13 and 7/14/08 in which no reassessments were conducted by physician, PT or OT, social worker or dietary, nursing notes indicated physician assessed on 7/14, yet, no documentation of physician assessment was available for review, lack of documentation was confirmed by Director of Clinical Services.

Corrective Action Required:

The PO must revise and effectuate written PO policy and audit internal procedures and controls to ensure compliance with 42 CFR 460.104(d)(1). The CAP must clearly describe the measures that the PO will undertake to ensure that unscheduled reassessments as required by a change in participant status be conducted by IDT members--primary care physician, registered nurse, master's-level social worker, physical therapist, occupational therapist, recreational therapist, dietitian, home care coordinator and any other necessary IDT members--in an in-person reassessment. The CAP must include all other actions deemed necessary to achieve compliance.

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Region: 06 Dallas

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Auditing Guide Version: PACE Audit Guide, Version 1
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Requirement:

(a) Basic requirement. The interdisciplinary team must promptly develop a comprehensive plan of care for each participant. (b)Content of plan of care. The plan of care must meet the following requirements: (1) Specify the care needed to meet the participant"s medical, physical, emotional, and social needs, as identified in the initial comprehensive assessment. (2)Identifiy measurable outcomes to be achieved. (c) Implementation of the plan of care. (1) The team must implement, coordinate, and monitor the plan of care whether the services are furnished by PACE employees or contractors. (2) The team must continuously monitor the participant"s health and psychosocial status, as well as the effectiveness of the plan of care, through the provision of services, informal observation, input from participants or caregivers, and communications among members of the interdisciplinary team and other providers. (d)Evaluation of plan of care. On at least a semi-annual basis, the inter-disciplinary team must revaluate the plan of care, including defined out-comes, and make changes as necessary.(e) Participant and caregiver involvement in plan of care. The team must develop, review, and reevaluate the plan of care in collaboration with the participant or caregiver, or both, to ensure that there is agreement with the pan of care and that the participant"s concerns are addressed.(f) Documentation. The team must document the plan of care, and any changes made to it, in the participant"s medical record.

Deficiencies:

This requirement is not met. In 7 of 10 medical records reviewed, the interdisciplinary team failed to implement, coordinate, and monitor the plan of care whether the services are furnished by the PACE employees or contractors. Furthermore, the team failed to develop, review and reevaluate the plan of care in collaboration with the participant or caregiver, or both, to ensure that there is agreement with the plan of care and that the ppt¿s concerns are addressed. In 2 of 2 medical records reviewed for participants (ppt) residing in a long-term-care facility (LTC), both records indicated either an incomplete plan of care or no plan of care in the medical record. In observation of the 7/15/08 IDT meeting, the IDT mentioned a ppt falling on 4 separate occasions, however, the IDT failed to update plan of care. The lack of documentation in medical record was confirmed with the Director of Clinical Services.

Corrective Action Required:

The PO must revise and effectuate written policy with internal audit procedures and controls to ensure compliance to 42 CFR 640.106(c)(1), (e), and (f). The CAP must clearly describe the measures that the PO will undertake to ensure that the plan of care is implemented and monitored in collaboration with the participant or caregiver and properly documented in the medical record. The CAP must include all other actions deemed necessary to achieve compliance.